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**Care, Culture, and Neoliberalism: A Case Study in a Private Long-Term Care Facility in
Northeastern China**

A Thesis Presented for the
Bachelor of Arts
Degree
The University of Tennessee, Knoxville

Maya Bian
May 2020

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CHAPTER I: Introduction

The 21st century has seen dramatic improvements in human welfare, with longer life expectancies and decreasing mortality rates from illness and injuries. As people live longer and birth rates decline, older persons are increasingly making up a larger proportion of the global population—a phenomenon known as population aging. In 2019, 703 million people, or 9% of the global population, were 65 years of age or older. By 2050, this number is expected to double to over 1.5 billion, or 16% of the global population (United Nations 2019).

Population aging, for all the good it represents, poses a serious challenge to old-age support systems and health systems across the world. It will also inevitably transform our social landscape, with implications for intergenerational relationships and family ties. This may be seen most prominently in East and Southeast Asia, where population aging is occurring at the fastest rate and the family has traditionally played a large role in eldercare. By 2050, 9 out of the top 10 countries with the largest percentage increase in the proportion of older persons will be in this region (United Nations 2019). In particular, the total number of older persons over 65 years old in China, the region's most populous country, will increase from 111 million in 2010, or 8.2% of the Chinese population, to around 400 million in 2050, or 26.9% of the Chinese population (Zheng 2012). This will mean that, in 2050, a staggering 1 of every 4 elderly persons in the world will be Chinese.

Historically, the main source of support for China's elderly population has been the family. This form of eldercare is deeply rooted in the Confucian virtue of filial piety, or *xiao*, which regulates the relationship between children and their parents. The term filial piety carries many meanings, but generally delineates the moral responsibilities children hold in regards to their parents, such as showing them respect, obedience, and loyalty, as well as caring for them in

old age (Zhan and Montgomery 2003). The ideal, then, for eldercare in China and other societies with a Confucian cultural tradition is that an elder's physical and emotional needs are provided for in the home by their children.

Yet, the care arrangement some elderly persons are experiencing in China currently is not in the home, but rather in institutional care facilities known as long-term care facilities (LTCFs). My grandfather and one of his daughters (my aunt) live in such a facility in Northeastern China. When I visited the facility to learn about the experiences of the elderly living there, I had the opportunity to speak to Mr. Wei, a resident of the facility who lives alone. He is a good friend of my grandfather and my aunt, and remarked that:

Your aunts—they righteously and willfully take care of your grandfather. This is what you would call top-rate, first-rate. Not everyone gets to have that. If children have money, they'll hire someone to serve the elderly. Hiring a person to do this is not as good as having your children serve you. Like your grandfather, bringing your aunts around—they say to find a caregiver—could they [a caregiver] really make your grandfather happy? If his children aren't close by? If he ever has something burdensome on his mind, or innermost thoughts and feelings he would like to share, who would he tell?

Mr. Wei sees my grandfather's situation as representative of the ideal caring situation for the elderly, and he believes that it is only right and proper—that it is “in line with the principles of Heaven and Earth”—for children to care for the elderly in old age. He admitted to me that he doesn't think filial piety and loyalty are as important virtues for the younger generation now. For Mr. Wei, the traditional caregiving relationship between adult children and their elderly parents has shifted. Even his ideal example of eldercare—my grandfather's living situation—is situated in the context of a privately-owned institutional facility—an arrangement inconceivable only a few decades ago. Further, the vast majority of residents of the facility do not share my grandfather's experience of being cared for by his children, and Mr. Wei himself lives alone in the facility, even though he has children who could ostensibly care for him.

The shift in China's eldercare landscape has been decades in the making, and the role of the state has been unquestionably significant. China's family planning policies have dramatically lowered the fertility rate, or number of children born per woman, while post-1978 reforms have ushered in rapid economic development, urbanization, and social changes. The quickness of these shifts has left little time for China to establish the structures and institutions needed to support an increasingly older population. At the same time, these shifts threaten the ability for adult children to provide care for their elderly parents, as has been custom in China. As both the family and the state struggle to support the elderly population, institutional care facilities have grown in popularity as an alternative form of care for the elderly. In this context, to understand changes in care for the elderly requires a perspective that is not only cultural and historical, but also economic and sociopolitical. The rise of private LTCFs is a remarkable shift in Chinese practice, and this phenomenon aligns with neoliberal ideology in that the market is being allowed to serve as a substitute for an area of life—eldercare—that is inherently intimate and relational and that it has historically not been allowed to touch. Moreover, the positive attitude towards LTCFs as a suitable form of care for the elderly represents a substantial change in thought, as well as in family relations and human experiences and expectations, which may also indicate a changing understanding of the self as a neoliberal subject characterized by individualism. Yet there is little discussion in the existing literature elucidating how neoliberal ideology has influenced eldercare practices and ideals in China. In my thesis, I attempt to use the concept of neoliberalism as a tool, along with Confucian ethics and care ethics, to analyze how the privatization of eldercare has affected the lives of the elderly Chinese residing in a private LTCF, as well as the elderly Chinese conception of self.

PURPOSE OF THIS STUDY

Currently, LTCFs only make up a small portion of China's eldercare landscape. As such, research into this form of care is limited. The research that does exist has been analyses of national demographic data or ethnographic research primarily conducted in urban areas. This literature has documented the circumstances that lead to Chinese elders being placed in eldercare institutions and the ways in which the elders reconcile their understanding of filial piety in a new social and economic context. Limited research focuses on private LTCFs, of which the numbers are few yet quickly rising, or documents what the facility culture is, how it is shaped, and what the emotional experience is for the elderly residing there, even though all this knowledge is essential to ensure quality care.

It is in this context in which this research is situated. This study aims to explore the psychosocial and emotional experiences of the elderly residing in the private LTCF in which my family members live, which I will refer to as Sunrise Elderly Service Center. Based on my research within the facility, I explore how cultural and relational understandings of care interact with neoliberal understandings of care, and I examine how elderly residents of different backgrounds conceptualize their residence in the facility and the ways in which they are socialized into the facility culture.

Beyond the personal significance associated with better understanding the lives my extended family lead, this research contributes to the literature as it explores aging and care at a private LTCF located at the county level—a level administratively lower and geographically distinct from the urban city setting in which studies on institutional care experiences have typically been conducted. It provides theoretical insight into how values and culture shift along with economic changes, and particularly highlights the ways in which privatization and

commodification affect conceptions of care and wellbeing. Although I focus on the lives and experiences of the elderly living in one private LTCF at the county level, I intend to connect a micro-level analysis of the facility to the broader forces of China's socioeconomic development and neoliberal ideology.

METHODOLOGY

I conducted ethnographic research at the Sunrise Elderly Service Center located at the county-level in Northeastern China. I became familiar with this facility through a visit to my family members residing there during the summer of 2018, and they assisted me in connecting with the facility director to obtain permission to conduct research in the facility. I spent 21 days during December 2019 and January 2020 living in the facility and engaging with facility residents and staff. Over the period of my first ten days in the facility, my aunt introduced me to fellow residents, showed me around the facility, and helped me understand the environment of the facility. During these first ten days, I slowly adjusted to the pace of life in the facility and became familiar with facility residents and routines. Each morning, I would wake up for breakfast at 6:45 AM before discussing the plan for the day with my aunt. Afterwards, we would walk along the hallways of the facility, and she would introduce me to other residents we met on our walk. We were sometimes invited to, and sometimes asked if we could, casually chat (*laoke*) with them in their rooms. Doing this, we would end up spending 30-60 minutes in two to three resident rooms each morning until lunch at 10:40 AM. After lunch, facility operations ceased from 12 PM-1 PM to allow for the elderly to rest. In the afternoon, my aunt and I would continue our rounds and spend time in resident rooms until dinner at 4:20 PM. By the end of the 10th day, I had spoken to around 70 elderly residents of varying backgrounds.

As an active participant-observer, I ate meals in the dining hall with other residents and participated in group activities, such as *cao*, or exercise drills, and *niu yangge*, a traditional Chinese folk dance, on a daily basis after dinner. Out of the 70 residents I initially spoke to, I conducted in-depth semi-structured interviews in Mandarin with 10 of them during the second half of my time living in the facility. These interviews ranged from 45 minutes to 2 hours long and occurred in resident rooms or in an unused room that the facility permitted me to use. I also conducted interviews with 4 facility staff members, each of which ranged from 30 minutes to an hour long. I recorded audio and transcribed interviews directly into English with participant consent. Although I did not interview facility management, I had a conversation with the facility director and the deputy director.

I did encounter difficulties during the interview process; although I planned to interview a more diverse group of participants, time and scheduling issues didn't allow for it. My Mandarin was sufficient for understanding the substance of the conversations and for conducting interviews; however, sometimes my participants would use terms I was not familiar with during the interviews or I would attempt to ask an unplanned follow-up question and it would be unclear to my participants what I was asking. Beyond the linguistic difficulties, some would-be participants expressed concern in participating in my research project and signing the consent documents. It became evident from further conversations with participants that the language used in the documents, which followed the format of traditional IRB consent forms, used legal jargon and terminology that were unclear to Chinese participants and induced hesitancy in participants to sign them. One participant informed me that he only understood about 80% of the document. Two others initially refused to participate because they had believed that my research would be published in China and would not be sufficiently anonymous; I had not been clear enough in my

explanation of my project. Once I clarified and emphasized that this thesis was for academic purposes, would be published in English and in the United States, and would anonymize participants and the facility context, those who had at first expressed apprehension did agree to participate. My aunt, upon reading the consent documents I was using, also informed me that they were inaccurately conveying my intent, and she suggested that I not use them. In the end, I presented the consent documents to five participants to sign. For my other nine participants, I explained the project and conducted the consent process but did not ask for participant signatures. This was done with previous IRB approval that waived the requirement to obtain participant signatures if deemed necessary.

I had created two sets of interview questions prior to arriving at the facility; one for facility residents and one for facility staff. After spending some time at the facility, I re-worked my interview questions so that they were more focused and targeted toward the themes I became interested in. My final interview guide for residents of the facility consisted of 24 questions and 10 sub-questions. These questions asked participants to tell me about their lives before moving to the facility, their experience living in the facility and interacting with other residents and staff, and their needs and desires in old age. My final interview guide for staff consisted of 19 questions and 5 sub-questions, asking participants to tell me how and why they came to work at the facility, what their job consists of, their interactions with the elderly residents, and their understanding of what the elderly need and want.

Throughout this thesis, I will be using pseudonyms to refer to my participants. In what follows, I briefly introduce my participants and what demographics were and were not represented in my study. Included is a chart describing facility resident characteristics for reference.

THE RESIDENTS AND STAFF OF SUNRISE ELDERLY SERVICE CENTER

The Sunrise Elderly Service Center opened in 2015 and is, by comparison to most facilities covered in the literature, massive. The entrance to the facility is gated, and cars and people had to be let in and out by one of the two gatekeepers who operate it 24 hours a day. The facility comprises three parallel residential buildings that boasts six floors each, connected by a three-floor perpendicular building that houses numerous dining facilities, activity rooms, and the offices of the management. The first building has a pharmacy and a level-one hospital¹ with 40-50 beds on the first and second floor. Its third and fourth floors comprise family rooms, which are the largest rooms in the facility with a separate cooking area with a vent, and its fifth and sixth floors comprise rooms for the disabled elderly, most of whom are confined to their beds and need additional care assistance. The second and third buildings are fully residential and comprise rooms without cooking capabilities in which one to four elderly persons can reside. The facility's official service philosophy is to "share the worries of the government, relieve the worries of the elderly, fulfill filial obligations for children, and allow the family to be harmonious." It is categorized as a "non-profit social project" and receives subsidies from the government, but it is also operated by and beholden to the shareholders who financed the facility.

The facility is the home to almost 600 residents, around 57% of whom are men and around 43% of whom are women. Around 55% of residents are from rural areas and finance their residence in the facility by renting out their land and/or relying on their children for financial assistance. Around 40% of residents are from urban areas and primarily rely on their employment pension, and around 5% of residents rely on welfare programs. The rooms in the

¹ Level-one hospitals, or primary hospitals, have less than 100 beds, offer the minimal level of medical care, and are usually affiliated with townships.

facility vary in price from around ¥700 *yuan* to ¥3000 *yuan* (~98 USD to ~420 USD). This variation is dependent on the amenities offered in the room and the occupancy level. Family rooms are the most expensive. Other rooms hold one to four residents, with the price decreasing as the number of residents per room increases.

To be clear, the number and characteristics of facility residents in Sunrise Elderly Service Center are not typical of eldercare facilities in China. The size of the facility and the number of facility residents far exceeds that of facilities in the urban areas where most LTCFs are located. LTCFs in urban areas may have to contend with space constraints that prevent them from becoming as large as Sunrise Elderly Service Center. Additionally, the almost equal ratio of urban and rural residents of Sunrise Elderly Service Center is unusual; contemporary LTCFs mostly serve urban residents who are able to afford the services provided.

Of the residents who participated in my study, two were women and eight were men. Two of them were from rural areas and eight were from urban areas; correspondingly, two residents relied on the government and their children's assistance to cover living in the facility, one resident relied on a small employment pension, government assistance, and their children's assistance, and the other seven residents drew from their employment pension. Their ages ranged from 62 to 90 years old, with a median age of 75. The shortest length of stay of the residents I interviewed was three months, the longest length of stay was 4 years, and the average was 1 year and 7 months. Four of the residents I interviewed lived with their significant other, two of them lived with a roommate not related to them, two of them lived with three other roommates not related to them, and two residents lived alone (see Table 1 below for details). In comparison to the rest of the facility residents, my sample overrepresented elderly men and urban elderly who were financially well off.

Table 1: Characteristics of the Participants: Elderly Residents

	Age	Gender	Rural or Urban	Length of Residence	Living Status	Room Type, Price (in <i>yuan</i>)	Income	Children	Reason for Placement
Mr. Zhang	-	M	Urban	1 yr, 6 mo	+ Wife	Double	Penion M—4000+/mo, F—3000+/mo T = 8000+/mo	3 s 2 d	Wife—hurt leg, stairs
Mr. Yin	71	M	Rural	4 yrs	+ Wife	Double	Pension M—3000/mo, F—1650/mo T = 4650/mo	2 s 1 d	Wife—stroke + both are elderly
Ms. Chang	90	F	Urban	2 yrs, 3 mo	Single	Single, 21620/yr (1802/mo)	Pension	1 s 2 d	No need for her in her children's homes
Mr. Wei	77	M	Urban	-	Single	Family, 2120/mo	Pension	2 s 1 d	Lived alone, cold winters
Mr. Guo	62	M	Rural	6 mo, returned home, 2 mo	+ 3 men	Quadruple, 770/mo	Welfare, old-age pension, child contribution, land T = 10000/yr	1 s	Lived alone, cold winter (will return home in warmer weather)
Ms. Xiong	74	F	Urban	2 yrs, 3 mo	+ Husband	Double, 1760/mo	Pension T = 4200/mo	2 s 1 d	Husband—had illness, now in wheelchair. Herself—cirrhosis of the liver
Mr. Fan	76	M	Urban	7 mo	+ 1 man	Double	Welfare—500-600/mo Rest paid by children	2 s 2 d	Lonely, felt like a burden, stairs
Mr. Fu	75	M	Rural	1 yr, 3 mo	+ 3 men	Quadruple, 770/mo	Wubao, disability	0	Old age, hard to work at home
Mr. Tan	76	M	Urban	3 mo	+ Wife	Family, 2880/mo	Pension M—4000/mo, F—3000/mo T = 8,000+/mo	2 s	Illness
Mr. Wang	63	M	Urban	1 yr, 7 mo	+ 1 man	Double, 880/mo	Pension 4500/mo	1 s	Divorced, not financially able to buy a home

Note: M = male; F = female; T = total; s = son(s); d = daughter(s)

This might have been the case for a number of reasons. I had intended to interview three other residents who were women, but I ran out of time and we had scheduling issues—one resident became sick and didn't feel well, and another woman was frequently occupied with playing mahjong. Of the couples I interviewed, the men were more outspoken about wanting to participate in my study than their wives, except for the one married woman I interviewed. In regards to class, my aunt and my grandfather are relatively affluent and live together in a family room. In particular, my grandfather led a career as a judge and is considered to have *wenhua*, or to be cultured and educated. Although I was introduced to many residents in the facility, at least half of the residents who decided to participate in my study are friends with or on familiar terms with my aunt and my grandfather, and the existing trust and relationship between them and my family members lent itself to their desire and willingness to participate in my research. Further, those same residents tended to share a similar educational and cultural background as my family members, who are of a relatively higher socioeconomic class.

The facility staff who participated in my study included a male physician, a building manager, a member of the kitchen staff, and a member of the cleaning staff. The facility is known as *iyang jiehe*, or a combination of an eldercare facility with a hospital. Both the kitchen staff member and the cleaning staff member I interviewed had frequent contact with my family members. The four physicians who work in the facility are paid for and under the management of the county hospital, rather than the facility itself. The physician I interviewed began working at the facility when it was first opened 4 years ago. At the time, he was retired but felt called to continue practicing at the facility when he learned of the opportunity. The building managers in the facility each oversee one of the three buildings and is responsible for engaging with the residents on a daily basis. They thus have the most intimate interactions with residents of all the

staff. There are seven building managers in total, and each rotates shifts on a day/night schedule. Each one is responsible for checking up on the residents under her purview and ensuring that they are comfortable and that their needs are met. If any resident has a question or concern, the building manager of their building is who they contact. Much of my understanding of how staff interact with and view residents is based on my single interview with one building manager, Ms. Liu. At the time of my interview, she was the building manager for the first building, which is home to the most affluent residents of the facility as it is the only building with family rooms. The building manager, cleaning staff member, and kitchen staff member were all women, and their highest level of education was middle school.

Utilizing ethnographic research methods in this study was extremely valuable. I had the opportunity to both witness and listen to the experiences and perspectives of facility staff and facility residents. By drawing on secondary literature on neoliberalism, care ethics, and Confucian ethics, I was able to contextualize my observations and conversations with larger cultural, social, and economic phenomena in China, aiding me in theorizing the shift in eldercare practices and values in China.

THESIS STRUCTURE

The choices we make are shaped by our context, experiences, and broader discourses that consciously and unconsciously influence our decisions. In the case of the elderly residents in a private LTCF, the commodification of care and privatization of care practices are resulting in a reconstitution of care and filial piety. I argue that, at the root, neoliberalism has influenced the elderly's conceptions of self and their relations to other residents, the facility staff, and their family, and that it has influenced what the elderly expect and are willing to accept as care in old

age.

This thesis consists of this introduction, or Chapter One; three substantive chapters; and a conclusion. Chapter Two serves as an overview of the changes in the eldercare in China and their root causes, and it provides a theoretical framework grounded in Confucian ethics, care ethics, and neoliberal ideology to contextualize the experience of the elderly residing in Sunrise Elder Service Center. Chapter Three analyzes the caring practices that are occurring in the facility and the attitudes and factors that shape them. Chapter Four focuses specifically on the burden, or *fudan*, narrative that was present in almost every conversation with facility residents and staff, and what this type of discourse reveals about how the elders are viewed by others and view themselves in contemporary China. The concluding chapter addresses my main argument on how facility culture, care, and the self is influenced by neoliberalism. I also discuss the remaining and new questions I have, and my hopes for the future direction of this research.

CHAPTER II: Cultural and Economic Context for Eldercare in China

Shifts in China's eldercare landscape can be traced back to China's family planning policies implemented in the 1970s and 1980s and the economic reforms it has undergone since 1978. These policies have brought about the reorganization of the Chinese family structure, affected the children's capacity to care for their elders, and contributed to the transformation of traditional values. In doing so, they are linked to the rise of institutional care as an alternative form of care for the Chinese elderly.

The rapid increase of the elderly population ratio in China has its beginnings in the 1970s, when, in response to concerns about how to feed a rapidly growing population, China launched the "later, longer, fewer" (*wan, xi, shao*) campaign—a national birth planning campaign dictating that couples should wait later to get married, wait longer intervals between having children, and have fewer of them (Whyte et al. 2015). By 1980, China's fertility rate had declined from around 6 children per woman in 1970 to 2.7-2.8 children per woman due to the success of the campaign in enforcing abortions, IUD insertions, and female sterilizations (ibid). Following Chairman Mao's death in 1976, Deng Xiaoping and other post-Mao leaders sought measures to improve China's economic standing, leading to economic reforms in 1978 as well as the implementation of the more restrictive one-child policy to increase China's per capita economic growth rate. Since then, China's fertility fluctuated (Cai 2010) before eventually steadily declining until it reached 1.6-1.7 in the early 2000s, where it has remained (Macrotrends n.d.). The rapid change in birth rate has led to a 4-2-1 family structure where one adult child may be expected to assume the emotional and financial responsibility of caring for two elderly parents and four even older grandparents (Zhan, Luo, and Chen 2012). The implication of this inverted family structure is that adult children have fewer siblings to share the responsibility of providing for the elderly,

even if they are strongly inclined to fulfill their filial obligations to their parents. Meanwhile, extended life expectancies mean that the elderly need care for much longer than previously expected.

Along with the shift in family structure associated with China's family planning policies, the economic reforms initiated during the same time period have resulted in a variety of social implications for eldercare. Zhan and Montgomery use a gendered lens to analyze how the shrinking family size and the economic reforms, which disproportionately have affected women and the elderly, have resulted in an increase in the involvement of daughters in parental care in urban China, signaling a departure from the traditional patrilocal norms wherein the elderly were cared for by their sons and daughters-in-law (2003). Based on ethnographic fieldwork in Shanghai, Yan Zhang suggests that changing eldercare patterns are associated with the privatization of housing ownership, intergenerational conflict over housing ownership, and an associated shift in social values towards materialism and individualism on the part of adult children (2016). While Zhang (2016) asserts that the commodification of housing and a modernizing, market-driven society has led to an increase in elder mistreatment, Chau-kiu Cheung and Alex Kwan (2009) challenge the idea that modernization, as manifested through industrialization and urbanization, is a totalizing force eroding traditional forms of eldercare in China. Sampling interview data from Beijing and five provincial or regional capitals in China, they acknowledge that a modernized economy tends to geographically separate adult children from their natal home and families, but they see increased educational attainment associated with modernity as having a positive effect on filial piety (Cheung and Kwan 2009).

In relation to institutional care, Hong Zhang interviewed elderly residents of 5 elder homes in Wuhan, the provincial capital of Hubei, and found that some elderly persons choose to

live in LTCFs because their adult children are facing financial difficulties in China's competitive economy and cannot support them while trying to cope with increasing housing and education costs (2012). As a result, Chinese elders either decide themselves to enter into such facilities or make that decision jointly with their children to ensure that they're receiving quality care in old age. For other elderly residents, LTCFs offer a chance for the elderly to have companionship in old age, rather than being lonely at home. Hong Zhang, like Yan Zhang, also demonstrates that housing reform has significantly influenced the choice of the elderly to enter into LTCFs (2012). Zhan, Feng, and Luo discuss how, in the urban centers of Beijing, Tianjin, Shanghai, Guangzhou, and Nanjing, children choose to place their parents in LTCFs because they do not have the time to provide the proper care their parents need (2008). As a result, family members, care staff, and elderly residents interpret placing elders in LTCFs with good conditions as a contemporary expression of filial piety, as living in a LTCF has become associated with privilege, rather than stigma (2008).

For these scholars, many of the changes in eldercare in China are linked to forces bearing on the family from the outside, such as family planning policies, housing reform, education costs, and a competitive economy—forces that make it increasingly difficult for adult children to spend time and money caring for their parents under a singular household as has been tradition. These scholars present family members as naturally submitting to the logic of these forces and rearranging their expectations of caregiving and care receiving accordingly. Vivian Leung, Ching Man Lam, and Yam Liang, however, approach analyzing changes in eldercare differently; using 120 in-depth interviews with Chinese parents of varying age groups, they attempt to understand how expectations of family care and filial piety have been influenced by neoliberal discourse in Hong Kong, a city that Milton Friedman once described as “the best example of a

free market economy” (2019). They found that neoliberal discourse has contributed to the creation of a new moral standard of filial piety—one in which self-reliance on the part of the elderly and self-management on the part of adult children has become the norm.

Unlike Hong Kong, mainland China does not have a history involving British colonial rule and it does not boast a fully-fledged free-market economy. However, it has undergone significant economic and social changes following the implementation of market-based reforms that have been both criticized and praised for being neoliberal. These changes have been particularly salient in the Northeast, known as the Rust Belt of China, which had been a powerful industrial sector before the downsizing and privatization of industry led to lay-offs and economic stagnation in the area (Yan 2010). This thesis will not engage in a debate on whether or not it is appropriate to consider China neoliberal; rather, it seeks to explore the ways in which neoliberal ideology may serve as just one of many influences on contemporary societal discourse and attitudes in relation to eldercare in China. This study aims to examine how the private institutional care setting itself may contribute to the reconstruction of care, self, and the traditional value of filial piety. In other words, how are discourses relating to aging, care, and the self articulated within the operations of a privately-owned long-term care facility? And how might such discourses represent and be influenced by larger shifts in China’s moral, cultural, and economic landscape? To answer these questions, I will begin by discussing the moral basis of Confucian ethics and filial piety as the traditionally preferred form of eldercare in China. I will then offer care ethics as an additional lens through which to view activities of care in the facility that fall outside the traditional child-parent relationship. Lastly, I will discuss what neoliberalism entails as both an economic policy and as an ideology, as well as the extent to which a neoliberal analysis is relevant to China and eldercare. Through this discussion, I hope to craft a framework

through which we can view the subjectivities of the elderly in this particular long-term care facility.

CONFUCIAN ETHICS AND FILIAL PIETY

The Confucian conception of the self is intrinsically tied to one's role relationship with others, organized by intimacy/distance and superiority/inferiority (Hwang 1999). Three virtues of note guide the ethical behaviors in such relationships: *ren*, *yi*, and *li*. Although an exact definition of *ren* does not exist, it has commonly been translated as benevolence, although altruism, love, and humanity, among others, are also terms used to convey the meaning of *ren* (Herr 2003). *Ren* is generally understood as a human virtue encompassing many other virtues, and a person of *ren* is thought of as one who is morally perfect and good (Li 1994). As explained by Kwang-Kuo Hwang, *ren* is expressed through affection to those whom one has a relationship with, with the model of *ren* manifesting in the intimate relationships within the family (1999). *Yi*, or righteousness, refers to expressing the appropriate respectful behavior toward those for whom respect is required; and *li*, or rites, refers to acting in a manner that follows the rules of propriety and social norms as associated with particular types of relationships (Hwang 1999).

Hwang separates Chinese interpersonal relationships, or *guanxi*, into three categories: expressive (affectionate) ties that characterize familial relationships, mixed ties that represent relationships with acquaintances outside of the immediate family, and instrumental ties established for the purpose of obtaining a particular resource (1999). Although a person's relationship with another could reasonably transform from being instrumental to mixed, it is difficult for a person's relationship with another to transform from mixed to expressive, or, in other words, to move from being considered a friend or acquaintance to a family member

(Hwang 1999).

Beyond this general structure for relationships, Confucianism specifically defines the nature of “the five relationships,” or *wu lun*, which are the relationships between father and son, sovereign and subordinate, husband and wife, elder and younger brothers, and friends (Hwang 1999). The righteous behavior (*yi*) that should be undertaken by persons in the superior roles of the father is kindness; the elder brother, gentleness; the husband, righteousness; elders, kindness; and the ruler, benevolence, while the behavior that persons in inferior roles should take in accordance with *yi* is filial duty on the part of the son, obedience on the part of the younger brother, submission on the part of the wife, deference on the part of the juniors, and loyalty on the part of the minister (ibid). These social interactions very clearly demonstrate the vertical nature of Confucian relationships, wherein, besides the relationship between friends, one party of a pair must act in an inferior manner in accordance to the wishes of the superior.

Of the five relationships, three are also explicitly between family members, emphasizing the importance of the family in Confucianism. Further, Confucius believed that “filial piety and brotherly respect are the root of *ren*,” establishing that family is the central site where *ren* is cultivated, and only from there can it be extended to others (Li 1994).

The primacy of the parent-child relationship, so intimately linked to the foundational virtue of *ren*, is based upon the idea that an individual’s life is connected to and is a derivation of their parents’ physical being (Hwang 1999). From this, the notion of filial piety was advanced as the proper way in which a child should behave toward their parent to honor their parents for bringing them into existence. According to Confucius, “In serving his parents, a filial son reveres them in daily life; he makes them happy while he nourishes them; he takes anxious care of them in sickness; he shows great sorrow over their death; and he sacrifices to them with solemnity”

(Ikels 2004). It follows, as well, that care for the elderly by their adult children is one of the deeply held values of Confucianism.

With filial piety, care for the elderly has traditionally been characterized by multigenerational co-residence with physical, emotional, and financial support for the elderly provided for by their children. Yet very clearly, elderly residents of Sunrise Elderly Service Center were not experiencing care by their children in the all-encompassing traditional fashion. In this context, some elderly residents mentioned that within the facility, the staff view the elderly as their parents and treat them as such, or that the residents and the staff members together make up one big family. This observation was corroborated by staff members, who mentioned that they do try to treat the elderly like they were their own parents, or, at minimum, with respect, kindness, and compassion, so that the elderly will enjoy living in the facility.

In a study on filial piety in institutional care facilities, Zhan, Feng, and Luo describe the positive experiences of the elderly in LTCFs and ask if it may be possible that care workers, “who, after all, are other people’s sons and daughters, have actually carried the cultural tradition of *xiao* into their workplace?” (2008:568). This suggestion, however, is not easily theoretically reconcilable with traditional ideals of Confucianism, where the parent-child and other family relationships are held sacred and separate from other relationships. Filial piety is not simply defined by acts of respect, but it necessitates that the respect is paid through a particular role and relationship—from the child to the parent. This ideal of care is likely to be more intimate and encompassing than what might be expected of a facility staff member whose relationship with the elderly residents might be instrumental, or mixed at best. Further, the vision of care workers or staff members in LTCFs serving as surrogate children for the elderly residents was not substantiated empirically during my own fieldwork in Sunrise Elderly Service Center, given that

both the elderly residents and the staff of the facility admitted that many elderly residents are unwilling to discuss their family situation with others, and neither facility staff nor fellow residents will push to discuss that topic in recognition that it is not appropriate to do so.

Rather than think about the relationship between facility staff and elderly residents as exemplifying filial characteristics, the affective aspects of filial piety shown to the elderly by people who are not their children may be better thought of simply as caring. A care ethic lens, which appropriately shares similarities with Confucian ethics (Li 1994), may provide a more accurate conceptualization of the elderly experience in the facility.

AN ETHIC OF CARE

The meaning and nature of care has been observed to be dual in nature, referring to both a mental state of concern and to the concrete practices undertaken to resolve the concern (Tronto 1998). For Berenice Fisher and Joan Tronto, “care” manifests in actions and can be defined as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible,” positing the “world” as including our bodies, our selves, and our environment (1990:40). Their conception of care is purposefully flexible and acknowledges that “good care” depends upon the underlying values and ways of life of the people involved in the caring practice, lending itself to analyses in different cultural contexts.

Fisher and Tronto (1990) identify care as a process comprising four phases:

1. *Caring about*, which involves a recognition of and attentiveness to need, whether articulated or unspoken.
2. *Caring for*, which involves assuming responsibility for the tasks necessary to address the need.
3. *Caregiving*, which involves performing the tasks previously identified to address need. This phase of the care process requires direct action and competence on the part of the caregiver.
4. *Care receiving*, which is the reaction to the care process by the care receiver.

The nature of the caring process as defined above is asymmetrical: The caregiver is most often in a position superior to that of the care receiver, whether that be intellectually, emotionally, or morally. Even so, the caring process is reciprocal as the care receiver's response to the caregiving process provides an intrinsic reward and recognition for caring (Noddings 2002).

The underlying principle of this framework, in the eyes of care ethicists, is that the self is "intricately enmeshed in human relationships" and that "not only does our survival depend on relationships, but our identity is constituted by them as well" (Herr 2003). In particular, Li draws parallels between the central Confucian concept of *ren* and the central care ethic concept of care, where both ethics prescribe that living a moral life requires the cultivation of those respective virtues in the form of nurturing and maintaining harmonious human relationships (1994). Both ethics also view the familial relationship between parent and child—Confucian ethics with father and son, and care ethics with mother and child—as a distinct and special form of caring that can and should inform other affective relationships.

There are, however, caveats to using this lens to analyze the forms of caring in Sunrise Elderly Service Center. Care ethics emerged only in the past few decades from Western feminist philosophical thought, contrasting with Confucianism as an Eastern and historically patriarchal philosophy. Daniel Shek warns that "while it is common for social scientists to use "imported" Western concepts to study Chinese behavior and phenomena, it is important to reflect on whether such imported concepts really can capture Chinese family phenomena" (2006:282). Indeed, care ethics and Confucian ethics do diverge in meaningful ways, some of which have implications for an analysis of care in the facility.

Morally good caring, as articulated by Owen Flanagan and Kathryn Jackson, requires "seeing others thickly, as constituted by their particular human face, their particular

psychological and social self. It also involves taking seriously, or at least being moved by, one's particular connection to the other" (1987:623). On this, Ranjoo Herr reflects that care, as a principle, presupposes that the care giver, who will tend to be in a superior position in relation to the care receiver, will bear the responsibility to "tear down the emotional boundaries that separate herself and the one cared-for," while Confucian *ren* tends to emphasize the obligations of the inferior member of the relationship to respond to the need of the superior (2003:481). Further, although *ren* guides the inner morality of each individual, the expression of *ren* must be in socially acceptable manners, or *li* (Herr 2003). This must reflect and be consistent with the roles of the parties engaged in the relationship, which are often hierarchical and unequal. As a result, Herr argues, individuals are unable to spontaneously respond to outside stimulus in any manner they wish, and, since *li* requires interactions between people to be "one step removed from direct expressions of raw emotion," there exists a deferential distance between parties in a relationship, particularly in relation to social status (2003:477). This is in stark contrast to care ethics, which embraces contextual responses to the needs of others, often requiring any formal or emotional barrier between two parties to break down.

Nonetheless, an ethic of care lends a broad lens with which to view relationships in Sunrise Elderly Service Center where Confucian ethics may not. Perhaps, just as the Confucian virtue of filial piety is changing in contemporary China, competing understandings of the self may be emerging that are not restricted to the Confucian conception of self. Being that Confucian ethics does not grapple with the current reality that face-to-face care for the elderly in China may be provided by someone other than their children, care ethics may be a valuable tool for assessing the care of the elderly.

NEOLIBERALISM: A DEPARTURE FROM CONFUCIANISM AND CARE

In *A Brief History of Neoliberalism*, David Harvey poses that neoliberalism is “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade” (2005:2). The role of the state is to create and manage such an institutional framework, often by deregulating and privatizing public and state-owned enterprises, decentralizing power and accountability from a national level to local levels, and decreasing social provisioning by the state. Within a neoliberal framework, the state is not expected to completely withdraw from the public; rather, it must actively intervene to create the conditions necessary for markets to facilitate exchanges in human life wherever possible. This logic arises from the conclusion that markets are responsive to the desires and choices of the individual in a way that the state is not, such that markets are more effective and efficient in meeting demand and allocating resources.

Under neoliberalism, humans are presumed to be rational, autonomous, and entrepreneurial, able to make choices based on an internal calculation of risk and benefit in pursuit of their own self-interest (Gershon 2011). The ideal neoliberal self assumes full responsibility of their needs and choices and is constantly managing and developing their abilities and skills to adapt to the mechanisms of the market (Brown 2003). In this context, social relations are also regulated by a rational calculus, where “relationships are two or more neoliberal collectives creating a partnership that distributes responsibility and risk so that each can maintain their own autonomy as market actors” (Gershon 2011:540). Neoliberalism is thus understood in terms of economic policies as well as an “ethic in itself, capable of acting as a guide to all human action, and substituting for all previously held ethical beliefs” (Treanor 2005).

Neoliberal ideology clearly exerted an influence on policy making in China in the decades since the 1980s. After Mao's death in 1976 and the end of the devastating Cultural Revolution, the Chinese Communist Party (CCP) faced a crisis of legitimacy as a result of the failures of Maoist socialism and central planning “to guarantee the most fundamental material needs of the peasant majority” (Weber 2018:8). Under the leadership of Deng Xiaoping, the CCP undertook a series of experiential and pragmatic-minded reforms intended to improve the material realities of the Chinese citizenry and integrate China into the global economy (Rofel 2007). In 1978, rural reform began with de-collectivization of agriculture and the implementation of the household responsibility system (HRS). The HRS transferred responsibility for agricultural production from the commune to the household, allowing individuals to sell their surplus production at market prices rather than state-determined prices (Weber 2018). Township and village governments were set up in place of communes, and the assets of the former communes were restructured to create Township and Village Enterprises (TVEs), which employed many rural residents to develop light industry for export on a competitive market basis (Harvey 2005). In urban areas, a dual-price system was introduced to state-owned enterprises (SOEs), where, after meeting a state-determined quota at a planned price, managers were allowed to sell surplus commodities at a free market price (Weber 2018). Eventually, most small and medium-sized SOEs proved to be unviable and inefficient and were slowly privatized and then opened up to foreign ownership by the 2000s (Harvey 2005). Between 1998 and 2003, around 40% of the SOE workforce was cut, amounting to more than 30 million laid-off workers (Yan 2010). Workers in the heavily industrial Northeast were particularly affected by this reform, where, according to Yunxiang Yan, entire families often worked in the same plant and became unemployed at the same time (2010).

Much of the social security provided by both the communes and the SOEs were eliminated by way of these economic reforms. The dissolution of the communes in rural areas led to the loss of collectively provided social goods such as medical care, while the privatization of SOEs in urban areas led to the disintegration of the “iron rice bowl,” or guaranteed employment with welfare and pension benefits (Harvey 2005). Additionally, the Chinese welfare system underwent structural changes in the 1990s, such that funding for welfare services were cut from 0.58% GDP in 1979 to 0.19% GDP in 1997 (Zhan, Luo, and Chen 2012). Inasmuch as neoliberalism requires privatization, decentralization, and decreasing social spending, China has implemented economic reforms that make use of neoliberal theory, albeit without fully embracing private property rights and unfettered foreign investment, and not without contention within the CCP and in society at large (Weber 2018).

Lisa Rofel reminds us that “China was not confronted with a seamless totality called neoliberalism that it merely adopted. Nor did the Chinese state impose a set of neoliberal policies that then shifted citizens’ desires. Nor, finally, did an overarching apparatus called “neoliberalism” lodge itself in people’s subjectivities” (2007:13). However, individuals did have to navigate new systems and power relations—Wang Hui points out that the most significant of the social shifts that resulted from the economic reforms was the “decentralization of power and interests,” where resources that had formerly been managed and dispersed by the state were transferred to localities, resulting in the reorganization of social advantages and interests (2004:13). Ann Anagnost provides evidence that neoliberal theory was not simply infused in economic policy but became embedded in social discourse through her analysis of *suzhi*, or embodied human quality (2004). She asserts that *suzhi* discourse is a form of rhetoric used by both rural migrants and urban middle class families with an only-child that reduces human

bodies to their capacity to develop and be of value in a precarious and competitive marketplace (2004). Andrew Kipnis disagrees that *suzhi* discourse fully and solely represents neoliberalism, but rather that *suzhi* discourse is also explained as a tool used to reinforce hierarchical rural-urban relationships and distinguish between CCP and non-CCP members, thereby affirming the CCP's legitimacy (2007). However, Kipnis concedes that neoliberal economic policies intended to create more competition in labor markets give rise to "anxiety about falling behind in a competitive society" that "drives many to worry about cultivating *suzhi* in themselves and their children" (2007:394).

While neoliberalism does not fully explain or characterize the Chinese economy or Chinese society, it has become relevant to the Chinese experience in that it contributes to both the contemporary economic and social landscape in China and how Chinese citizens consider themselves and their choices in such a landscape. Yet neoliberal ideology presents a challenge to the ideals of care ethics and Confucian ethics, wherein the self is fundamentally relational and moral value is found in cultivating relationships and interdependencies with others. In contrast, neoliberalism valorizes the superiority of the market as the means through which autonomous and self-interested individuals act, and it is the market through which individuals should seek care if they cannot care for themselves (Wrenn and Waller 2018). The market is assumed to be responsive to needs as they are made evident, upon which it should be able to conjure up the goods or services to address those needs. Such an understanding of the market has been criticized by scholars, for the market often fails to allocate scarce resources or public goods in a just manner. Robert Lane, for example, argues that "the market gratifies the wants of those with money, which already excludes the most miserable and impoverished individuals, and among those with money, it gratifies preferences according to the amount of money they have, not

according to the urgency of different people's wants and certainly not according to needs" (1991:497). As a result, rather than offering goods and services that are needed, the market will tend instead to offer the goods and services that are easily commodified and bring in the most profit. This has already proved relevant in China; when the communes were decollectivized in 1978 and healthcare was effectively privatized, village doctors began charging patients directly for their services. The emphasis of medical care then shifted from promoting preventative practices to selling drugs to treat chronic conditions, even if inappropriate, as it generated the most income (McConnell 1993). Further, quality care has both an affective and a time dimension, both of which are aspects that are difficult to quantitatively measure and assign a price. Intimate care often requires simply "spending time with another, listening to stories, [and] observing care receivers," and these activities are incompatible with the efficiency required of tasks purchased on the market (Tronto 2013:121).

The Chinese government seems to recognize the inability of the market to meet the care needs of all of the elderly population. The Ministry of Civil Affairs has assumed the responsibility of being the primary financing body for the "Five Guarantees" program, or *wubao*, a social welfare program originally financed collectively by communes before rural reform. Elderly Chinese who have no family caregivers or sources of income are eligible for five categories of assistance: food and fuel; clothing, bedding, and pocket money; housing with basic necessities; medical care; and an adequate burial funeral (Xu and Zhang 2012). As for general recommendations for care for the elderly, the Chinese government's most recent Five-Year plan for 2016-2020 details that the vast majority, or 80%, of eldercare should be home-based, while 15% should be community-based and only 5% should be institutional (Fang et al. 2015). Clearly, the Chinese government is asserting that the family should assume the primary responsibility for

caring for the elderly population. Along with this plan, the Chinese government has also evoked traditional Confucian ideals to stress the importance of the family's role in caring for the elderly. In 1996, the Chinese government enacted the *Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly*, which officially and legally outlined adult children's responsibilities to provide for their elderly parents in the areas of housing, medical care, and property inheritance. In 2013, the government passed a revised version of the law, extending the number of articles of the law from 50 to 85 (Liu 2017) and emphasizing the family's responsibility to care for the affective needs of the elderly: "Family members should care for the spiritual needs of the elderly and must not ignore or neglect them. Family members who live apart from the elderly should frequently visit or send a greeting to the elderly persons" (Serrano, Saltman, and Yeh 2017). Although the law does not explicitly delineate what punishment for breaking such a law looks like, there were 8647 tribunals in China between 2013 and 2017 that corresponded to violating the law (ibid). Yet, while the law justifiably draws attention to the plight of many elderly in China, Zhan, Luo, and Chen suggest that it is important to note that the legal regulation of filial piety is occurring in a context where social welfare programs for the majority of the elderly in China are inadequate (2012). Meanwhile, government policy offers favorable financial incentives for opening nongovernmental eldercare institutions in the form of tax exemptions, lower costs for utilities, lump-sum compensation for construction, and subsidies for each occupied bed (Zhan, Luo, and Chen 2012). In this light, the codification of filial piety seems to signify that the central government is renouncing its responsibility to assist in providing social welfare for the elderly and choosing to instead rely on the family and the market to provide care for the elderly, even as both institutions struggle with adequately doing so.

China's current eldercare landscape thus exhibits tensions between competing visions of

care for the elderly, informed by both traditional understandings of care and neoliberal ideology. These values inform not only the national conversation on who has the responsibility to care for the elderly but also how elderly residents of the private LTCF in which I conducted my research conceptualize their experience of care. By bringing together Confucian ethics, care ethics, and neoliberalism under one framework, I hope to better contextualize the changing care experience of the elderly Chinese.

CHAPTER III: Redefining Care

This chapter will utilize the four-phase care process described earlier as a point of departure to determine the ways in which care is practiced within Sunrise Elderly Service Center. The first phase of the caring process requires an actor to *care about* another, which entails being attentive to their needs, whether articulated or unspoken. I will thus begin this chapter by introducing the elderly participants in this study, discussing what they have deemed as their needs in old age, and demonstrating how the facility staff and facility itself are attentive to those self-described needs. Then, I will discuss the factors that affect the facility staff's ability to *care for* and *take care of* the elderly, or assume responsibility to carry out the tasks necessary to address those needs and competently do so. Lastly, I will discuss the ways in which *care is received*, or the ways in which the elderly react to and acknowledge the care process.

THE RESIDENTS AND THEIR NEEDS IN OLD AGE

Many of the elderly whom I interviewed made the decision to move into Sunrise Elderly Service Center after dealing with an illness, hospitalization, or physical difficulty living in their previous home. This was the case for all but two of the residents I interviewed: Ms. Chang and Mr. Wang. Ms. Chang was 90 and had previously lived in her son's home for 20 years caring for his child as well as the child of one of her daughters. She chose to live in the facility when her grandchildren left for college as she felt like her children no longer needed her in the home, and she did not want to feel dependent on them by staying there. Mr. Wang, in contrast, was only 63². He did not consider himself elderly yet but chose to live in the facility after two divorces left him

² The typical age of retirement is 60 years old for men, 50 years old for women in enterprises, and 55 years old for women who are civil servants.

seeking an affordable place to live.

Even with their different backgrounds, Ms. Chang and Mr. Wang were in consensus with the other elderly whom I interviewed: the two most important things to have in old age is good health and peace of mind. There were, however, varying reasons given for why these were important as well as different ideas on how the elderly could achieve those two ideals.

Mr. Zhang lives with his wife in a double room in the facility. He chose to live at this facility because his wife had developed leg pain and had difficulty ascending the stairs to their 5th floor apartment. Although Mr. Zhang is an avid smoker, his physical health is very important to him; by extension, he believes that it is imperative for the elderly to have personal savings to take care of themselves. Of the four residents who were living with their significant other, he was the only one who mentioned having a spouse as one of the most important things to have in old age:

Without good health, you can't eat or move. You tell me—what, then, would there be to enjoy? You can only lay on your bed—you're finished. That is to say, once you're old, your health is the most important thing. Second: having a partner. When you're old and have a partner, you can take care of each other. At night, you have someone to talk to. This is really important. People also say, once you're old, you need some pocket money. At least have some savings for your everyday spending—you ought to have a little. The principal expense? Once you've gotten older and your health isn't great, you have to go see the doctor or buy some medicine—you must have some money. Do you understand this? Once you're old, you need some savings, some money. You shouldn't rely on your children for money. If you ask your children—it's difficult. They probably don't have any. They'll probably think you've spent too much. When they have money, they'd probably happily give you some. When they don't have money, they'll probably say, "what are you doing spending so much money?" All this to say, having savings yourself is better than your children having savings.

Mr. Zhang also highlighted the importance of being at peace and having a positive frame of mind once you're old. For him, this could only be achieved if elders are able to eat well and live well—to have their material needs taken care of—and if they have filial children who will care for them and who themselves lead lives free of worry:

My children all save me worry; I don't have to worry about anything concerning them. From this angle, my heart is pretty content. My children's jobs, my grandchildren's jobs, lifestyles are all really good. There's not much for me to worry about. Is this not happiness?

Mr. Zhang, however, does not equate filiality and care to financial support by his children. As noted before, he does not believe it is appropriate to ask children for money as they may not be able to fulfill your request, and he alludes to the potential for conflict if the elderly were to ask that of their children. Rather, he asserts that children are filial if they “can regularly come check up on you, if there's anything they can do... like sending you food whenever they're not busy. If you have any problem, you can call and they'll come. If there's anything difficult, they'll take care of it.” For Mr. Zhang, it is enough for his children to be present and supportive of him, and his own happiness is dependent upon his children leading stable lives.

Mr. Zhang's sentiments about being physically in good health were echoed by Mr. Wei, who was mentioned in Chapter One as good friends with my grandfather and my aunt. Mr. Wei lived alone for 10 years before moving to the facility, and he still lives alone but in a family room—one of the most expensive options in the facility. He believes that as long as the elderly have a place to live, are cared for, and have easy access to affordable medical care, the principal problems for the elderly will have been addressed. Fulfilling those three needs are not important simply because they allow the elderly to maintain their physical health, but meeting those needs will also allow the elderly to be free from worry and anxiety, and they can then live cheerfully as they age. Mr. Wei views relational needs, such as filial children, friendships with other residents in the facility, and staff attitudes as subsidiary. What is first and foremost most important to Mr. Wei is that his individual physical needs that impact his psychosocial wellbeing are addressed.

Mr. Fan, a resident who lives in a double room with a male roommate, also believes the most important thing to have in old age is your health: “If you have good health, that's the most

important thing. You can have a lot of money, but that doesn't replace good health." Mr. Fan chose to move to the facility of his own accord. He had lived with his eldest daughter for half a year prior but ended up spending a lot of time alone because she had to go to work, and this lifestyle made him feel lonely. Further, he felt that it wasn't convenient for his daughter for him to live at home with her. Unlike Mr. Wei and Mr. Zhang, who pay to live in the facility out of their own pocket, Mr. Fan relies on a combination of a small employment pension, welfare, and money from his four children to pay for his expenses. He is able to physically and mentally live in ease in old age because his children are financially secure: "Their conditions are good, all are better than mine. They show a lot of care and concern for me. They told me, don't worry about spending money. Just live, don't worry about anything. When it's time, we'll pay the fee. If you need any money, we will give you money. So, my circumstances aren't bad."

Although Ms. Xiong also believes that the most important thing to have in old age is good health, her reasons differ from those of Mr. Zhang, Mr. Wei, and Mr. Fan. Ms. Xiong lives in the facility with her husband, who is wheelchair bound. She herself has been hospitalized for cirrhosis of the liver, and she felt that living with her children would imposed an undue burden on them, given the condition of both her husband and herself. She had considered hiring someone to look after her husband, who requires direct attention and care, but she could not afford to hire anyone. None of her children have steady employment, so they are unable to help her financially. For Ms. Xiong, taking care of her body is important as it allows for her to continue caring for her husband and therefore not impose a burden on her children by asking for them to pay for care or to directly care for her and her husband. She reflected that even though her body is weaker than the past and her husband is ill, she is able to maintain a good state of mind and be happy.

Other residents also stressed the importance of having a good frame of mind. Mr. Wang believed that it is necessary for the elderly to not “think about things that aren’t cheerful” and to “leave behind thoughts of all the unpleasant things.” Mr. Tan, the only other resident I interviewed who lives in a family room like Mr. Wei, had an illness in 2019, and he and his wife chose to move into the facility after feeling that he never fully recovered. He emphasized that it was important for the elderly to learn to “accept their situation, not take things to heart, and to let go” rather than always recalling the past. Like Mr. Zhang and Mr. Fan, Ms. Chang linked the emotional state of the elderly to their children’s lives: “A happy old person doesn’t think too hard on things. Some people, family affairs, if their son’s child is ill, they also worry. I tell them: the child has parents, why concern yourself about this.” She suggests that the elderly need to be relieved from any emotional burden or worry when it comes to their family, otherwise there are physical consequences, such as difficulty sleeping.

This was particularly relevant to Mr. Guo, who was one of two residents I interviewed whose natal home is in the rural countryside and who is of low socioeconomic status. He decided to live at the facility last year after a series of illnesses and hospitalizations. However, to save money, he only decided to stay at the facility for 6 months during the last winter season when it was the most difficult to live alone at home and he had to burn coal to stay warm. This year, he came back to stay at the facility for 5 months during the winter season. To afford the facility, he uses welfare and also rents out his land in the country. His only child also supports him but does not live nearby—he works in a factory in a distant province and is unable to visit often. Mr. Guo informed me that it had been two years since the last time he saw his son, and he deeply misses him and wants him to return home. Mr. Guo believes that affection and emotional attachment among family members is one of the most important things to have in old age. He remarked that

in old age, all he needs is “enough money to spend, children to save me worry—just to live,” but that “for people like me, I lack a little. It’s not because of how much money I have. It’s because of my son... he still hasn’t even married. Everything else is alright.”

In general, the elderly I spoke to believed it was important to maintain their physical health in old age for varying reasons, whether it was to be able to function in a way to enjoy life, to be free of anxiety, or to lighten a perceived burden on their children. For other elderly residents, having a good mental state was their most salient need in old age and was often linked to their children’s life situation. Does the facility or the facility staff recognize these as the needs of the elderly? If so, how do they respond?

CARING PRACTICES IN THE FACILITY

Although care may be typically construed as an extension of concern or actions from one person to another, institutions are also capable of “caring” in the way previously outlined. They do so by tailoring and adjusting the conditions, management, and policies of their institution in response to the needs of the people they serve.

For many residents of this LTCF, the appeal of the facility is its ability to meet and address their material and medical needs that otherwise would not have been met at home. Residents cited the amenities offered by the facility, regardless of whether they themselves used those amenities, as an indication of the consideration and thought put in to cater to the needs of the elderly. These included the library room, the calligraphy room, the exercise room, and spaces to play mahjong and Chinese chess. Mr. Zhang asserted that “everything that ought to be here is here,” with a focus on the material conditions and physical markers that seem to indicate a caring environment:

In the corridors, they installed those iron handrails so the elderly won't be unstable when they walk around; they can hold onto them as they walk round. The toilet rooms—next to the toilet they also have the iron tubes. People can hold onto them to stand up, to make it easier to stand up—this is considerate. The bathrooms, they put on the floor, the thing that prevents slipping. Certainly, we don't use it—but they've thought about it—you not using it is your own choice. So, this is why I say they've been very thoughtful, very comprehensive.

Beyond the construction of the facility, Mr. Tan saw the nature of the facility as a combination of a residential home and hospital as uniquely suited to caring for the elderly:

If my head hurts, if I have brain fluid, small sickness, there's a hospital close to me. I can go downstairs to get medicine, get a shot. Otherwise, you would have to call your children to come home quickly—worrying them. They'd have to come by your side and accompany you. But here, they don't have to—they don't have to come!

For Mr. Tan, the facility met a need that his children could not if he were to reside at home. The convenience of having his home, the hospital, and a pharmacy in one building is exactly what he feels he needs as an elderly man who has experienced illness. This is a feeling shared by Mr. Wei, who felt anxious when he lived at home by himself:

If I had a sickness, I lived pretty far away from the hospital—no one would know, no one would help me get there. Children aren't close. That fills you with fear, anxiety. Once we come here, we have a place to live, a place to eat, a clinic and dispensary, there are physicians, we can see physicians whenever we like—how convenient is that? Whenever you have a sickness, you can seek medical advice. With a health office, your heart is assured, it turns out you don't have any illness. Why? Because there's no more pressure on your psyche. When I lived alone at home, if I had a small sickness, I would react like “Oh my god, I'm so sick. I have to go to the hospital, that's going to take so much effort.”

For Mr. Wei, the facility provides for the material necessities in old age to which he would not have access to if he were living at home. He feels at ease knowing that issues he may face can be easily and quickly resolved by the staff on hand and the hospital and physician nearby, so much so that illnesses don't seem so formidable to him anymore. Additionally, Mr. Wei observed that “children, once they get relatively old, children no longer stay near; they're all going elsewhere for work, to live a better life. This causes one to feel really lonely. Because of

this, we want to find somewhere like a long-term care facility.”

Mr. Guo made comments that were similar to those of Mr. Wei. He feels very happy with the quality of life in the facility. He enjoys the structure of the facility, with a set time to eat, and he likes living in a four-person room. At home, he didn't have a structure or routine, and he would feel lonely. He decided that once he gets even older, he will reside in the facility throughout the year. Especially if his illness continues to return, he would much rather be in the facility where he can be close to medical care.

Unlike Mr. Wei and Mr. Guo, both of whom would be living alone if they had not moved to the facility, Ms. Chang would have still been living in her son's home. Still, she believed that if she had stayed home when her grandchildren left for college, she would have also been lonely. At the facility, however, she is able to enjoy herself and chat with the many other elderly who reside there, whereas “it's not interesting at home.” This was one of the reasons why Mr. Fan decided to move to the facility—when he lived with his eldest daughter, he spent a lot of time alone at home because she had to go to work, and he did not want to continue on with that lonely lifestyle.

Mr. Fan also elaborated on other needs that the facility met, many of which were mentioned by other residents of the facility. He explained that the best part of the facility is that “the environment is good; the hygiene is good. The cleaning staff will come every single day to organize and clean your room. The food is pretty good. Sanitation is good. Dinner is easy to digest.” He added that the food offered in the facility was an upgrade from the food at home: “To eat... it wasn't like here, where there's so much food—rice, buns, porridge—they have it all. It would be too difficult to make all those options at home. At home, it was difficult to purchase groceries every day.”

If there was something the elderly needed, the facility staff were said to quickly respond. Mr. Tan explained to me, “If I have any issue, I’ll tell them. If the water isn’t working well, I’ll tell the building manager. They’ll take care of any issue very quickly.” When Mr. Fan’s room was chilly in the winter, the facility staff responded quickly to his request to add a radiator to provide heat: “They saw that the room was too cold. I told them, ‘I don’t care how you fix it, I just don’t want to freeze.’ They added an electric heater, and now the temperature is higher.”

The interviews I had with residents seem to indicate that the facility is able to meet many of the material needs that the elderly residents deem necessary to live a healthy lifestyle. It has a pharmacy and a hospital within facility walls, and it offers plenty of additional amenities for the elderly to enjoy themselves without leaving the building—a feature many residents noted as key during the bitter winters characteristic of the area. The facility brings together many elderly people together who share a similar lifestyle, providing the elderly residents with companionship and ensuring that the elderly do not feel alone like they may at home, regardless of whether they were living alone or not. It is thus able to meet needs that family members and adult children may not be able to meet because they are working and do not have the time to care for the elderly. Further, many residents noted that the facility allows for them to minimize a perceived burden they impose on their children, as their children don’t have to worry about their wellbeing or have to care for them.

Despite the facility’s capacity to meet the material needs of the residents, the facility was not always able to address certain issues some residents encountered, a fact that reveals, among other things, certain negative consequences of the commodification of care. Mr. Fan remarked that “if you’re sick, there’s a hospital—there’s a solution. If you’re in your room, you can’t move, there’s a pager. Using that, the building manager can come, can care for you. This aspect is good,

pretty considerate.” Yet it was unclear if other facility residents were aware of the purpose of the pager and how to use it if they experienced health issues. In a conversation I witnessed between a resident and a physician, neither the resident nor the physician knew what would happen if one was to try to use the pager or who it would reach. If a resident needed assistance, it was understood that they would need to contact the building manager directly. However, in the same conversation, the physician noted that once, a resident needed an ambulance to the hospital and tried calling their building manager multiple times but could not get through. They ended up having to call their children to make the arrangements. Furthermore, although residents professed that they were comforted by the knowledge that they had access to a physician at any time, it was unclear if this was true or, if it is, if this knowledge is shared by all of the residents. Most of the residents I interviewed were relatively healthy, able, and affluent, and they did not have any outstanding health issue that would require them to seek assistance from the facility physicians. Yet, I also witnessed an instance wherein after normal operating hours, two residents of rural backgrounds were urgently seeking the attention of the only physician that resides in the facility overnight. My aunt, my grandfather, and I were heading to dinner when we ran into them, and they began asking my family members for information on where they could find him. My aunt knew where he could be found—he lives in one of the family rooms in her building—and she accompanied them to ensure that they could find him. Did those residents look for their building manager first for information on where to find the physician? Did they encounter difficulties in doing so, or did they decide to simply circumvent the building manager and look for him themselves? Although I was unable to find the answer to these questions, this moment highlighted that knowledge on how to navigate the facility and obtain care may be dependent upon the class and social status of residents.

Another resident I met has difficulties using her fingers to the extent that she is unable to dial a phone by herself. Recently, she fell while washing her feet and was unable to call her son to inform him and ask him to bring her medicine. She told my aunt and me that she told her building manager this, but the building manager did not do anything to assist her in calling her son. Two other residents I spoke to live on a floor that offers the additional care service of a facility care worker for a fee. They get the care worker's attention by yelling her name and waiting for her to finish helping other residents before coming to help them. One of those two residents is fully bedridden, and when I met her, she was lying in bed with the sun shining painfully on her face because the curtains were drawn open. She told me that if she needed help she would "use all [her] effort to yell the name [of the staff]." After closing the curtains for her, I asked her why she didn't ask the care worker to close the curtains. She replied that she didn't want to call for help because it costs money, and her son doesn't earn a lot of money. Besides that, she told me she's embarrassed to call for help and that the care workers only help for the purpose of earning money anyways.

Whether her assumptions about the care workers' intent are accurate or not, she alluded to the idea that care becomes devalued when it is commodified. Rather than be interested in meeting her needs, she believed that the care workers were, in her opinion, self-interested individuals who were only there to earn a salary. From her perspective, the sentiment underlying care is missing; any practice performed with the pretense of care was really the care worker exercising a neoliberal practice of care as an exchange on the market. Additionally, although residents must pay for supplementary services such as using the facility laundry machine or having food delivered directly to their room, it is doubtful that asking the care worker to close the curtains would have cost more money. However, that she believed it might and as a result

adjusted her needs and behaviors as a result speaks to an intimidating and unnavigable quality of commodified care, in which care receivers are apprehensive of being financially penalized for expressing need or dependency.

Mr. Yin elaborated on how the commodification of care influences his understanding of his relationship with facility staff:

The staff at Sunrise Elderly Service Center are considered... they're the facility staff. We're the facility residents. We're of two different natures. We don't exchange or communicate. They are earning a salary. And we are paying money to Sunrise Elderly Service Center to be cared for in old age. So, we don't interact with them.

Mr. Yin has expectations of the paid facility workers to do their job, which he asserts is caring for the elderly, but he does not conceive of that care to include an affective or consistent connection with the residents. Ms. Chang also views the relationship between the elderly residents and the facility staff as one between a consumer and a provider:

Here, they wouldn't dare, because they work for the sake of earning money, if the elderly person is not being good... they still treat them well. They spoke about it at a conference: they view the elderly as if they're their parents. Even if the elderly person says something to the employees, they can't refute or rebut them. Even if the elderly were to hit the employees, they can't return it. So, if there are any difficulties, tell them, so if they can help resolve it, they will."

Ms. Chang reported that the facility management drew a parallel between the obedience the facility staff must show the elderly and the obedience children must show parents, but she was aware that there is a clear difference in the reason for obedience. The facility staff and the elderly residents are bound by a monetary contract in which the staff are obligated to fulfill the wishes of the elderly, implied to be material in nature. On the other hand, children are expected to be obedient to their parents out of affection and filial piety. This difference has implication for care, as the monetary contract is ill suited to encompass unquantifiable care needs that are affective and require time.

Even though Mr. Wei views staff attitudes and relationships secondary to the material needs of the elderly, he spoke highly of the building manager, Ms. Liu, who oversees his building:

Every day, she supports the people in this building, she considers everyone's circumstances, livelihoods—this is her job. So, we'll often get into contact with her, and it's an affectionate relationship. You can talk to her about your innermost thoughts and feelings. She'll also be honest with us about what's on her mind; it's mutual.

He would like to interact with her and the rest of the facility staff more often, but it is not something that he views as feasible or reasonable for him to pursue:

There's not a special purpose to interact and speak. Since I've only been here for a relatively short amount of time... they have their own work. If we want to chat more with them, it'll affect their ability to do their normal work. It's not convenient for them. If they take the initiative to seek us out, that's when we can exchange with them, engage and come into contact with them. They have to take the initiative.

Yet the reality in the facility is that the two care workers that support the two floors of residents needing additional assistance support at least 40 residents with debilitating health issues. In total, the facility has seven building managers to oversee an elderly population that numbers more than 580. Even then, only three or four building managers work during a shift, split into the day and night, meaning that each building manager must be attentive to and responsible for around 145 to 193 residents during their working hours. There is a limited number of staff on hand to address the physical care needs of the elderly residents, much less spend additional time with residents.

Even so, the facility staff do recognize that their job responsibility involves affective forms of caring and not just arranging for the material needs of the elderly to be met. The on-the-job training for the facility staff focuses primarily on *li*, or manners, that they should display toward the elderly. The building manager, Ms. Liu, recognizes that the elderly especially need assistance and care when they first arrive at the facility, and she feels a responsibility to help ease

the transition:

Sometimes when they first arrive, we'll go speak with them daily and help them try out this lifestyle. Some elderly, they'll be just like children, we'll chat with them and it's like comforting a child. I take the initiative to visit them and communicate with them. If they have something on their mind, we'll let them talk to us about it. Some will talk, some won't. For some of them, they won't talk about family matters. Some might be experiencing a health issue. If you ask, they'll tell you. But if you don't ask, they won't tell you. To put it frankly, you have to care about the elderly more, ask them more, check in on them more.

Ms. Liu is sensitive to the needs of the elderly and takes responsibility for checking up on them to ensure that she is facilitating their health needs as well as their psychosocial wellbeing. Yet she is just one building manager out of three at any given moment. Although Mr. Wei expressed that he felt relatively close to Ms. Liu, the rest of the elderly residents to whom I spoke, except for Ms. Xiong, informed me that they do not have extended conversations or intimate relationships with the facility staff. The facility staff simply do not have the ability to spend an extensive amount of time with the elderly residents, even though they recognize it as a need. Additionally, the relationship that Mr. Wei may have with Ms. Liu is likely unique to the building he lives in—Ms. Liu confessed that her job is easier than the job of other building managers as she mostly oversees the elderly who have a background that allows them to afford the expensive family rooms:

The elderly in the family rooms are pretty great. Other independent elderly, their character probably is not as good. Because they don't have as high of a quality. Also, my residents are mostly couples. They don't have as many... issues. It's not like those with three in a room, four in a room. One day they don't get along, another day there's another issue, fighting.

Beyond recognizing that communication and spending time with the elderly is an important aspect of caregiving, the building managers take it upon themselves to meet needs that the elderly express that are usually explicitly commodified. Ms. Liu expressed disdain in response to the idea that relational care exchanges are a part of the fee-for-service exchange in

the facility:

There are family members who dislike the caregiver. It's inevitable—they'll believe you haven't cared for the elderly well, there will be small things. I'll resolve these things with the family. To speak the truth, some will find trouble even if there isn't any trouble. Because, "I paid money. You have to properly look after me." Happy elderly persons are not those who think "I've paid money so you must treat me well."

Both Ms. Liu and the bedridden elderly woman viewed commodified care practices negatively, albeit for different reasons. The elderly woman did not want to ask for assistance in closing the curtains because she believed all care practices had been commodified to the extent that initiating a request would cost her additional money. From the facility staff perspective, Ms. Liu is uncomfortable with the expectation that she should provide affective care for residents simply because they have paid a fee to live in the facility. Instead, she alludes to the idea that her attitude toward and treatment of residents is based on a non-tangible quality of her relationship with residents that is potentially related to social class and status.

Ms. Xiong does not live in Ms. Liu's building of mostly elderly of higher socioeconomic status, but she has had quite pleasant interactions with the facility staff and told me that she enjoys chatting with her building manager and the cleaning staff on her floor. When she became sick and had to be hospitalized, the facility staff brought meals to her husband for free in her absence, even though meal delivery is supposed to add an additional cost. She informed me that even now the facility staff will do her that favor: "If I need to go out to do something, they'll ask me, 'Will you be able to make it back for lunch?' If I don't come back, they'll save some food for me and bring it to my room. So, I'll prepare all my containers and they'll get it for me." Ms. Xiong knows it is not in their job description, so she is grateful that the building manager and cleaning staff are willing to assist her if she needs it. In recognition of her need, especially in that both her husband and herself are afflicted by illnesses and have financial difficulties, the facility

staff take it upon themselves to do services for free that usually require a fee, thereby refusing to commodify something they view as caregiving. In this sense, the marketization of care has failed to completely materialize because a disproportionately female staff see care as a relational activity meant to meet the need of a care receiver, rather than a transactional set of activities that are performed for the sake of earning a profit. Since the facility staff are paid a set salary, they have a certain flexibility to resist commodifying care practices as their income is not attached to performing individual tasks.

However, there is one area in which the facility staff do not attempt to meet elderly need, even though they recognize it, and that is concerning the mental burden and sadness the elderly may have when thinking about their families. Ms. Liu expressed this when she said, as noted earlier, “If they have something on their mind, we’ll let them talk to us about it. Some will talk, some won’t. For some of them, they won’t talk about family matters.” Ms. Liu alludes to the stigma that surrounds talking about children and whether they are filial or not, and residents also acknowledge the relevance of this stigma. When I asked Mr. Yin if residents talk about family matters with each other, Mr. Yin simply responded, “No, we don’t talk about that, we don’t ask.” Mr. Guo lives with three other men whom he has become good friends with, but they will very rarely talk about family matters because “some things, unhappy things, we’ll rarely bring them up.” Mr. Fan considers everyone who lives in the facility as one big family, but he also recognizes a need to not talk extensively about family matters:

Some will discuss these things. Very few will. This... each elderly person is not the same. Some talk to cope—what their children are like—they know in their own heart. We don’t invite the conversation, we just listen to what they say. If they say their children are filial, then they’re filial—if they’re not filial then they’re not filial, but that’s their business. So, some things, like this, I won’t press to ask them.

Although these examples mainly concern what residents are willing to tell each other,

they demonstrate the often unspoken and immense amount of stigma concerning whether children are filial or not. As a result, both facility residents and facility staff typically try not to initiate conversations about this topic. This stigma has cultural roots wherein speaking about mental illness or burden is shameful for the individual and, in extension, the family. As such, residents did not explicitly assert that the facility staff have a direct responsibility to mitigate their emotional burdens, even though many of the residents I interviewed felt that having a healthy mental state was one of the most important things a person should have in old age. Perhaps it could be argued that facility staff occupy an inferior role in their relationship with facility residents, aligning with traditional Confucian notions of juniors showing deference to their elders, making it inappropriate for them to initiate such a conversation on top of the stigma associated with discussing unhappy family matters. In this way, the facility staff could be perceived as caring for the elderly the best they can by recognizing that bringing up a resident's family matters could potentially cause them undue stress and worry.

It seems, however, that the building managers are not seen as inferior to the facility residents, but as superior. Ms. Liu informed me that elderly residents of Sunrise Elderly Service Center express their gratitude to the facility staff for the care and attention they receive by “offer[ing] fruit and candy, like we’re family members.” Beyond these small gifts, Ms. Liu believes that her care for elderly residents is recognized when they trust her and listen to her:

Like the elderly in these family rooms: they’ll listen to me, they won’t break the rules or lose their temper. Other people, I begrudgingly go because they’ll express outrage. I feel gratified when I go to a resident’s room and they listen to me—other people will tell them something but they won’t listen. But I’ll tell them, “be good” and they’ll listen to me. It’s not like when family members will tell them something, or someone else does; they’ll get angry at them. But not me. It really feels like I’ve succeeded. If I hadn’t, then they wouldn’t do that.

Ms. Liu appreciates it when the elderly display compliance and trust in what she tells

them, as she sees it as acknowledgement of her care and her authority as a caregiver. This is much in line with the care ethics perspective that the caregiver is seen in a superior role in which they have the responsibility and the ability to initiate the care process.

What are the implications of these two different understandings of the role relationship between the elderly and the building manager as their caregiver in the institutional care setting? The discrepancy between the obligations of the caregiver when they occupy an inferior position to the elderly and the obligations of the caregiver when they occupy a superior position to the elderly may allow for the justification of variability and inconsistency in providing certain aspects of care. As noted earlier, Ms. Chang believes that the elderly residents are consumers who can make demands of the facility staff as providers. This view places the facility staff in an inferior role to the elderly, which may serve to rationalize the idea that the elderly residents must initiate conversations with their building manager if they have anything on their mind. This perspective might suggest that it is the prerogative of the elderly residents to initiate interactions with their building manager; however, this is not the standard interpretation of the role relationship between the elderly residents and their building manager. Rather, the common view held by both the building manager and the elderly residents is that the building managers are in a superior position to the elderly residents. This implies that the building managers should take the responsibility to initiate the care process, which might include taking care of the need for intimate conversations, with facility residents; indeed, this aligns with what Mr. Wei has conveyed, wherein the elderly residents do not think it is their place to initiate such conversations, as well as what Ms. Liu explained, when she said that the elderly residents will not share their emotional or physical needs unless directly asked. As discussed in detail in the next chapter, facility residents are highly conscious of the time strain on the small facility staff and try to be

considerate about how often they request the facility staff's attention. By believing they are in an inferior position to the facility staff, they believe that any request for the attention of the busy staff other than for the purpose of addressing some material need, such as fixing a toilet or installing a radiator, is not in the job description of the facility staff and is, therefore, inappropriate. Further, this type of physical care is actually maintenance of the facility property itself, rather than direct physical care of the elderly residents. At the same time, from the perspective of facility staff, the elderly residents are expected to behave well and not make needless demands on the facility staff, and it is especially looked down upon to make demands as a paying consumer. This may have particularly negative consequences for rural residents who mostly reside in rooms with one to three other residents and therefore must share the attention of their building manager with many more individuals. Additionally, there may be a wider social distance between them and the building manager, such that they may have a stronger desire to not make demands of facility staff than urban residents or to ask questions or for access to resources even when they need it.

If care was a service that was easily commodified, then it may be reasonable to expect the elderly residents to behave as consumers and demand more time and resources if they needed it. Yet, as dependent care receivers and inferiors, the elderly residents are expected to not make too many requests, lest they impose too much of a burden on facility staff. The small size of the facility staff, which limits the time and ability the facility staff have to initiate intimate, time-necessitating conversations with residents, thus goes unquestioned and unexamined.

To summarize, practices that are recognized as caregiving in the facility are predominantly those that meet the material needs of the residents. Although facility staff do attempt to demonstrate affection and caring feelings toward residents—thereby resisting the

commodification of care—the small staff size of the private facility makes it difficult for the staff to meet the psychosocial needs of the residents, and sometimes even the directly material and physical health needs of residents. The limitations to care practices in the facility, however, may be attributable to both the practices of privatization, which calls for minimizing employee numbers in the pursuit of profit maximization, as well as the traditional understanding of care for the elderly as strictly the family’s responsibility. Many of the elderly residents whom I spoke to wanted their children to check on them in person from time to time, or to call if more convenient for them. The expectation for filial children was for them to demonstrate affection rather than physically or financially supporting them. Again, I evoke Mr. Wei’s question to me about who my grandfather could confide in, if not his daughters, that opens chapter one: “If he ever has something burdensome on his mind, or innermost thoughts and feelings he would like to share, who would he tell?”

In the Chinese cultural context, elderly persons are viewed as superiors and their children, inferiors, who have a filial duty to anticipate and see to the needs of their parents. Often, residents would use the term *cihou*, or to wait upon or to serve, to describe how their children would be expected to treat them in the home. However, in the facility, the role relationship between the elderly residents and their new caregivers, building managers, is almost reversed, where building managers are often viewed as superior to the elderly. Instead of expecting to be served by the facility staff, the elderly residents’ expectation of care is one that is minimal, mostly material, and a privilege to be provided on the terms of the building managers. While not addressing emotional care needs of the elderly is indicative of a broadly entrenched stigma in Chinese society, Ms. Liu recognizes that she can, indeed, help mitigate the emotional burdens of the elderly residents by “care[ing] about the elderly more, ask[ing] them more, check[ing] in on

them more.” If this is the case, then the reality of the facility operations does not allow for her to fully carry out the tasks she sees as necessary to ensure the elderly residents are properly cared for.

In the contemporary moment, the Sunrise Elderly Service Center represents an institutional care landscape in China that is still being defined. As the elderly enter into such facilities, both they and staff of such facilities must navigate whether there is to be a distinction drawn between caring activities carried out by paid care workers and caring activities carried out by the family. Traditional Confucian ideals elevates the relationship between children and their parents, establishing a relational bond that is unmatched by anything else, deeming children uniquely suited to care for the elderly Chinese. But with the transition of eldercare into long-term care facilities, and with elderly such as Mr. Guo unable to see their children for years at a time, will understandings of *li*, or behaviors that follows the rules of propriety and social norms, shift for caregivers such that their *guanxi* with the elderly will become closer to expressive, rather than instrumental or mixed? This may, in fact, be necessary to ensure that the elderly’s needs are met and that they are receiving the most fitting care.

CHAPTER IV: The Burden Narrative

The elderly residents I interviewed chose to live in Sunrise Elderly Service Center because of a combination of three factors: (1) they believed that the environment of the facility was suitable to the needs of the elderly, (2) they believed that their children were unable to provide the care they need, and (3) they believed themselves to be a burden on their children. In the previous chapter, I focused on the first factor listed above by analyzing the attitudes that shape the caring practices in the facility and whether those practices meet the needs of the elderly. In this chapter, I will focus on the latter two reasons that have informed the elderly residents' decision to move into Sunrise Elderly Service Center. I will begin by discussing the ways in which the elderly residents conceive of themselves as burdens on their children, followed by the ways in which the facility operations themselves exacerbate the elderly's conception of themselves as burdens. I will then analyze how this burden narrative contributes to a reconstitution of the Chinese self and filial piety before using the lens of care ethics to re-examine the caring relationships in the facility.

TO BE A BURDEN AND MAKE A CHOICE

The elderly residents whom I interviewed articulated five main reasons why they believed themselves to be a burden on their children (see Table 2 below). Of all of those residents, Ms. Xiong, the elderly woman whose husband is wheelchair bound and whom has received meals delivered directly to her room by facility staff without an extra charge, was the only resident who saw herself as a burden in each of those five ways. I will begin by revisiting her story.

Table 2: Reasons Elderly Consider Themselves as a Burden on Their Children

Reason for Being a Burden	Facility Residents for Whom Situation Applied
Lifestyle of elderly and children conflict	Mr. Zhang, Ms. Chang, Mr. Wei, and Ms. Xiong
Children have to work and do not have time to care for the elderly	Mr. Wei, Mr. Tan, Mr. Fan and Ms. Xiong
Would inhibit children from caring for their own (nuclear) family	Mr. Wang, Mr. Fan and Ms. Xiong
Using children's money	Mr. Yin and Ms. Xiong
Could not contribute to children's household	Ms. Chang and Ms. Xiong

Ms. Xiong chose to live in this facility after both her husband and she got sick. They tried living in her son's home after her husband's hospitalization, but it was physically difficult for her and her husband to live in his 5th floor apartment. When she brought up the idea to live in a LTCF, her son disagreed, but she kept on pushing because she wanted to ease her son's burden—in his home, she would have to look after her husband and would be unable to do contribute to the household chores or work:

But then my husband got sick, was hospitalized for 20 or so days. Then we went back to my son's home but there was no elevator—going up and down the stairs took too much effort. I talked to my son about going to a facility. My youngest son, he wouldn't agree. Wanted us to live with him. He lived on the 5th floor. I told him that the 5th floor was still too much; us two should still go to an eldercare home. One, to ease your burden. Two, you also just don't have time to look after me. And if I have to look after your dad, I won't be able to do any other chores or work [at the home]. If we stay here it will be a burden on you.

It was important for Ms. Xiong to feel like she was able to offer something to her son in exchange for living in his home. Although she felt that she could no longer be an asset to her son, she proudly told me, "I can handle my own affairs. If I can help [my family], I'll help them. But I don't want others to care for me. It's enough for me to care for them. When I was with my son, I

washed everyone's clothes.”

Ms. Xiong feels a sense of achievement in being able to persevere and care for herself and her husband without outside help in light of the physical and financial difficulties they've faced. As her and her husband's financial situation does not allow for her to hire an additional caretaker, and her children don't have the financial resources to help either, it became very important to her to take care of her body so that she can continue caring for her husband:

If I have good health, then I would be easing the burden of the next generation. Some of the elderly here have retired and have a salary—they can minimize the burden of their children a lot. If they have money, they can hire someone; if their children don't have the time, they can hire someone. For us, we don't have enough to hire someone. If we ask our children to pay for it, that's hard. They're filial, if they could give they'd give. But their lives are difficult.

Ms. Xiong does not believe that her children aren't filial just because they're unable to assist her and her husband financially. She does not believe it to be a reasonable request to make of her children given that they are experiencing financial difficulties themselves. Mr. Zhang similarly doesn't think that his children aren't filial because they do not care for him in their home:

It's not because our children aren't filial. We don't want to trouble or disturb our children. We don't want to add to their burden. At their home, of course we'd be adding onto their burden. We don't want to inconvenience them, cause trouble. So, for us to come here is the best place to belong... we don't further burden our children. We actually save worry, and our children also save worry. It cuts down on conflicts. Everyone is very happy. If they want to come see us, then they come. If they don't come, we still have food to eat, still have a place to stay.”

Mr. Zhang alludes to the potential for conflict if he were to stay in one of his children's homes, as does Mr. Wei: “If I didn't come here, which of my sons do I live with, or do I live with my daughter? Though no disagreement will come out of their mouth, they probably would not feel happy receiving me. I came here to resolve this issue.”

Ms. Xiong elaborates on the root of potential conflict if she were to live at home with her

children. In particular, she highlights how the lifestyle of her and her husband differ from her children:

There's a generational gap. Young people aren't used to our disposition and we're not used to theirs. For them, they don't go sleep until late and then they wake up late. And we can't eat the same food. They like spicy, we don't like it. They like hard foods; our teeth can't handle it.

Instead, Ms. Xiong find peace, solace, and happiness in knowing that her current lifestyle living in the facility is suitable to her needs by allowing her to take care of her husband and alleviate her children's burden at the same time:

Otherwise, both of us are like this— [my children] really couldn't take care of us. They have families—wives, children who are going to school. If they were to take care of us, it wouldn't work for their families. So, each day, I happily live. My children tell me: if you need anything to eat, call us.

Ms. Xiong's conceptualizes herself as a burden on her children through a consideration of multiple factors. Her children's economic situations make it difficult for them to extend help financially. In this context, she feels the need to assume the responsibility of caring for herself and her husband. Recognizing that her sons have to support their own families and have limited time and money to care for her and her husband, she believes that she and her husband would only serve as an additional worry if they were to stay in their home. Not only are the lifestyles of her generation and her children's generations different, but she has nothing material to offer her son—she can no longer cook or clean because she has to directly see to the needs of her husband.

Ms. Xiong's understanding of herself as a burden may be, in part, a gendered experience. Ms. Chang, the only other female resident I interviewed, shared Ms. Xiong's perspective that she was a burden on her children's household as she had nothing practical left to offer them. In the facility, Ms. Chang lives alone in a single room, and she's happy to have the space to herself. Before she arrived at the facility, she lived in her son's home. During the day, she would look

after her daughter's child. When her son's child got off school, she would pick him up and then return to her son's home, where she'd cook dinner for them. She lived with her son and cared for her son and daughter's families like that for 20 years. Once her grandchildren left for college, she felt that they didn't need her anymore, so she decided to move into this LTCF. She didn't want to feel like she was dependent on others: "If I can do things independently, I don't want to rely on others. If my health is good, I like to do work, and to not rely on my children. So, I don't want to stay at their home. I just would rather be independent."

Ms. Chang noted that the facility also has caregivers who can care for her when she can no longer be independent. In contrast, she does not think her children would be able to offer that same level of care if she were to stay at home: "Children have to go to work. Children are young, they have to go out and earn money. We've thought about this—we want to lessen their burden."

Both Ms. Xiong and Ms. Chang were accustomed to doing many of the household chores when they lived with their sons. Once they were of an age at which they felt that they could no longer serve the same role they had assumed previously, they felt that they had transitioned into a state of dependency, with an inherent understanding of dependency as something undesirable.

Mr. Tan also felt that it would not be appropriate for him and his wife to stay in one of his children's homes after recovery from an illness left him weaker and in need of more care than before. In frank terms, he asked, "Am I helping them or are they helping me? They'd have to serve me, and they still have to go to work, are busy. So, after thinking it over, we thought it would be better to go to a long-term care facility."

Mr. Tan questioned the validity of the idea of *yangerfanglao*, or that children ought to reciprocate and care for the elderly in return for being raised by their parents:

There's a difference. When they were small, they don't have the mental ability... it's normal that we serve them. When we worked, we would send them to daycare. But once

old, it can't be the same. We need to ease some of their burden. We chose to come here to do that.

For Mr. Tan, the Confucian notion that children owe their existence and physical bodies to their parents and thus should care for them in old age is no longer relevant. In this way, the fundamental relationship between children and their parents has shifted and filial piety has been reconstructed. For Mr. Tan, when his children were small, their dependency on him was not a choice. In contrast, he believes that he can choose to not be dependent upon his children in old age and that he should strive to make that a reality. To ask for care, then, is to ask his children to take on a demanding and unfair task.

Like Mr. Tan, other residents I spoke to emphasized that moving to the facility was a choice that they were glad to have made. I previously noted that just as we can interpret individuals as caring, we can understand an institution, such as the facility, as caring by analyzing its practices and policies. In relation to the facility itself, the last phase of the care process, wherein the care receiver responds to the care given, is understood by the residents in terms of their choice to continue residing there. Mr. Wei expressed that he acknowledges the adequacy of the care that he has received in just that way: "I think it's pretty good here, so I live here. If I didn't, I could leave. Why? Because I chose to live here. Because there are facilities everywhere." Mr. Zhang, Mr. Yin, and Mr. Fan also spoke about moving to Sunrise Elderly Service Center as a choice that the elderly residents have willingly made. In particular, Mr. Fan was very emphatic about the purpose of the facility and why the elderly residents choose to live in such a facility:

We all come here because one, for our children and two, for ourselves. To make it easier for our children, because our children are all out elsewhere working (*dagong*) because they need to make a living. Their children are studying, going to school, they need money. If we stayed at home, we would affect them. By coming here, our children have the time to go elsewhere to earn some more money. So, coming here, we come here of our free

will (*ziyuan*). Some come because their children want them to—it's not the same. Our perspectives are different. For me, I like this place.

Mr. Fan is clear that his primary reason for choosing to live in Sunrise Elderly Service Center is out of care for his children. The structural constraints on his children's ability to take care of him are very salient to him. For Mr. Fan, his children can be more successful without having to worry about caring for him on a daily basis. Rather than fault his children for not exhibiting filial behaviors, he turns a critical eye on himself and decides that he is a burden to his children. Rather than view his decision as a sacrifice and acknowledge that he may be giving up something valuable so that his children might have a better opportunity to flourish, he instead views himself as the root of the problem that is weighing his children down.

In short, the evidence introduced show that Mr. Fan, as does other residents, utilizes neoliberal ideas of autonomy and self-management to understand themselves as rational market actors who choose to live in this particular LTCF rather than choose any other eldercare option. Although Mr. Fan states that he chose to live in the facility of his own free will, his options were restricted by the harsh economic landscape in which his children find themselves. Ilana Gershon reflects that under neoliberalism, championing freedom in terms of choice ignores that “decisions are made on a prestructured terrain [and] people's choices are between limited possibilities, with the structural reasons for the limitations systematically overlooked” (2011:540). Inasmuch as Mr. Fan's choice to live in the facility is an autonomous and self-empowering decision, it is also a representation of the insidious way in which neoliberal understandings of the self assert the value of economic success and self-sufficiency over the fundamental need of humans to receive and give care.

THE ELDERLY AS A BURDEN ON FACILITY STAFF

As mentioned in the previous chapter, the elderly residents not only believe that they are burdens on their adult children, but they believe that they are burdens to the facility staff. Mr. Zhang is particularly conscious of the large resident to staff ratio, and he diligently tries to minimize the work load of the staff and adjust his expectations of care as well:

We're a few hundred people. It's impossible to ask for additional care for all of us, and they also wouldn't agree to everything we ask; it's impossible for them to cater to all of our demands. For meals—do they meet all of our desires? No; we like some of the dishes, we don't like other dishes. But with a couple hundred people, how could they satisfy all our varying requests? They cannot satisfy every single person.

Mr. Fan is also aware of the potential burden his requests may place on the building managers. He remarked that while building managers will willingly deliver food to resident rooms without charging a fee if you're ill, can't move, or have a cold, it is not a sustainable practice: "If you're always needing that, the building manager can't do that long-term, to serve only you. Why? Because one building has many people." Mr. Fan, though, finds that he doesn't need to get the attention of building managers often:

I don't want to make trouble for the building manager. They think well of me. I usually don't have any issues, so I don't look for them. I'm not like others, who have illnesses—[the building manager] can't leave them alone and has to pay attention to them. I don't have any illness right now. So, I don't look for them, don't bother them. If there's any issue that I can't handle, I'll ask my children to come. Make a call, and they'll handle it.

Mr. Fan and Mr. Zhang's perception of the building managers is that they are busy and cannot be the first point of contact if they have needs, and they further rationalize the facility staff's inability to meet individual needs by deeming it an impractical expectation with so many elderly persons to take care of. Significantly, both Mr. Fan and Mr. Zhang have children who are close and available to come assist them if needed, but this is not the case for many of the other elderly residents. Yet for both residents with or without children nearby, the belief that there are

other residents who more urgently require attention socializes the elderly to regulate their own needs. Although Mr. Fan may truly be satisfied with the assistance he has received in the facility and may not feel that he needs more attention, there is not an objective way for the elderly to measure their needs in comparison to others. The residents do not have guidelines on what needs and requests are worthy of the building managers' time. They must decide for themselves, which often results in erring on the side of caution and not bothering the building manager.

The belief that other residents have more acute needs is grounded in reality. Mr. Yin does not feel particularly close to the other elderly residents; however, he told me that he does often help one of his elderly neighbors who frequently falls in his room and cannot get up by himself. Mr. Yin informed me that he has helped the same man four to five times, and that he is not the only one experiencing physical difficulties: “[He] couldn't stand well, so he fell. Another time, in the bathroom, the floor was wet, and he slipped. This isn't an uncommon occurrence in the facility. Some of them, they'll be sleeping on the edge of the bed at night, and with a turn, they'll fall to the floor.” For Mr. Yin, living at the facility surrounded by elderly residents has made him keenly aware of the dependency of some of the elderly. Mr. Yin has, on multiple occasions, assumed the caring responsibility for his elderly neighbor. Where was the building manager on those occasions of need? For Mr. Yin, who is a healthier facility resident, the limitations of a small staff presence have served to increase the responsibility he feels to care for others. Yet, he also informed me that he believes that the primary person one should rely on in old age is oneself. Arguably, his conclusion about individual responsibility has been influenced by his experience in the facility, in which he has seen that care is often dependent upon the inconsistent charity of other residents. Mr. Yin further conceives of any dependency shown by the elderly to be a burden, telling me that “in our facility, there are many who can't rely on themselves. On our

floor... these elderly here from the countryside, they have to rely on their children to provide money to help them live in old age. So, they add onto the burden of their children. [My wife and I] don't add to the burden of our children.”

Other aspects of facility operations exacerbate resident conceptualization of themselves as a burden. Ms. Chang informed me that if she ever needs anything from outside of the facility, she will ask some of her friends to help obtain those items. She personally does not like to leave the facility, with the exception of going for a walk along the road in nice weather. She told me a story that was repeated to me by multiple residents of the facility: one of the elderly men in the facility somehow wandered past the gate without permission, and this resulted in the gatekeeper being fined 500 *yuan* for not paying close enough attention to him. She remarked that if she does leave the facility grounds, the gatekeeper will jokingly say to her, “90-year-old lady, don't leave and get lost! Don't go too far, stay close if you can.” Even though this exchange is humorous, it also emphasizes her vulnerability and old age as a liability to others. Reflecting on this, she asked, “If you get lost, if you fall, who is held responsible? Whoever let you go has the responsibility. So, they'll fine them [the gate keeper]. [Laughs] So let's not make difficulties for them.”

The idea that the residents may make difficulties or bother facility staff was also articulated by Mr. Guo. Mr. Guo used to frequent the library last year when he was here, but he does so less now because he often finds administrators in that room. Although he doesn't necessarily mind, he feels like they're working and he's “counted as an idler (*xianren*)—someone with nothing to do.” He informed me that now, he'll “sometimes... go there to read books, but if people are busy, I'll just go less.” Even though the library room is supposed to be a space for facility residents to use, covered by what they pay to live in the facility, Mr. Guo does

not feel like he has a strong claim over that space when facility administration and staff occupy the space. He chooses instead to change his behaviors and no longer frequents that room if administrators and staff are there.

Ms. Liu, as a representative of the building managers, also views the elderly as potential burdens. When I asked Ms. Liu, “What does a happy elderly person look like?” she replied:

Every day, they are helping each other. When they see that other elderly are facing difficulties, they go and help them. Or if they notice that there’s some work that needs to be done that they can help with, they’ll help, like picking up plates. It indicates that they’re mentally healthy. If it wasn’t, then they wouldn’t bother about caring or helping. They won’t make difficulties for the building managers—they know that our jobs aren’t easy. Because there are so many elderly people.

For the building managers of the Sunrise Elderly Service Center, the number of elderly residents in the facility can be overwhelming. As Mr. Fan seemed to recognize, the facility staff view positively the elderly who are able to manage their own needs as much as possible without seeking the assistance of the facility staff. In this context, Ms. Liu stresses the value of the elderly assisting the facility staff with facility operations, including helping out other residents who are facing difficulties. In other words, not only must the elderly take responsibility for themselves and refrain from engaging with the facility staff, but they should also assume an active role in doing tasks that help relieve the facility staff’s burden.

For facility residents, the operations of the facility have socialized the residents into adjusting their individual behavior with the recognition that how each resident chooses to live affects the lives of the other people in the facility with whom they interact. Under a neoliberal ideal of self-management, caring activities are partially viewed as a privilege delivered by busy staff, or as a moment of charity delivered by other residents. As such, residents are conditioned to ask for help from facility staff only if they feel that it is absolutely necessary, since that could risk taking staff services away from someone else who might need it more. This is compounded

by the private nature of the facility where there are few staff available to see to the needs of the elderly.

Without a sufficiently large staff size, staff members are sometimes asked to perform tasks that are not in their job description. In particular, the building managers and cleaning staff will often join the kitchen staff to make meals that require more hands-on labor without additional compensation. Other than the building managers and cleaning staff, however, facility residents will also assist in tasks in the kitchen, which, as noted before, Ms. Liu views as the indication of a healthy elderly person.

I first took notice of this during one of my first few days at the facility as my aunt gave me a facility tour. While walking through the kitchen area, we encountered two kitchen staff members sitting on the storage floor peeling vegetables for that night's dinner. They were joined by an elderly resident who I was told often assists them. Another day, one of the cleaning staff members invited me to make dumplings with staff members in the kitchen after lunch during the time period when the elderly residents usually rest. Upon walking into the kitchen, I saw building managers and cleaning staff, and, to my surprise, around 15 elderly residents. Later, when I interviewed Mr. Wang, I learned that he is one of the facility residents who will often join the facility staff in making dumplings. Although he doesn't normally ask for the building manager because he's healthy and younger than other residents, he told me that they sometimes come looking for him:

The building manager, she saw I was pretty young and agile. So, she searched me out to go to the kitchen and help some. Because in our facility, with so many elderly, there aren't many people who can make dumplings. So, they've looked for some dexterous, hygienic people to go to the kitchen and help make dumplings. It's a very cheerful thing, I am actually really willing to do this.

From a neoliberal perspective, this may indicate that the facility, at times, views facility

residents as a set of skills to be harnessed to help maximize facility profit. At the same time, Mr. Wang expressed great joy in being asked to do this task and of being specifically sought out to help. Three residents in the facility described the typical activities offered to residents, such as playing mahjong or writing calligraphy, as “passing the time”—suggesting that they might not find real joy in engaging in those activities. Those activities are static, always available, and never changing. Yet with dumpling making, Mr. Wang expressed an eagerness and sincerity in wanting to help out, suggesting that Mr. Wang perhaps feels valued as an individual in a way that he otherwise does not experience in the facility. By helping with dumpling making, he was helping to lessen the work load and burden on facility staff as well as making it possible for his fellow residents to receive their next meal on time. His choice to contribute in this situation directly subsidizes facility costs and its operations, yet it may also represent a deep desire to be considered an active and contributing member of the facility and, perhaps, society at large.

THE ELDERLY AS A BURDEN ON SOCIETY

Many of the elderly residents choose to live in the facility because they conceive of themselves as inhibiting their children’s ability to fully participate in the market-oriented Chinese economy. In the facility, the elderly residents learn to regulate their needs in an effort to minimize the burden on the facility staff to oversee the immense number of facility residents. Even as Mr. Wang’s, and other elderly residents’, experiences assisting in facility tasks represents a wish to be an active participant in their community, Mr. Tan conceives of the elderly generally to be a burden on society. For Mr. Tan, the elderly simply want to “ease some of our children’s burden. We don’t live for ourselves. Once old, we just think about living each day. To not add to society’s burden. If you make issues every day, spend money and have the country

reimburse you—aren't you wasting natural resources?" Further, Mr. Tan observed that,

Now, our lifestyle is so good. What we eat, wear, it's no longer like our country in its most difficult time. So, in return, we need to render a service to society to repay that kindness (*baoxiao shehui*). We need to be good, to not be a burden to society; so then, we'll be increasing the wealth of society. Don't make the country put in so much effort to do things for us. This is happiness.

For Mr. Tan, China's economic growth and development has improved his living standards and quality of life. In return, he believes that the elderly should do their best to minimize the ways in which they could impede China's further development, with the underlying assumption being that elderly persons cannot positively contribute to economic growth. The overarching narrative of the elderly as a burden on their families, facility staff, and Chinese society is underpinned by neoliberal discourse that views elderly persons as unable to continue to further develop themselves as human capital and thus having nothing left to offer society. Instead, the Chinese elderly see themselves as a burden in that they inhibit the ability of their children to act as ideal neoliberal subjects and successfully operate as rational economic actors. In that sense, the Chinese elderly also make use of neoliberal ideology to rationalize the changing realities of filial behaviors from their children. Rather than view their children as unfilial, they relabel themselves as "independent" individuals capable of making "choices" to relieve their children of the "burden" of caring for their parents. Under this neoliberal scheme, relational notions of self and caring activities are devalued in favor of the development of valuable skills to survive in a competitive marketplace.

Many of the elderly residents of Sunrise Elderly Service Center have internalized the ideals of personal responsibility and self-management instead of demanding time, energy, attention, or other services that could take away resources from their family members or facility staff. Caring activities by adult children are still considered legitimate, but only for tasks such as

an occasional call or visit that fulfills emotional need—and only when adult children are not busy—or in the context of adult children caring for and nurturing their own children. In contrast, caring for the elderly offers little economic return or practical benefit, as insinuated by Ms. Xiong, Ms. Chang, and Mr. Tan, and is thus not a valuable activity. What this ignores, of course, is the fact that humans are dependent and vulnerable beings, and that everyone needs care at some point in their life: “While the elderly do have particular needs, there is a danger in trying to think about the care needs of the elderly as separate from the broader context—everyone has caring needs. Elderly people care for themselves, and they also care for their families, their friends and neighbors, [and] their communities” (Tronto 1998:19).

THE ELDERLY AS CAREGIVERS

Indeed, the policies of Sunrise Elderly Service Center has effectively shifted the burden of care from the family to the market to the individual in the market, with the elderly often left to care for themselves in the facility. However, even though moving into the facility may be construed as an act of individual choice on the part of the elderly, it is also fundamentally an act of care for their children. The elderly, by way of recognizing the structural constraints that make it difficult for their children to care for them, *care about* their children. They see that their children have difficulty supporting their own family and managing their time and money. They proceed to *care for* their children by assuming responsibility to seek a solution to their children’s dilemma, deeming themselves as burdens in the process, and they *give care* by choosing to move into Sunrise Elderly Service Center, at times competently convincing their children that it is the best choice and solution. This *care* is *received* by the children, who must agree to sign on as a guardian in order for the elderly parent to be accepted as a resident in the facility.

In this way, the elderly who choose to live in Sunrise Elderly Service Center do not fully

embody the neoliberal ideal of the rational individual—and not because they are, at times, dependent on the care of others. Rather, their choice is not self-interested, but made as an act of care for their children. In a broader neoliberal context, however, they do so in order for their children to maintain their autonomy as market actors.

For Donald Nonini, there is cause to assume that this behavior cannot be classified as neoliberal, as “one can acceptably act to benefit oneself through market-oriented behavior as consumer or employer when one also benefits people with whom one has [a *guanxi*] relationship” (2008:168). As such, Nonini criticizes the widespread use of neoliberalism to explain Chinese phenomena while ignoring indigenous Chinese cultural concepts like *guanxi* that may better explain Chinese behaviors (2008). He might reasonably say that the elderly chose to live in such a facility to benefit both themselves and their children to maintain their relationship. Indeed, residents of Sunrise Elderly Service Center whom I interviewed openly expressed their contentment with the facility services and emphasized that they, not their children, made the choice to move there. Yet, the pervasiveness of burden discourse suggests that the primary persons many of the elderly had in mind when making the choice to move into the facility was their children. Ensuring their children benefited from this arrangement was primary; benefiting themselves was secondary and perhaps not even a consideration. Even if we were to take the view that both parties equally benefit, it is a benefit achieved through distancing and separation that arguably weakens the child-parent relationship. Furthermore, the traditional relationship between children and their parents is very explicit about children’s filial duty toward their parents; however, it is not so specific about the duty of parents to their children. Although culturally, parents are expected to take responsibility to help facilitate the success of their children, this success has become increasingly characterized by economic prosperity,

overshadowing the traditionally primary obligation of the children to see to their parents' needs. As the cultural expectation for how parents should behave toward their children is less defined, neoliberal ideology provides a theoretical framework in which the elderly residents see themselves as rational actors who are able to calculate and weigh their interests such that they choose to live in the facility, principally for the purpose of facilitating their own children's ability to better act as autonomous economic agents.

The burden narrative, as a tool the elderly use to rationalize an act of care for their children, may speak to a need of the elderly residents of Sunrise Elderly Service Center to feel that they can continue to serve as caregivers for others. Neoliberalism would assert that markets can deliver the best care services to the elderly and that the elderly themselves "are non-participants in the social milieu" considering that their "loss of autonomy is prolonged" (Wrenn and Waller 2018:175). Yet care ethics challenges that notion, instead asserting that all humans display dependency and vulnerability, not just the elderly. Furthermore, while persons will need care in their old age, elderly persons can and do still provide care as well, and this is critical for their sense of wellbeing and sense of self.

CHAPTER V: Conclusion

The work of many China scholars show that, in the last four decades, market-oriented economic reforms that embraced the neoliberal critique of socialism transformed not only China's economic landscape but also the opportunities and choices of individuals. All of the elderly I spoke to were highly conscious of the changing economic landscape of China. Some of them had children who were out working far away in other provinces and, as a result, often did not see them. For others, their children were nearby but were busy at work, trying to earn enough money to ensure that their own children's futures were bright. Behind the choice of the elderly residents to live in Sunrise Elderly Service Center was an internal reconciliation of traditional values with their desire to care for their children in a drastically altered economic reality. From this emerged a narrative that care for the elderly was a burdensome task; one worth less than activities that could directly lead to economic value.

By moving into Sunrise Elderly Service Facility, the elderly residents engaged in a seemingly more appropriate fee-for-service exchange. Yet once within the facility, the lack of a clearly understood role relationship for caring for the elderly outside of the children-parent relationship has resulted in ambiguities and inconsistencies in interpreting who has the responsibility to care for the elderly in various situations. Caregiving, beyond clinical acts of physical significance, requires "spending real time with patients, empathically listening to their illness narratives, eliciting and responding to their explanatory models, and engaging the psychosocial coping processes involved in enduring or ending life" (Kleinman 2010:104). Yet the paid building managers in Sunrise Elderly Service Center are often unable to deliver on this aspect of caregiving due to the reduced staff size associated with the profit maximization goals of private institutions. In such institutional care settings, care has become at risk of being

reduced to a privilege only doled out as time permits and that primarily concerns commodified care tasks, even if facility staff do not always charge a fee for performing those tasks. As institutional care for the elderly in China remains an uncharted area, the elderly need to be directly informed of their ability and right to rely on staff members in such facilities for not only tangible assistance, but emotional care. This is not a simple task; the commodification of eldercare has the potential to distort traditional ideals of eldercare for both facility staff and facility residents. However, without confronting it, eldercare in Sunrise Elderly Service Center will be defined by elderly residents' dependence on themselves to manage their needs—especially their psychosocial and emotional wellbeing—if they continue to feel that the small number of facility staff are not expected to or are incapable of addressing them. Furthermore, this may be particularly relevant along class lines.

The experiences of the residents whom I interviewed and the conclusions I've drawn may not apply to the broader Chinese elderly population, or even to the other facility residents of Sunrise Elderly Service Center. Institutional care facilities comprise only around 5% of eldercare services in China, and home care is still the predominant form of eldercare in China. Most of the Chinese elderly, then, either do not face the same issues my participants highlighted in the home or have other reasons to prefer or resort to home care over institutional care—this is a question I am interested in exploring further. Additionally, I conducted my fieldwork in Northeast China, which became particularly economically depressed after the liberalization of state-owned enterprises. This historical context suggests that the economic hardships and geographic mobility of the adult children of the elderly residents in Sunrise Elderly Service Center are more pronounced than other regions in China.

As mentioned before, my sample of participants overrepresented elderly men and

residents of higher socioeconomic status from urban areas in comparison to the facility demographics. Although rural residents make up over half of the resident population of Sunrise Elderly Service Center, only two of the ten residents I interviewed were from the countryside. This was in part because my family members were not as familiar with rural residents as they were urban residents. Additionally, the residents who were willing to participate in my study may likely have been those who have had the most positive experiences with care in the facility, which may be generally correlated with their level of personal income as well as their health status and ability.

Although I only interviewed two rural residents, my observations in the facility and my conversations with facility residents and staff seem to indicate that attitudes toward residents differed depending on their class and their previous geographic residence. Rural residents, in particular, seemed to lack the social capital and knowledge to express needs and ask for resources from the facility staff. Whereas my family members feel at ease interacting with the facility administration and making requests of them and the facility staff—again, my ability to conduct research at the facility was contingent upon my family members’ good relationship with the facility management—the rural residents may not feel as comfortable in their relationship with facility employees. Rural residents also were more likely not to have a smart phone to connect with facility employees over WeChat, while my aunt could contact the building manager, facility director, and physician easily through her phone. At the same time, rural residents are arguably more likely to be in a precarious financial situation, to have health issues due to difficulties in accessing healthcare in rural areas, and to be geographically distant from their children and therefore primarily reliant upon the facility staff for attention and care. For a rural resident like Mr. Guo who lives in the facility seasonally, the facility has therefore served as a

better alternative to his life alone in the countryside during bitter winters. In consideration of his experiences and the experiences of rural residents like him who are considered China's "left behind" elderly, the choice to live in the facility is not as extreme a departure from the care that they are used to, as the Confucian ideal of filial piety that I use as my standard most likely had already been hollowed out by their children's migration to urban areas to serve as a floating labor force.

Throughout this thesis, I have attempted to use Confucian ethics, care ethics, and neoliberalism as tools to contextualize changes in eldercare institutions and practices and how the privatization of eldercare has affected the lives and the experiences of the elderly residents of Sunrise Elderly Service Center. I began with Confucian ethics as a foundational philosophy that has guided the behaviors and ways of thinking of the Chinese people for centuries, particularly in relation to eldercare. I used care ethics to analyze care for the elderly outside of the traditional child-parent relationship, and I used neoliberalism to deepen my analysis beyond a cultural understanding of eldercare to one that is encompassing of the social and economic changes of the past few decades in China.

The relevancy of neoliberalism in analyses of Chinese phenomenon is debatable due to its divergence in characteristics from Western understandings of neoliberalism, particularly in consideration of the role of the state. The absence of the classic neoliberal policy model, however, is not synonymous to an absence of neoliberal ideology as an ethic, and I argue that my participants' conceptions of eldercare and themselves validates the idea that elements of neoliberalism have influenced traditional ideals of care. I contend, however, that as a theoretical framework, neoliberalism does not fully encompass the Chinese experience. Other ideologies and belief systems in China have offered and continue to offer competing visions of morality and

the organization of society. In this thesis, I have focused on Confucianism as it relates to hierarchy in role relationships, and I have argued that a modified ideal of filial piety and parental love and kindness continue to influence the behaviors and feelings of the elderly residents. All the same, I recognize that other ideals, such as those of Maoist socialism, may factor into understanding caring relationships in contemporary China as well as understanding the attitudes of the elderly residents in Sunrise Elderly Service Center. Under Maoist China, Confucian ideals of interpersonal relationships and the family were denounced as feudalistic, and the ultimate goal was “to create a new type of socialist subjects... who prioritize their loyalty to the party-state over their filial duties to their parents and family and devote themselves to the grand revolutionary goals instead of individual interests” (Yan 2010:492). After being dis-embedded from their previous communities, Chinese citizens were re-socialized into rural communes and urban work units as a part of the Maoist socialist state, where they were expected to be self-sacrificial to help achieve a Communist utopia. Although this system granted individuals little to no autonomy, Yan points out that this process also liberated many individuals from the traditional roles they had been expected to occupy (2010), beginning a process of individualization that only became more salient with market-oriented economic reforms.

In contemporary China, Confucianism has experienced a revival as demonstrated by the codification of filial piety, but also as demonstrated through the prevalence of Confucianism in official state media as well as in intellectual discourse (Wu 2015). Yet the socialist sentiment of self-sacrifice for the collective may still serve as an internalized ethic by the residents of Sunrise Elderly Service Center, all of whom lived through radical Maoism.

When I learned that elderly residents were self-managing their needs, I initially deemed it a manifestation of neoliberalism. Upon reflection, it seems that their actions could also be

attributed to a collectivist way of thinking about the facility as a socialist work unit, wherein the individual should manage their needs so that the facility can operate as smoothly as possible. Similar to Maoist socialism, the elderly residents have been dis-embedded from their family and then re-socialized—but this time, it is into a private facility ran by shareholders rather than a socialist commune or work unit. In reorienting themselves in this context, facility residents must navigate the commodified nature of the facility where assistance is stratified by economic class rather than bureaucratic or political status. Furthermore, the elderly residents of Sunrise Elderly Service Center made a choice to live there, whereas Chinese citizens in Maoist China had no choice for where they were assigned to work and reside, and the choice itself is rationalized as one of personal responsibility and autonomy, made primarily on behalf of their children. This understanding suggests that the elderly residents utilize Confucian values and neoliberal practices to inform their decision to live in the facility, while the discourse within the facility may represent an intersection of the Maoist socialist legacy with neoliberal practices to form a self-enterprising subject. In this way, collectivism is not wholly incompatible with neoliberal understandings of the self; rather, the underpinning values of both ideals can affirm each other and operate in tandem.

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