

DUSK WITHOUT SUNSET: ACTIVELY AGING IN TRADITIONAL CHINESE MEDICINE

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Drawing on theoretical perspectives in critical medical anthropology, this dissertation focuses on the intersection between Traditional Chinese Medicine (TCM), aging and identity in urban China. It gives special attention to elderly people's embodied agency in assimilating, challenging, and resisting political and social discourses about getting old. In most general terms my argument is that embodied agency is expressed by participating in daily health regimens referred to as *yangsheng*. With its origins in ancient Chinese medical texts and health practices, but also having incorporated many modern elements, *yangsheng* may be understood as a system of beliefs and practices designed for self-health cultivation. In light of major anthropological theories that provide an understanding of biopower, somatization and agency my argument is two fold. First, the state discourse on healthy aging, prompted by social, economic and demographic changes, has had a tremendous effect on how the elderly think and act with reference to their physical and mental health. Second, the elderly have adopted a life style known as *yangsheng*, and this enables them to engage actively with the state discourse and institutionalized, commercialized medicine. As a broad way of thinking and living that exists beyond the domain of medicine per se, *yangsheng* enables the elderly to maintain a positive attitude towards aging. More importantly, in a context of significant demographic and policy changes toward health care and social support for the aged, it provides modes of thinking and various practical methods for the elderly to take an active role in building up, maintaining and restoring their health. Therefore, *TCM* based *yangsheng* not only grants the elderly an alternative to, or escape from, the expense and alienation of institutionalized medicine; it also allows for more control over the social, economic and cultural implications of aging in today's China.

Drawing upon interviews with elderly people who have actively sought alternatives to institutionalized health care, this research provides an important anthropological corrective to the literature that tends to presume the universality of what are in fact arbitrary categorizations such as being either "healthy" or "sick" and either "old" or "young." I argue that both good health and aging are things that can be proactively and creatively negotiated.

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1.0 OVERVIEW

1.1 PREAMBLE

Although it might seem too personal to begin a dissertation on the problem of aging in contemporary China with an account of how my parents responded to the inevitable process of getting older, it provides a very clear perspective on a set of broader issues that I will subsequently describe and analyze in more “objective” ethnographic terms.

I came back to Wuhan, the city where I was born and had lived for more than twenty years, in January 2004. The day I arrived at home was two days before the Spring Festival (Chinese New Year) Eve, the grandest holiday in China. It was the first time I was able to spend the holiday with my family since I had gone to the U.S. to study for my Ph.D. four years earlier. I arrived at one o'clock in the morning due to the traffic delay on my way back from Shanghai, and my parents were still waiting. The moment I saw them I was shocked by how much they had changed. They were both much older than the images I had in my mind. I guess I was not prepared for the inevitable process of aging that they had been going through. Maybe I never will adjust to it.

My parents were overjoyed by my return and told me that they had already started to count down the days several months before. My mother had called me several times during the eight weeks before my return, asking what foods I wanted to eat when I got back. “You have to leave me enough time to prepare your favorite dishes,” she said. Father told me on the phone that the kitchen was piled with all kinds of foods that “should be enough for a whole year,” and mother had made dozens of *zongzi* (glutinous rice dumpling)—my favorite food—and stored them in the freezer. I was complaining how it would be impossible to preserve all those foods well before we three could eat them up. “You know your mom. How could I ever stop her?” said my father. “You are the only one in the family who could possibly talk her out of something.” And, in fact, even I cannot in most cases.

Nobody could ever talk my mother out of anything about which she had made up her mind. No matter how many times I told her to hire an hourly maid to clean the windows -- if they wanted to follow the old custom of cleaning the house before the Chinese New Year's Eve -- she did not listen. It is dangerous for people her age to climb up and down to the windows of a fourth floor apartment, and it is not worth the time and energy. But she has never listened to me. "I can still do it, why spend money to hire someone else?" she said.

My parents' generation is not in the habit of "exploiting" other people's labor for their own advantage, which in my eyes is a legacy from their earlier political education. My parents are always extremely polite to taxi drivers, people who lift the gas canisters for them, postmen, and plumbers. It seemed to me that they were somewhat sorry for "causing them trouble." They feel that spending money to pay for services has never entitled them to boss other people around.

This is a big difference between their generation and the younger generation. One rarely sees elderly people sitting on sidewalks, letting women from the rural areas polish their shoes. To them this is not only a matter of a couple of Yuan, it is an image that they criticized and disdained when they were young; a deed that only exploiting classes and Capitalists did in the extremely evil pre-1949 era. Many elderly used to say it is "embarrassing" and "uncomfortable" to take advantage of this kind of inequality. Younger people have very different opinions. "They (women shoe polishers) are very grateful to us (who spend money to get shoes polished)," said one young man. "It is us who allow them to survive. Do you think they would appreciate those who do not want to exploit their labor? No, they prefer us, who give them a mouthful of rice. We make the whole economy run. Those old people take it too much to heart (*xiang bu kai*)."

Having a foot massage has been a trendy thing in Wuhan (as well as in the whole country) since 2003. When I first came back to the city to meet old friends, I was laughed at as a "bumpkin" who knew nothing about "wash feet"— as they called it. Hundreds of foot massage stores had mushroomed everywhere in the city overnight. People go there to have their feet washed in Chinese herb medicine soup and get a massage done by trained masseuses afterwards. Deeply rooted in the Traditional Chinese Medicine (TCM) belief of the foot as the microcosm of human body, concentrating hundreds of acupuncture points that connect to the whole body, foot massage is viewed by many Chinese as the perfect way to relax both the mind and the body, and to promote general good health.

However this "wash feet" seemed to be a type of relaxation exclusively for young and middle-aged people. It was generally recognized by many elderly as "a young person's enjoyment." Although many elderly did massage their own feet every day as a daily health promoting routine, they are repelled by the idea of having one's feet washed and massaged by others. It is more than just an issue of wasting money (usually 30-50 Yuan per hour) or a concern about sanitation. A friend of mine brought her 57-

year-old mother to such a place, treating her to a facial and foot massage. “She felt totally out of the place. But it was so relaxing that she fell asleep soon during the process. I told her it only cost 30 Yuan, not even half of the price I actually paid, or she would refuse to try it. When she woke up after two hours of sleep she told me that it was not worth the money. I said, ‘Come on, they even let you sleep for two hours.’ She said she would rather massage herself at home.” When I offered one treat to my parents, my father simply said “Nonsense. Lose face,” and my mother thought it was totally a waste of time and money. “That’s your young people’s thing,” she said. These were the typical responses from people of their age. Times are certainly different in China now. Elderly people, in the eyes of the young generations, are those who are not able to catch up with social trends and who do not know how to enjoy life in modern ways.

My room was the same. Mother had bought me a new, stuffed, blond-hair and rodent-front-teeth doll and placed it in the center of my bed. Although my parents moved once after I left China in 2002, they copied my room exactly as it was and moved everything, including all my knick-knacks, to the new room. This room is the best in my parents’ new apartment, the biggest one with the best natural lighting. Although I had told them to use this room as their own bedroom since I would rarely be there, they insisted on giving it to me. Mother told me that sometimes she would lie in my bed for a while when she missed me very much, just to feel my presence from a distance. Mother also prepared new clothing for me for the coming Chinese New Year, a tradition that many families still follow today, although wearing new clothes is not as big of an event as it used to be 20 years ago. In her eyes, I am always the little girl in ponytails who loves new clothing and dolls, no matter how old I am or will be. I guess this is why she still loves to buy me clothing despite my unwillingness to wear her outfits when I grew up. Sometimes I pretended to be mad at her because I did not want her to waste money on those things. This made her very upset. She thought I did not appreciate her love and the effort she made to show that love. But even so I could not stop her. “Let her do whatever she wants,” said my father. “She feels frustrated if you do not accept her kindness.” He has already learned to accept it.

The same stubbornness applies to our family diet. Mother always thinks I am too skinny, as many other Chinese mothers think of their children. She stuffed me with all kinds of foods that one could possibly imagine—a typical way in which Chinese parents express their love to their children. In my year of being away, she tried to compensate for all the “good foods” that I missed. Mother, who is in charge of family cooking, was more obsessed with wild vegetables than ever before, especially those unknown-to-city-people vegetables from remote mountains. “Wild vegetables have no pollution and no chemicals on them. They’re more nutritious and healthier,” she claimed. Like an enthusiastic herb collector, mother always searches for the most exotic and bizarre wild vegetables, which she believes contain all the secrets to good health. She even spent hours on the land near the University for the Aged (UFA)

searching for an herb called *malantou*, which she says is rich in vitamins and amino acid. Mother learned about it when she was young, living in Hangzhou, a city in the southeast of China. Few people in this city know about *malantou*. Wild vegetables and herbs like this used to be the life-saving foods for those facing starvation; today they have become exotic delicacies for city people who are tired of meat and fish and want to rediscover foods that are “naturally” healthy. Over the years dozens of herbs, mushrooms, fungi, and grains have been rediscovered in this way.

I also noticed changes in my family’s eating habits, such as drinking soup before eating regular dishes,¹ the addition of more roughage and coarse foods, and especially more “professional theories” used by my mother to support the justify serving specific things items to my father and me. A man named Hong Zhaoguang was responsible for this change. He has changed millions of other Chinese’s eating habits as well. After reading his book about self-health care published in 2002, many elderly Chinese started to follow his “scientific way” of eating, exercising, and taking care of health in everyday activities. Hong’s name and his teachings were frequently cited by most of my informants. His teaching also had become the most effective weapon my mother used to force my father to eat the things he does not like, such as soup. Mother serves father a big bowl of soup every day. “‘If you want longevity, drink soup first.’ Don’t you remember what Dr. Hong says?” my mother would ask each time. Then father would knit his brow, sigh and wink at me, trying to get me to finish the bowl when mother wasn’t looking! Using the same strategy, mother has successfully persuaded father, who was sedentary for many years, to walk about two hours a day.

I was no exception to my mother’s practice of regulating the family diet. Mother subscribed to several health-related magazines and newspapers such as *Longevity*, *Family Doctor*, and *Health Daily*. She now had more persuasive quotes from these sources, and did not have to rely simply on hearsay. “Eat more of this; wolfberry bud is good for your eyes.” “You type on the computer everyday. You exhaust your eyes. You need to *bu* (TCM term, meaning ‘to compensate and nourish’)” or “Eat more of that, fish is nutritious for your brain. You use your brain a lot. You need to *bu nao* (nourish, reinforce, and compensate one’s brain).” Also, “You should eat more fruits. Apples are rich in Vitamin C. Carrots are rich in Vitamin A. Oranges are full of Vitamin C,” and “Eat a fresh tomato everyday, Hong Zhaoguang said it is good for your health.” “Whenever she wants you to eat something, she says that it is because it is good for your health,” my father summarized precisely.

My parents’ diet has changed as they have aged. During my visit, they ordered four bottles (about 8oz each bottle) of fresh milk every day: one for mother, one for me, and two for father who, according to my mother (she learned from experts and books) needed more protein because of his

¹ Unlike Western eating culture, usually soup is the last course in a typical Chinese meal.

diabetes. Daily fresh-milk-drinking is a new health habit for many city people, especially the elderly. Not long ago, milk was a food only for babies and small children. In less than five years, milk drinking has become a fad, like studying English among up and coming urbanites.

I was amazed how quickly milk consumption had become popular among the elderly. Milk has become the “must have” item for good health in old age, as suggested by Hong Zhaoguang and many other health educators. Elderly, the majority of whom had no experience with such a “luxury” item for daily consumption when they were young, have newly emerged as one of the strongest groups of milk consumers in society today. Milk can compensate for calcium loss in old age, augment protein, nourish the stomach, and improve sleep; its uses are emphasized in newspapers, TV commercials, health magazines, and other media. Even elderly who are picky about their food have started to drink it, “just for the sake of good health.”

This trend has resulted in a boom in the mass production of milk and dairy products in recent years. Milk powder used to be the main source not long ago. Many Chinese believe that, although milk powder is nutritious, it also brings up the internal heat (*shang huo*) of the body which fresh milk does not. Fresh milk is now widely available and substitutes include sour milk (similar to yogurt in the West), soymilk, and milk tablets made of concentrated milk. At about 1 Yuan per bottle, milk is not too expensive for the average urban family. While most of the urban elderly do not need to worry about how to feed themselves, they have started to pay more attention to *yangsheng*—a TCM term meaning health cultivation and preservation, an important part of which is diet.

The modern Dao (way) of *yangsheng* is a hybrid of Chinese traditions and modern ideologies and technologies. Few cultures can more easily accommodate science and medicine into their general health beliefs and behaviors than the Chinese. Chinese people’s daily language, beliefs, choices and behaviors are full of traces of such amalgamations and adaptations. On the one hand many Chinese with whom I spoke deeply believe in the secrets of “ancient” *yangsheng*; on the other hand they expressed faith in important secrets about life and the human body revealed by modern science and technology. In general health is not a problem that is thought to be restricted to TCM and biomedicine, either “traditional” or “modern”; rather, the problem of health is solved by making better use of whatever is available. Fundamentally the problem of health is responded to pragmatically and not in terms of ideology concerning the importance of “tradition” or the greater power of “modernity”.

A little bowl on family dining table holds ginkgo seeds that my parents eat every morning. According to both classic TCM and contemporary health experts’ theories, ginkgo seeds can help to prevent Alzheimer’s disease and senile dementia. The seed also has toxins, and overdoses or long-term exposure to large doses can cause serious health problems as well. Therefore, my parents count five fried seeds every morning to eat as snacks, along with steamed pumpkin and steamed carrots. As documented

in numerous sources, pumpkin is believed to be good for lowering blood pressure and blood sugar and cooked carrots (the human body cannot fully assimilate nutrients from raw carrots) is known for its anti-aging and anti-carcinogenic properties. Also, being yellow and red in color, these foods are believed to provide different minerals and vitamins than white rice and green vegetables.

Retirement gives my parents, and many other elderly people like them, plenty of time to take care of their health in a way that is very conscious and detailed. Studying the nutritive properties of various ingredients and preparing daily meals is both an important part of *yangsheng* and also a way to have fun and be creative. Making a mixed herb tea everyday is a new activity that my mother has made into a hobby. The contents of her teas change along with the season and the different health needs of family members. Every morning I was provided with five huge cups of various liquids: boiled water, milk, honey water, freshly squeezed cucumber juice, and green bean soup (only for the summer). The boiled water was for cleansing the body's system after a whole night of sleep; the milk was for calcium and protein; the honey water was for nourishing the skin, stomach, blood, and for general immunity and for balancing minerals; the cucumber juice was for vitamins; and the green bean soup was for cooling down my body because of my "fire nature" as determined according a TCM based calculation using the five-phase theory.

Father has his own special drinks for his conditions. His are made from herbal medicines based on secret recipes given to my parents by a TCM doctor to whom they were introduced by a friend. After he had problems with his eyes due to diabetes, father started to drink tea made from ten different herbs. He also took pills prescribed by his biomedical doctor at the same time. He told me that he did not know which one of these two actually worked to improve his condition. "It doesn't matter that much. Maybe they both worked. The taste of the herb tea is not bad at all. I don't mind drinking it everyday," he said. After he stopped taking the pills half a year ago he still kept drinking the herb tea everyday. "It is good for my condition in general," he said. "Many ingredients are known to be good for the eyes."

According to the doctor who gave him the recipe, this herb tea has no side effects and is safe for long-term use. It can improve eyesight in general and prevent future problems. Some of the ingredients in the tea have names that reflect their purported efficacy such as *qian li guang* (light of thousands of miles) and *jue ming zi* (brightening seeds). Herbs for the tea were very cheap. In fact, some ingredients were so cheap that TCM drugstores refuse to sell them in such small quantities to customers like my parents. Besides medicinal herbs, my parents use green tea, chrysanthemum, wolfberry, and ginseng to make nutrient drinks. As I discovered, many other elderly do the same thing to maintain and improve their health.

It is a truism that when people get older they have more trouble with their health. But because of this they also have more reasons than young people to be aware of what they need to do to promote good

health and wellness. Things are not eaten casually or simply on the basis of preference and taste. For instance, the preferred snacks for the elderly are walnuts, almond seeds, peanuts, dried jujubes, hawthorn, chestnuts, cashew nuts, pine seeds, and black sesame seeds. These are eaten because they are known to have different health benefits, such as improving “blood circulation,” “protecting vessels,” “nourishing the brain,” “shielding the stomach,” “perfecting the skin,” etc.

Cooking different meals each day in order to balance diet and improve health became a fun activity for my parents. On the kitchen wall there was a list photocopied from a health magazine reminding them of the contradictory foods that should not be eaten or cooked together. Combining items such as spinach and tofu, crab and persimmon, pork and water chestnuts, beef and chestnuts, mutton and watermelon, eggs and soymilk will either “compromise nutrients” or “create toxins.” Most of these paired sets are based on folk beliefs that have been “proven” by modern science and medicine.

Mother is a loyal believer and collector of this kind of information. She loves to cut and paste newspaper and magazine articles addressing health issues. She has several quite impressive cut-and-paste notebooks that she has collected since she retired five years ago at the age of 60; most contain information about how to take care of diabetics, how to prevent Alzheimer’s Disease and some other common diseases of old age, how to preserve good hair and skin conditions, what *yangsheng* methods celebrities use, and healthy cooking recipes.

My research has also become one of her concerns. Whenever and wherever she reads articles related to my research or that might be of interest to me, she cuts them out and saves them. These include not only aging-related articles, but also what foods or exercises are good for the eyes, how important eating breakfast is for a person’s overall health (I used to skip breakfast), how harmful the radiation from computers and cell phones is, how to adjust one’s diet in order to prevent acne, reports about new computer viruses, anti-Chinese incidents in the U.S., murder cases related to Chinese students in the U.S., and U.S. and Chinese government policies addressing Chinese students abroad. I was speechless when she handed me a notebook she made for me: all the articles were categorized and pasted neatly in an old magazine. Some important things she wanted me to pay special attention to were highlighted in red pencil. She had collected hundreds of articles from Chinese newspapers and magazines that I had no chance to read while I was in the U.S. Even now, as I am writing my dissertation, she reads the latest newspaper articles that are related to my research to me over the phone.

In many respects my mother is unique. However, in thinking about these very personal and apparently non-academic experiences that I had at the beginning and throughout my fieldwork, I realized that in an interesting and important way my observations about my parents, and my direct participation in their lives as a daughter, gave me insight into very common patterns in the lives of other elderly couples and their interactions with their children.

The most impressive change in my parents' lives was their daily routines. Exercise has become a major part of their life, as it has for many elderly in urban China. Mother had put on weight after she retired, but slimmed down while I was away. She attributed this to her new hobby: folk dancing. Father calls her "*wu mi*" -- dance hound. Mother loves it so much that she dances twice a day, morning and night. She took a dance class at a local University for the Aged, and joined two different dance groups for practice. But she said that there were others among her classmates who were even more obsessed! "Since you have to exercise your body when you get old, why not choose something that you really enjoy?" she said. Our home is full of her dance tapes, CDs and VCDs. Every morning by the time my father and I woke up, she had already started her morning dance routine in the living room, sometimes with a mop in her hand. As did many elderly women I met, mother had a whole set of dancing equipment: a red velvet handkerchief, bamboo clippers, red and green silk fans, and clipping chopsticks for different styles of folkloric dances. Reflecting on her infatuation, my mother said, "Old people don't have much to do everyday. I have to find a spiritual anchor."

Father was supportive of mother's group activities although he himself was not interested in joining any. "Old women love jollifications," he said. He likes to do things by himself and at his own pace. After finding out that walking is "*the* best exercise for the elderly," according to Hong Zhaoguang's theory, father enjoyed it a lot. Browsing bookstores and doing the grocery shopping has now become his way of working out. No longer feeling guilty about not engaging in any type of exercise, father claims that he is doing exercise everyday. "That is why my diabetes is under control now," he declared.

Contrary to what one might think, as I found with many other elderly people during the year, my parents' health choices and behavior are more than merely strategies to build up their bodies in order to stay free of disease. They are ways in which the elderly deal with an aging body they and are also responses to the dramatically changing social realities that have altered what they had prepared for. Sometimes, it is hard for me to judge whether good health is the end goal for the elderly or a means by which the elderly negotiate the aging process in their everyday life. The expectations for and methods to achieve good health give their lives meaning, routine, and a spiritual anchor for the next stage of life.

First paragraph.

1.2 THE SITE: WUHAN

Wuhan, meaning the “Valiant Chinese” is also a contraction of the three conglomerated towns Wuchang, Hankou, and Hanyang. It is the provincial capital of the Hubei Province in central China. The administration of the city is composed of nine districts, two suburbs and two nearby counties, with an area of 8467 sq km (in which the urban area covers 214.22 sq km). Wuhan is situated at the intersection of the middle reaches of the Yangtze River and Han River, midway between Beijing and Hong Kong in the north and the south of China, and Chongqing and Shanghai in the west and east. It is considered as the most convenient location from which to travel to all parts of China. Wuhan is a major industrial complex and inland oceangoing port, having been known as the “Golden Waterway” and “the thoroughfare to nine provinces (*jiu sheng tong qu*)” since the ancient times. Today, it also functions as one of the few pivotal points for water, land, air, post and telecommunication. Maybe due to its distinct location, people who live in Wuhan are quick at picking up trends from all over the country. Everything in the city seems dyed with a fusionist color. (See Figure 1.1)



Figure 1.1. Location of Wuhan

Source: <http://www.mapsofworld.com/china/china-political-map.html>

As mentioned above, Wuhan occupies an area of 8500 sq km, most of which is plains. It is surrounded by hills, and contains more than 100 lakes and pools. It is the fifth largest city in China with a population of 7.6 million. The majority of its residents are of the majority Han nationality. With a 3,500-year history, religious health practices² have a long history and have had profound influences on the people of this area. One of the four most famous Daoist mountains in China—Wudang Mountain – is near Wuhan. This is where *Taichi* and many other Daoist health regimes and martial arts were created. The Chu Culture, which is famous for its Wiccan (*Wu* or *Chu*) religion and rituals, is also said to have originated near modern Wuhan 2,000 years ago. In the new era, health is no longer restricted to the domain of religion and philosophy. Now it is political.

The politics of health and medicine can be traced back in time but an iconic moment is important in terms of the politics of aging. In 1966, at the start of the Cultural Revolution, the official Chinese press reported that 73-year-old Chairman Mao Zedong swam across the Yangtze River in Wuhan. The story was intended to quash rumors that Mao was either gravely ill or dead. After Mao, swimming across the Yangtze River became a tradition in Wuhan. Each year, hundreds of thousands people of all ages join the event to demonstrate their strength in the same way.

Wuhan is also the center of high-level medical care in central China. Among 19,276 hospitals and other medical institutions in the city, 11,275 are general hospitals (dominated by biomedical practices), and 1,288 are TCM hospitals. 1,039 offer a combination of biomedical and TCM treatment.³ Although the proportion of TCM hospitals is not great, it is quite impressive when compared with many other cities in China. Pharmaceuticals are important for Wuhan's economy, with *Zhonglian*, *Jianmin* and *Mayinglong*, three prominent pharmaceutical companies, all located in the city. All three are famous for their unique TCM products.

The two rivers, Yangtze and Han, divide the city into three parts: Hankou, Hanyang and Wuchang, which are generally known as Wuhan's Three Towns (*San Zhen*). The three towns were separate until the Chinese Communist government combined them in 1950. (See Figure 1.2)

² Here religious health practice means health practice originated from religions, such as Buddhism and Daoism. They are not necessarily religious in themselves.

³ *Wuhan Statistical Yearbook 2004*. Pp455. Data is from 2002 census.



Figure 1.2. Map of Three Towns of Wuhan

Source: http://www.n-wisdom.com/map_volume/China_city_map_collection/wuhan.htm. (English name tags added)

Hankou is the commercial center of Wuhan and central China. It occupies the northwestern quadrant of the city, lying west of the Yangtze River and north of the Han River. The area was built on an alluvial plain on the left banks of both rivers. Hankou has been known since the Song dynasty (960-1279) as one of China's leading commercial centers. It was opened to foreign trade as a treaty port in 1861, and became the center of the booming tea trade. The British, Russians, French, Germans, and Japanese all had Foreign Concessions there. The colonial occupation is still visible in local architecture today. In 1937 and 1938 the Kuo Min Tang (KMT) set up its capital in Hankou, before being pushed out by the Japanese in a bloody battle in World War II. Today Hankou is the largest town of the three, and contains a major port for handling oceangoing vessels. It has the busiest and prettiest commercial street of the city—Jiang Han Pedestrian Road, a symbol of Wuhan's flourishing economy and unique beauty. European-style buildings line up along the 1,210-meter-long road, giving it a mysterious and exotic look. Since it was renovated as the longest pedestrian road in China in 2000, more than 100,000 visitors flow through every day. The opening day of the road in September, 2000 was a grand occasion. About a million people went to walk on the road themselves. After seven o'clock at night, thousands of neon lights come on and the night market opens and the "night life" begins. Hundreds of stores on both sides of the road play music as loud as possible, trying to drown out their competitors. Thousands of people, young and old, rush to the road from their homes: window shopping, comparing notes, and bargaining, walking, playing and exercising. The road never sleeps. When the "night life" finally comes to an end

the elderly are already awake and start their day by exercising on the road. At one end of the road is China's largest square—the Yangtze River Flat Square. Claimed to be the best place for recreation, relaxation and exercise, this one million square meter (247 acre) square attracts thousands of people everyday, the majority of whom are local elderly going there to do *Taichi*, walk, dance, swim, play ball, or perform local opera.⁴

Wuchang was founded in the 1st century AD, and was established as a regional capital under the Yuan dynasty (1279-1368). Sitting on the eastern bank of the Yangtze River, Wuchang is the oldest of the three towns, dating from the Han dynasty (200 B.C. to A.D. 200). In 1911, the Republican Revolution led by Sun Yat-sen broke out in the barracks at Wuchang, which led to the toppling of the last emperor of China and the formation of the Chinese Republic. Today, Wuchang is still the administrative and educational center for Wuhan and the provincial capital. Both the provincial and municipal governments are in this part of the city. Numerous institutions of higher learning are also located here. The East Lake, the largest in-city lake of China, is in Wuchang, adjacent to one of the oldest and largest universities in the country—Wuhan University. Most of the new retirement residential compounds, centers of elderly exercise and recreation, are built in this part of the city. The newly established Hongshan Square is one of the most beautiful and high-tech squares in the city. Hundreds of thousands of elderly come here morning and evening to exercise. Many national, provincial and municipal level health-promoting activities have been held here as well. For instance, in 2004 the Second National Millions of Women's Health Promoting Program was held in this square. Thousands of women from all over the country came to the city to join various health-related groups and participate in individual competitions: *Taichi* fist, *Taichi* fan, *Taichi* sword, *Mulan* (a Daoist style) sword, ping-pong ball, *Bashan* dance (a minority style of dance that is known for its health benefits), etc. Numerous local women, the majority of whom were elderly, dressed up in bright colors, dancing and exercising in groups on the square to add zest to the grand occasion.⁵

Hanyang, the smallest town of the three and a manufacturing and residential section, lies to the west of the Yangtze River and south of the Han River. At the initiative of a Qing dynasty official, the village of Hanyang became one of the first Chinese-developed factory towns in the 1890s. After suffering from the depression of the 1930s and the Japanese occupation of 1938-45, heavy industry declined and light industry has since prevailed in Hanyang. It is now a heavy industrial center, linked by a bridge with Hankou.⁶

⁴ <http://www.wuhan.gov.cn>.

⁵ Ibid.

⁶ Ibid.

Today, Wuhan has grown into a center of industry, finance, commerce, science and education. Its goal is to establish itself as an international metropolis in the near future. Backed by its traditional pillar industries such as metallurgy, machinery and textiles, Wuhan is turning its gears to more advanced technological production in ship-building, chemicals, automobile, pharmaceuticals, bio-engineering, light industry, building materials, electronics, laser, telecommunications, electronic information, and communication.

In recent years, Wuhan has witnessed both positive and negative consequences of this dramatic shift. Among more than 4,000 companies in the city, many have experienced competition, elimination, and reorganization. This is called the “adjustment and optimization of industrial structure” (*youhua qiye zuhe*). Changing ownership from state-owned enterprises to private or collectively-owned enterprises caused many people to lose their jobs and their benefits that were part of the old system.⁷ In the process of optimization, the underdogs are those who are less educated as well as the elderly. Many people in the city have said that Wuhan’s economic reforms were “particularly bad” in comparison to other big cities in China. This conclusion was more than just hearsay. Based on government statistics collected in 2005, from 36 cities in China, Wuhan is lower than the average level of all cities in terms of the number of employees per household, per capita monthly income, per capita monthly disposable income and per capita monthly living expenditure, but – significantly -- higher in the number of dependents per employee.⁸ As we will see this statistic is directly linked to the question of why one sees so many old people exercising in public parks.

Over all the economic reforms had a dramatic effect on the elderly population. Wuhan became an aging city⁹ in 1993.¹⁰ By the end of 2003 there were 950,000 elderly people in the city, accounting for

⁷ There is no public statistic on exactly how many people lost their jobs in this systematic change, at least not available to ordinary people.

⁸ Among 36 cities in China, the average number of persons per household is 2.93, Wuhan is 2.85; the average number of employees per household is 1.49, Wuhan is 1.35; the average number of dependents per employee is 1.97, Wuhan is 2.11; the average per capita monthly income is 1124.03 Yuan, Wuhan is 944.78 Yuan; the average per capita monthly disposable income is 1021.96, Wuhan is 880.26; and the average per capital monthly living expenditure is 760.05 Yuan, Wuhan is 658.77 Yuan. See more details in “Basic Conditions of Urban Households by 36 cities”. June 2005. In *China Statistical Data 2005*. Retrieved from <http://www.china.org.cn/e-company/05-08-15/page050614.htm>.

⁹ According to the United Nation’s criteria of “aging society”, if people aged 60 and older accounted for 10 per cent of the general population of the region, it is an aging society. Also see “Building a society for all ages” at <http://www.un.org/ageing/prkit/factsnfigures.htm>; and Xinhua report “Coping with aging society” in *China Daily* 2006/01/23.

¹⁰ “Wuhan shi renkou laolinghua wenti ji duice”. Zhongguo Wuhan zhengfu menhu wangzhan. 1999/09/10. Retrieved from: http://www.wh.gov.cn:8080/publish/smpd_60/lrfw_124/xgxw_125/4939.html.

12.09 percent of the total population.¹¹ Among all elderly, 58.05 percent were young-old (between age 60 to 69), 32 percent were between age 70 to 79, and about 10 percent were above 80 years of age.¹² The number of people above age 60 increases by 3 percent each year. It is estimated that by 2007, there will be one million elderly in Wuhan.¹³ Family care is still the main source of old-age care in the city; less than 1 percent of elderly live in institutions.¹⁴ Ninety percent of the elderly have pensions of some sort and the other 10 percent are financially supported by their families.¹⁵ Twenty-three thousand elderly are considered living in poverty, among whom about 40 percent live on social security and the other 60 percent live on their spouse's income or have some other resources.¹⁶ Since a state sponsored Medical Reform program was launched in 2000, 410,000 elderly have been gradually included in a new insurance system. However, as we shall see, many do not view this as providing much security.¹⁷

The elderly are the group of people who are most concerned about this systematic change since their need for professional medical care is the highest among all populations. Rocketing medical expenses and huge individual responsibilities shunt more and more of them away from seeking institutionalized health care. Along with rising discontent and disillusionment in society, consciousness of self-health care is increasing. Not only has the local government put efforts into developing multi-service agencies for the elderly (such as the University for the Aged, community-based day-care centers for the elderly, etc.), the elderly are organizing themselves into self-help health care groups. These kinds of groups are the focus of my research.

Drawing upon interviews with these elderly people who have actively sought alternatives to institutionalized health care, I seek to establish what their specific, personal experience is with being an elderly person in Chinese society today. I am also interested in their embodied agency in assimilating, challenging, and resisting the political and social aspects of getting old. By engaging in a broad range of self-care practices that are directly linked to principles of health manifested in TCM, these elderly challenge the "standard view" of aging as a condition of progressive deterioration; a "natural" condition

¹¹ *Changjiang ribao*. 2004/10/21. retrieved from: <http://www.wh.gov.cn/enews/jmfw/lrtd/zyxw/n/2004-11-01/3289.html>.

¹² *Wuhan Statistical Yearbook 2004*. Data is from 2002 census.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ *Ibid.*

of inevitable sequence that people have to come to terms with. Rather, they are telling society that aging is something that can be proactively and creatively negotiated in terms of their bodies, their health, and their attitudes.

1.3 AN AGING POPULATION

China's population is rapidly aging, a process accelerated by increasing life expectancy (Harbaugh and West 1993; Phillips 1995; Shen 1998; Joseph and Phillips 1999; Du and Guo 2000) and the state's efforts to reduce the birth rate (Wu and Du 1996; Kwong and Cai 1992; Population Reference Bureau 1998). According to a current report from the National Statistical Bureau of China, the number of elderly over age sixty in China is 134 million, accounting for more than 10 percent of the whole population.¹⁸ It is also predicted that by the year 2050, this number will increase to 26.1 percent with a 3 percent annual growth rate (World Bank 2000: 14; See also Bureau of Census 1999; Phillips and Joseph 1999). According to the World Bank, due to the rapidly aging population, and combined with gradually decelerating GDP growth, "China will have a high-income economy's old-age burden with a middle-income economy's resources for shouldering it" (World Bank 2000: 14). Abundant research and many scholars have further shown that this situation is serious and will become more so in urban China as the proportion of elderly residents in most urban areas is higher than in rural areas (Wu, Gui and Zhang 1996; Arnsberger, Fox, Zhang and Gui 2000). In addition, the Chinese government projects an even more rapid rise in urban areas, with estimated dependency rates climbing from 14.8 percent in 1990 to 47.3 percent in 2030 (World Bank 2000: 14).¹⁹

Beyond the purely statistical increase of the elderly population, the current concern over the aging population in China has also emerged in tandem with many other dramatic social changes.

First, beginning in the late 1970s, the implementation of the One Child Policy has gradually compelled people preparing for and/or experiencing aging to seek new methods of old-age care, having created various unprecedented challenges for the family-based old-age care system and also extraordinary changes in the structure of individual families. In China today a young couple often finds itself looking after four elderly parents while raising their own single child. This is called the 1-2-4 phenomenon—one

¹⁸ *Xiaofeizhe bao*, July 11, 2003.

¹⁹ According to China Population Statistics Yearbook 2005 table 1-6 Age Composition and Dependency Ratio of Population by Region," nationwide the old dependency ratio is 11.87% and for Hubei province is 9.87.

child, two parents, and four grandparents. Also as a result of increased life expectancy, for a young couple, the number of dependent elderly can include parents, grand parents and great-grandparents, up to twelve individuals counting both branches of a couple's family. The ability of a single family to support all of the elderly to whom it is responsible is rapidly decreasing. Facing the reality of this changing family structure and declining family support, many people have started to think of countermeasures to this traditional family based old-age care. It is obvious that while the elderly have greater independence, they must also be more self-reliant as a result of having less family-based support.

Second, the situation is worsened by the changes in medical care coverage which took place as a consequence of the Medical Reform started at the turn of the century. The current Medical Reform, which aims at decreasing social and institutional burdens associated with medical care, has radically increased the economic burdens on the elderly and their families seeking institutionalized health care (Croll 1999; Davis 1989; Sun 2004). Unlike their predecessors, a large portion of the newly aging population no longer enjoys full medical coverage provided by their former work units. Theoretically the government, work units and individuals share medical costs, but in reality many struggling enterprises cannot provide such security for their employees and retirees. The dramatic collapse of many state-owned enterprises, for whom a majority of the older generation had worked, has negatively affected numerous retirees. Many benefits and privileges, particularly the promise of a generous old-age pension package associated with the central-planning system, which were usually taken for granted by people who came of age in the pre-reform era, have also been eliminated, either due to bad performance of the enterprise or change in ownership.²⁰

A policy of "lightening the burden of state-owned enterprises" means that the elderly can no longer rely on their former work units for old-age care. The growth of the non-state sector brings neither opportunity nor prosperity for those people who are "too old" to start all over again. As Davis and Harrell (1993) have recognized, the reform noticeably reduced collective responsibility for care for the old and increased the financial burden of illness and disability on individuals and families. Other survey data have also consistently indicated that access to health care has become based largely on the patient's ability to pay (Sun 2004). Government percentage of money in vestment in healthcare dropped from 40

²⁰ In urban China, state-owned enterprises (SOEs) used to be "attractive employment opportunities with all the cash and non-cash benefits they provided, including particularly the promise of a generous old-age pension package" (Huang 2003: 176). For those SOEs that cannot meet pension obligations to their workers, they would be compensated directly out of state revenues. The cut-off-tie between governmental budgets and enterprises jeopardize many elderly urban workers at state-owned enterprises. Many small- and medium- sized SOEs are leased or sold to managers (individuals, corporative managers, joint or foreign managers) who are not willing to fulfill pension liabilities out of enterprise revenues. Many large-sized SOE s have also started on the same track. The result of changing ownership undoubtedly leads to large scale laying off workers, and sharply cutting down pensions. Since many young workers are not able to get full salary paid, the retirees feel even more hopeless to get their pensions and medical cost covered.

percent in 1980 to 15 percent in 2004, while individual percentage rose from 20 percent to 55 percent in 24 years.²¹ Perceived inadequate public medical care is a direct and major factor for depression and other mental diseases among the elderly (Pochagina 2003; Sun 2004). On the other hand, hospitals tend to make profits by prescribing expensive drugs and abuse high-technology medical tests that arouse distrust and uneasy feelings among ordinary patients (Hsiao and Liu 1996; Sun 2004). As some scholars point out, “medical care, which for decades was not an issue in urban areas, in the past two decades has become a major concern of the public” (Sun 2004: 561; from Beijing Review 1997; Gui et al. 1987). In 2004, an official census revealed that 48.9 percent of citizens could not afford medical expenses, and 47 percent of urban residents who never worried about medical expenses under the old system now practice self-care instead of going to hospitals out of economic concerns.²² This will be discussed at length in Chapter 4.

Third, commercialization of housing since 2000 is another factor that has had a negative effect on the elderly. A considerable proportion of many of elderly people’s life savings went into buying an apartment where they thought they would be able to live indefinitely by paying minimal rent. Many elderly feel that they must own a home for security and yet the cost of real estate is increasing rapidly. The young are even more desperate to own real estate, especially when a self-owned apartment has become a status symbol and virtually a prerequisite to marriage. According to the latest survey, 53.3 percent of urban residents’ daily consumption goes to housing.²³ Limited urban space, rapid urban population growth, and skyrocketing real estate prices make the traditional three-generation-under-the-same-roof household even more difficult.

In addition, with the commercialization of housing also breaking down the traditional work-unit-based living system, many elderly are being uprooted from a familiar environment. Based on research in southern urban China, Ikels (1997) points out that stability of residence is a positive factor for elderly with disabilities. Elderly people are more likely to feel isolated and lonely in new residential communities.

Fourth, the changing geographical distribution of family members has unavoidably reduced the ability of families to care for elderly relatives. The newly rising individualism and desire for Western modernity impel young people to leave their own city to pursue “a higher quality of life.” Coastal cities and metropolises are viewed as dreamlands, as models of modernity and fashion. Therefore, young people are moving away from their parents. Davis-Friedmann (1991) has pointed out that restrictions on

²¹ “*Healthcare System Reform in China*”. Han Qide (president, Peking Univ. Health Science Center and vice chair, Standing Committee of the National People's Congress of China). Talk given at the Yale University 03/23/2006.

²² “*Yigai shinian, weishenme jinban baixing kanbuqi bing?*” Chen Yangbo. 12/15/2004. Retrieved from: <http://www.people.com.cn/GB/guandian/40604/3057127.html>; see also *Zhongguo qingnian bao* 07/29/2005.

migration helped to maintain close intergenerational ties. The gradually diminished administrative power and decrease in control of population mobility by the government has led to large scale migration. The former household registration (*hu kou*) system has no longer functioned as a constraint to population mobility (see Dutton 1998), especially in terms of work-related migration, which further enhances a nationwide migration (Pochagina 2003; United States Congressional-Executive Commission on China 2005; Wang 2005; Li 2005). The traditional Chinese saying “While parents are living, do not go far away (*fumu zai, bu yuanyou*),”²⁴ has simply lost its practical significance. Moreover, in the end, young people not only leave their parents behind but also, in many cases, and with more ease, establish new core families in their host cities. Meanwhile, the unfamiliar environment, language barriers (local accents), housing problems, and an inflexible health insurance system all combine to make it unlikely that older parents will move with their children.

As the direct result of these systematic changes in family structure, medical care, and living patterns, there are profound changes in how the elderly seek health care and social support. A key question posed in this dissertation is how the elderly seek to control health in a context where the burden of responsibility has been shifted onto their shoulders both by the state and the younger generation.

1.4 ILLNESS, FAMILY AND OLD AGE CARE

One explicit rationale of the ideal model of the traditional Chinese family²⁵ is that such a system provided care for the frail and vulnerable. The early marriage age, strong intergenerational interdependencies, and durable family obligations favored an extended family pattern, in which old-age care was almost guaranteed. Although family structure has changed over the years and there are more alternatives today, strong evidence has shown that family “will continue to be seen, emotionally and in policy, as the main source of economic and social support for elderly people” in China (Joseph and Phillips 1999: 153-54; See also Ikels 1997; Lee and Xiao 1998; Leung 1997; Hong and Tracy 1999; Whyte and Parish 1984; Ikels 2004; Miller 2004a). Survey data has illustrated that of the 12 million Chinese elderly who are physically dependent, the overwhelming majority are cared for by their families and less than 0.5 percent

²³ *Zhonghua gongshang shibao*. 02/04/2004.

²⁴ *Lun yu. li ren 4*. Confucius.

²⁵ The traditional Chinese family organization is a multigenerational (extended) family, with three generations or more living under the same roof, sharing the family budget and various family responsibilities, such as taking care of the old and disabled. See *The house of Lim: A study of Chinese family*, Margery Wolf. Prentice Hall. 1968.

are institutionalized (Liang and Gu 1989). Among all dependent elderly, 88 percent rely on their spouses and children for daily care (Hong and Tracy 1999).

However, the willingness and capacity of individuals within the family to provide care for the elderly has gradually eroded. The Communist rule since 1949 has created a new institutional and ideological environment for the Chinese family. During the Maoist period, the collectivization and elimination of private property undermined the extended family model in many ways. The former economic motivation to pursue an ideal extended family mode, the associated family loyalty, ancestor worship, and lineage organization all declined (Wolf 1968, 1972; Baker 1979; Gui and Associates 1987; Hareven 1987; Tsui 1989).²⁶ Since the 1980s, the breaking down of former *hukou* system and loosening of restrictions on internal migration, the strict one-child policy campaign, accelerating economic development, and the nuclearization of family life has altered the external parameters that shape household size and composition. Many other factors that once helped to support the status of the aged -- the traditional norms of reciprocity, restricted population mobility, improved social welfare, commitment to prerequisites of seniority, a redistributive wage policy, and continued demand for manual labor --- are all diminishing quickly. Having lost its political and ideological rationalization, caring for the elderly has become an individual family responsibility rather than a sign of filial piety (Pochagina 2003; Ikels 2004). Moreover, education and employment of women—the main caregivers of the family—reduce the number and quality time of care for the elderly on the one hand, and increase women’s desire to live separately from their husbands’ family on the other (Yan 1997; Pochagina 2003). As a direct consequence, Chinese family size has shrunk from 5.5-6.0 persons per family in the 1940s to 3.7 persons per family in 1995 (Yan 1997).²⁷ The percentage of extended family also fallen from 48.5 percent in the 1930s to 17.1 percent in 1990 (Zeng 1990, Sun 1994, Yan 1997). By 2000, about 60 percent of all families in China were composed of three persons or less.²⁸ Prevailing evidence has also illustrated that both elderly parents and their adult children have shown a preference to live separately in recent years (Treas and Wang 1993; Unger 1993; Logan and Bian 1999; Whyte 2004; Zhang, H 2004; Miller 2004a). From 1992

²⁶ Treas and Wang (1993) argue that in some big cities of China where housing constrains are severer, such as Shanghai, stem families continue to be the most common family pattern. However, they also point out that older people have become more likely to live alone (or just with a spouse) and less likely to live in extended households with more than one son.

²⁷ Nationwide, average family size has shrunk from 4.33 person/family in 1953 to 3.44 person/family in 2000 (data from China Statistic Yearbook 2005 table 3-4 “Basic Statistics on national Population census in 1953, 1964, 1982, 1990, and 2000.”) According to Wuhan Statistics Yearbook 2004, there are 2299079 households as a total in 2003. Among 500 surveyed families, the average family size is 3.03 person/family, and on average there is 0.69 retiree in each household.

²⁸ Table 4-13 “Number and size of family households by region”. *China Statistical Yearbook 2003*. China Statistical Press. 2004.

to 1998, the number of newlyweds living apart from their parents doubled, accounting for almost 70 percent of all newlyweds.²⁹ Nation-wide, the “empty nest family” (family composed by elderly couples or single elderly only) counted for 16.7 percent of all families in 1993 and 25.8 percent in 2003.³⁰ According to the 2000 National Population Census, among all 340 million families in China with members over age 65, 22.83 percent are “empty nest” families in need of social support.³¹ Furthermore the number of divorces granted in 1997 reached 1.2 million, triple the number in 1981 (State Statistical Bureau, 1998: 109, 800). Considering the extremely low remarriage rate,³² a considerable proportion of divorcees will face serious problems with old-age care later, even if they are not yet elderly. Forty five million out of a total 120 million elderly are widows and widowers (Pochagina, 2003).³³ In Wuhan, the number of one-generation families and two-generation families has increased quickly as well. According to the 1999 Wuhan City Congress Report, 22.6 percent of families all over were “empty nest families.”³⁴ Seeing a parallel with other Asian countries that are undergoing similar socio-economical and demographic changes, many scholars have concluded that the continuation of co-residence with elderly parents was not something dictated by “traditional cultural values” but rather was a response to practical constraints (Q. Zhang 2004; see also Morgan and Hiroshima 1983; Thornton and Fricke 1987; Miller 2004b). The trend of separate residences for parents and adult children would have been even stronger if not for housing shortages and other material restrictions which counteract the modern living pattern and promote intergenerational reciprocity (Davis-Friedmann 1991; Davis and Harrell 1993; Gui and Li 1996; Logan, Bian and Bian 1998). The process of modernization by no means facilitates the continuity of the family-based old-age-care system, especially when other alternatives and a wider range of choices have emerged.

On the other hand, China’s high percentage of elderly and low birth rate has translated into a high dependency ratio for the elderly.³⁵ As MacLeod suggests, “every two Chinese in employment will be

²⁹ *Renmin ribao*. 08/08/2000.

³⁰ “*Kongchao weiji jianjian bijin*”. In *Gongren ribao*. 10/17/2004.

³¹ *Laonian wenhui bao*. 10/24/2003.

³² The remarriage rate in China was 2.1 percent in 2003. Table 23-42 “Number of marriages and divorces by region” in *China Regional and City Statistical Yearbook 2003*. China Statistical Press. 2004.

³³ “The aging of the population in the PRC: sociocultural and sociopsychological aspects”. Olga Pochagina. 2003. *Far Eastern Affairs 2003* 002: 79-95.

³⁴ In some universities and research institutions the proportion is as high to 40 percent.

³⁵ The dependency ratio is the number of people who are of working age (between 15 and 60) to the number of people who are above 60. According to *China Statistical Yearbook 2003* table 4-9 “Age composition and dependency ratio of population by region”, the dependency ratio for people over age 65 is 11.96% in 2000.

working to support one elderly person in a ‘gray army’ of 374 million people, whose future welfare remains in grave doubt” (cited in Huang 2003: 185). The World Bank also predicts that the dependency ratio in China will increase from 10.8 in 1998 to 35.3 in 2050.³⁶ Although the quality of public health has improved in general since the 1950s, overall health quality of the elderly is not optimistic today. A recent survey shows that about 25 percent of the 27 million elderly people who are over the age of 60 are in poor health and need help with daily activities (Shi and Zhu 1998: 35). In addition, due to modern lifestyles and prolonged life expectancy,³⁷ more chronic diseases have emerged among the elderly population, which adds more horrific colors to this already bad situation. In China, every year there are 2.5 million new stroke patients adding to the present 7 million. Different from the West, China has a higher relapse rate among stroke patients and its incidence rate is still increasing.³⁸ It is also estimated that among all people over the age of 65, there are more than 5 million Alzheimer patients, but the proportion of those seeking medical care is very low.³⁹ Cancer patients numbered 10 million by the end of 2005 with 6 million new cases every year and 4.5 million mortality annually.⁴⁰ There are more than 40 million diabetes patients in China (the country ranks second in the world) and medical costs for treatment exceeds 88.3 billion Yuan annually.⁴¹ Although these diseases not always lead to dependency, a considerable proportion of them need and will need intensive care from their families.⁴²

Illness is becoming the horror for both generations. Although a high level of co-residence and traditional multigenerational living arrangements, such as patrilocality and the dominance of parents’

³⁶ “China social security reform options”, based on date from the World Bank East Asia and Pacific Human Development Project. In Mengkui Wang, ed., *Restructuring China’s social security system: Funding, operation and governance*. China Development Press. 2001. Pp 427-87.

³⁷ According to “Annex Table 4. Healthy Life Expectancy (HALE) in All WHO Member States Estimates for 2002” healthy life expectancy at age 60 for Chinese male population is 13.1 and female population is 14.7 years. Retrieved from: <http://www.who.int/whr/2004/annex/topic/annex4.xls>.

³⁸ Health Weekly. 2004/10/12.

³⁹ Fourteen percent for minor symptom patients, 25 percent for medium symptom patients and 34 percent for severe patients seek for professional care. *Gongren rebao* 09/19/2004.

⁴⁰ “*Healthcare System Reform in China*”. Han Qide (president, Peking Univ. Health Science Center and vice chair, Standing Committee of the National People’s Congress of China). Talk given at the Yale University 03/23/2006. *Jiefang ribao*. 11/01/2004 reported differently: 1.8 million cancer patients nationwide by 2004.

⁴¹ *Xinhua she* report. 11/14/2004. Retrieved from: http://www.cpha.org.cn/html/content/add6/scts_yyfx_55.htm.

⁴² According to the China Statistics Yearbook 2005, table 4-16 “Population aged 60 and over by age, sex, activities of daily living (2004)”, among the age group 60-64, there are 47,599 person total, among which 46,171 are independent, and 1428 are dependent. In other age groups above 65, independent elderly are the majority. Only the group of age 90 and above shows a more equal sizes of dependent and independent elderly.

needs in determining living patterns, persist today, (Logan et al. 1998; Tsui 1989; Unger 1993; Davis 1993), they have gradually become coping strategies for the elderly, especially those with poor health. Without any reliable alternatives (I will address this point later), the health of the elderly becomes the most important indicator of various family decisions, such as the arrangement of living patterns⁴³, the distribution of family resources, and adult children's careers and their own family lives. Conflicts and contradictions among different dimensions of the family life are especially acute when elderly parents need intensive care and/or a large amount of financial support in treating illness. The loss of independence by the elderly more often than not leads to moving in with adult children. However, such a decision usually implies a big financial, physical and mental sacrifice; compromise is not easy to make; nor does it guarantee sufficient care for the elderly person in need. In many cases, the poor health of the elderly not only diminishes the physical and mental strength of the diseased, but it also exhausts the physical, emotional and economic resources of the children's families. This often makes the elderly feel extremely guilty. This is especially true for the elderly living in devastating or hopeless conditions. As an elderly man (age 61, male, retired university professor) commented on a friend of his who owned 260,000 Yuan in treating cancer and died recently after three months of "torture":

Nowadays when you watch TV, all tragedies are associated with some one in a family who is seriously sick. One sick person will exhaust all family resources. What's the point of saving an old guy who is already half buried in the soil? If I am that sick, I will just give up medical treatment, and spend my last days at home happily. It's much better than throwing good money after bad (*tian wu di dong*).

It is no wonder that people say that death is more affordable than illness. Many elderly I have talked with expressed their fears as such: "I am not afraid of death but of being sick." As some elderly said, expense for a funeral, no matter how expensive it might be, is more affordable than endlessly paying medical bills. In Ikels's recent edited volume on filial piety, case studies based on rural China depict a pitiful picture of elderly people facing health problems without reliable healthcare and social support. Some elderly have committed suicide to avoid bankrupting their children. According to Hong Zhang and Martin King Whyte, two of the contributors, an important difference between rural and urban elderly, which puts urban elderly in a better position to decide family living patterns and remaining self-sufficient, is that urban elderly enjoy pension and medical coverage after retirement (based on their data collected in rural and urban China in mid 1990s). However, the dismantling of the urban healthcare system and

⁴³ More of a practice and anticipation in nowadays urban China, elderly parents prefer to have married children live separately at first, and move in together only when parents are unable to manage independently (Davis-Friedmann 1991; Q. Zhang 2004; Miller 2004b). Survey data also shows that each additional year in parent's age, presumably as parents become frailer, increases the odds of coresidence by 7 percent (Q. Zhang 2004: 1241).

changes in family living patterns and structure has brought similar pressure and anxiety to the urban elderly as to their rural counterparts. Although suicide is not common, many urban elderly delay treatment or accept compromised (cheaper but also less effective) treatment. As experiences in other aging societies such as Japan indicate, it is predictable that along with further industrialization, population dynamics, changes in family structure, and decreasing social support in healthcare, in China health condition of the elderly will become an even more crucial factor in influencing family choices of investment, living arrangement, and labor distribution.

The One-Child Policy will soon make family care for the elderly even more difficult, as single children married to other single children cannot easily look after both sets of elderly parents. Research has convincingly shown a positive correlation between the number of children and the support the elderly receive and their general well being (Hermalin, Ofstedal and Chang 1996; Pei and Pillai 1999; Sun 2002). A smaller family size usually means fewer potential caregivers for the elderly. Many among the present aging generation, especially those in their late fifties, sixties and early seventies, have had the experience of being caught between the double responsibilities of working and taking care of their sick elderly parents. Fortunately, most in this generation have at least one or more siblings to share the responsibility. Family will still be the main source of old-age care in China for decades into the future (Davis-Friedmann 1983, Ikels 1980; Ikels 2004), but the role of the family in caring for the elderly will continue to decline (Pochagina 2003). The urgent question for the state, families and especially the elderly themselves, is whether there is any alternative to family-based old-age care.

1.5 WHO WILL CARE FOR THE ELDERLY

Since one's former work unit cannot be counted on and since support from one's own children is highly restricted, a logical solution is to hire a *baomu* (housemaid) for the elderly, especially the bedridden elderly or those elderly who need intensive care. However, although practical, it is also very difficult for a number of reasons. First, although the cost of hiring a full time *baomu* is not as high as in the U.S., it is not affordable for many families either. Usually such a *baomu* eats and lives with the family and gets paid 300-500 Yuan per month at least, which is a considerable expense. Second, housing is a problem since in most of the cases *baomus* are young women who require relatively private living space, if not an individual room to themselves. Third, being a *baomu* is no longer as attractive to rural young women as it used to be in the 1980s. Free labor mobility between the urban and rural areas makes it possible for rural people to get higher paying and more attractive jobs in the cities. Being a *baomu* for the elderly is

generally thought to be a job that has little freedom and much responsibility, which makes recruiting very difficult. Also, it is hard to keep a young *baomu* from switching jobs once she comes to know more about city life. Fourth, for many *baomu*, taking care children is preferable to taking care of the elderly because the latter job usually requires more patience, physical strength, and sometimes medical or professional skills. Fifth, from an emotional viewpoint, although a *baomu* is viewed as a non-family member, she is usually expected and required to substitute for family members who cannot do the job of taking care of their parents themselves. Although hired as a servant the employers often expect that a *baomu* will put her “heart and emotion” into her work and that she will server as a substitute for a filial child. These high and personalized expectations can make a *baomu*’s position very awkward. It is not surprising that people say that half of the families complain that they cannot find a *baomu*, while the other half complain that their *baomus* are not satisfactory.

Another possible substitute for family care is sending the elderly to retirement homes. This has become a popular topic of discussion, though not yet a popular practice. Although the current old-age care crisis calls for greater state and social support, the development of a corresponding social security system has fallen far short. As a legacy from the past, the domination of work unit-centered welfare rendered unnecessary the social services organized by non-governmental charities and government departments (Leung and Wong 2002). A rapid breakdown of the old, centralized economic system has not left enough time for the development of an adequate system of social security. There are 40,000 social welfare institutions designed for old-age care in China, providing about 1 million beds. Only 0.6 percent of the elderly, about 830,000 persons, have been accepted into these institutions, far less than the average proportion of 5 to 7 percent in “developed” countries.⁴⁴ As a result, in Chinese cities today, 98 percent of the elderly population still must depend on self-care or family-based old-age care.⁴⁵

Unfortunately, the idea of institutional old-age care challenges many traditional ideologies and cultural values. That is, many Chinese, young and old, are very biased against “Western-style” retirement homes, viewing them as a choice of last resort. Proud of its traditional family values, China continues to view itself as an ideal place for the aged, contrasting its own “cultural-spiritual superiority” with the callousness of Western culture. The question of institutionalized homes for the elderly is at the crux of the larger debate about modernization and what counts as Chineseness as against Westernization. People in China are very ambivalent about institutionalized care for the elderly for a number of reasons.

First, many social stereotypes associated with retirement homes mirror a common fear of moral erosion by the West. Sending one’s parents to a retirement home is commonly regarded as shirking one’s

⁴⁴ *Xiaofeizhe bao*, 07/11/2003.

⁴⁵ *Ibid.*

responsibility and betraying one's conscience. It is generally viewed as a Western phenomenon and the consequence of China's Westernization. "The West" implies a culture in which family intimacy and filial piety are not highly valued.

Second, the idea that many people have of a retirement home is based on the model of the Solitary Old Folk's Home built for the "Three Nos" – No family, No Income, No ability to work. Retirement homes are generally viewed as government-sponsored institutions designed for the elderly who do not have any other social support. It is another word for childlessness -- the most miserable fate one could possibly have, especially when one gets old. Many negative images are associated with retirement homes. According to a number of young and old informants, retirement homes are assumed to be "miserable and dreary." Their "basic function is to take care of routine activities, such as eating and toileting," and not to provide social or emotional care.

Third, public condemnation is harsh for those who send their parents to retirement homes. In a culture with as strong of a sense of shame, social approval and reputation are important considerations for individual decisions and actions. Traditional norms not only play a major role in the elderly people's choices (Izuhara 2000); they also apply to younger individuals. In fact, the younger generation seems to hold very strong views. In cases when elderly parents wanted to go to a retirement home, their children do not want them to because they will be viewed by their peers as irresponsible and lacking in filial piety.

Fourth, a more practical reason for people's negative attitudes toward retirement homes is a generally perceived dissatisfaction with and distrust of these institutions. A few retirement homes I visited confirmed such judgment. The majority of people living there were in their eighties and nineties, and had already lost their ability to communicate with family members due to amnesia and Alzheimer's. With only a few workers assigned to 60 or 70 elderly residents, the care provided was very limited. Professional medical personnel were not on staff in many institutions, and medical costs were often an additional burden for individuals to bear. Many institutions had strict screening procedures for prospective residents. Those with diseases, especially those diseases that need intensive care, were not welcome. It seemed contradictory to the most common needs of families with dependent elderly who need extensive and time-consuming one-on-one and/or professional medical care. Retirement homes are not yet a practical choice, and they cannot yet solve the problem that many families are facing and will face in the near future.

The government itself is of the view that the family should have the primary responsibility for the care of the elderly (Leung and Wong 2002).⁴⁶ On the one hand, like other Asian aging societies (i.e. Japan) the Chinese government has attempted to strengthen family-based old-age care through political

⁴⁶ See also <http://www.mca.gov.cn/artical/content/200431110256/2004824170150.html>.

and legal measures. The concept of intergenerational reciprocity and the idea of filial piety were legally reinforced in both the 1979 criminal law and in the revised 1980 Marriage Law (Davis-Friedmann 1991; Leung 1997; Joseph and Phillips 1999; Pochagina 2003). In the 1980 version, intergenerational filial obligation has been extended to encompass three generations (Hashimoto & Ikels 2005). As a matter of fact, in absence of the parent generation, grandparents living together with grandchildren has already become a common practice in both urban and rural areas. Although the national law protects the rights of the elderly, disputed cases are increasingly being brought to the family Court and cases of desperate elderly people seeking public media condemnation of their “unfilial children” are increasing (H. Zhang 2004). On the other hand, discussions on whether filial piety should be treated as a legal issue or just a social or moral question are also rising.⁴⁷ Like Japan, another aging society with a similar cultural value of filial piety, in terms of legal framework of the nation state, Chinese government also puts “private family support in precedence over public support. “That is, individuals must exhaust private resources before resorting to public funds” (Hashimoto & Ikels in Johnson 2005: 439; See also Hashimoto 1996). Before the completion of a new public support system for the aged, this is likely to continue to be the practice for the coming decades. As the newly passed law⁴⁸ (1996) that aims to protect the rights of the elderly states “Elderly support is mainly dependent upon family members who should show concern for and take care of their elders” (H. Zhang 2004: 254).

To answer to the rising need for the development of non-employment-based welfare, the government is oriented towards transforming the traditional old-age care system to a more modern one (Pochagina 2003). As Pochagina states, “The foundation of the system must be family maintenance and home care for the aged, its basis being the services rendered at the place of residence, and its complement the work of social charitable organizations” (2003: 91).⁴⁹ Since the 1990s, the government has enthusiastically promoted community-based welfare services for vulnerable populations in urban China. The main idea is to solve the problem of social support for the elderly among the elderly themselves. As the central government’s document indicates, community is considered to be the “most important” and “most ideal place of activity and space of communication” for the elderly. To combine support from the family and the community is *the* way to get the best of both worlds: It is suitable to the health needs of the

⁴⁷ “*Bu xiao zisun yaobuyao gongshi?*” *Huadong News*. 01/12/2006. Retrieved from: www.godpp.gov.cn/bxzs/2006-01/12/content_6034118.htm; See also: “*Banghe shidai: Yikao falu shouduan zhili diode huapo shi bu kequ.*” Chen, Cang. *Nanfang Zhoumo*. 10/18/2004. Retrieved from: cul.news.sina.com.cn/t/2004-10-18/87693.html.

⁴⁸ The standing Committee of the People’s Congress passed the Law Regarding the Rights and Security of the Elderly in the PRC (*Zhonghua renmin gongheguo laonianren quanyi baozhang fa*) in 1996.

⁴⁹ Cited from Pochagina, Olga (2003: 91). “China’s Ethnic Population and Development in the 21st Century.” Materials from the PRC State Council’s Press Chancellery, Beijing, 2000.

elderly, and it can reduce enormous expenses on old-age care.⁵⁰ A recently proposed plan is to utilize younger elderly to look after older elderly in the same community, or the so called “Reciprocal Fund” (*hu zhu ji jin*) or “Time Saving” (*shi jian chu xu*) program in which the younger elderly take care of the older elderly when the former are at a younger age, and get their time and services they “invested” back from other younger elderly in the same program when they get older.⁵¹ This is considered to be an effective way to make the most of the “remaining energy” the young elderly have and to relieve the burden of old-age care on individual families.

However, there are various barriers to community-based old-age care, such as administrative factors, financial factors, management factors, and organization factors.⁵² For instance, in Wuhan, the “883 project” launched in 2001 was the local government’s attempt to establish a community-based welfare system to fill the gap caused by the breaking down of the work unit-based welfare system. In four years, each of the 883 communities in the city has established “three rooms, one site, and one center” for elderly residents to live in the community: respectively an elderly day-care room, recreation and amusement room, and health care room; an outdoor activity site; and a community elderly service center. Playing mahjong, Chinese chess, or cards, reading newspapers or magazines, singing Peking Opera, joining folkloric dance or waist-drum teams, and using health promoting apparatus are common activities. However, with limited financial support from local governments, each neighborhood has had to rely on its own efforts to develop such services. This individual behavior led to differences between communities. In general, community services are both informal and loosely structured, with the quality of services not standardized (Leung and Wong 2002). In addition, although community-based services are able to solve some basic problems, such as monitoring and providing recreation, they cannot substitute for home care, especially when the elderly need one-on-one intensive care. According to the government’s report, “so far, the gap between the actual needs of the elderly and the community’s ability to satisfy them is still very large.”⁵³

So, once again, responsibility falls back on the family. Although a sense of tradition still heavily influences the position of the elderly in terms of residence patterns, intergenerational relationships, social-cultural norms, and old-age care institutions (Davis-Friedmann 1983; Ikels 1983; Hashimoto 1996), the

⁵⁰ “*Chengshi laonian shenghuo qunti xuqiu he shequ manzu nengli de xianzhuang yu wenti de diaocha fenxi.*” Zhou Weiwen, Yan Xiaoping, Zhao Wei, and Qi Xin. Ministry of Civil Affairs of the People’s Republic of China. Retrieved from; <http://www.mca.gov.cn/artical/content/200431110256/2004824170150.html>.

⁵¹ “*Miandui renkou laolinghua tiaozhan, rang ‘nianqing’ laoren zhaogu gaoing laoren.*” 01/26/2005. Retrieved from: http://www.chinapop.gov.cn/rkx/ztd/t20050125_19204.htm.

⁵² Ibid.

aging generation's expectations about the care they will receive is gradually changing (see Ikels 2004). On the one hand they show full recognition of the difficulties that their own children are facing. On the other hand, they also try to play an active role in reducing the burden on their children by trying to be as healthy and self-reliant as possible. Maintaining good health is, therefore, not an end in itself but a means by which to negotiate the social, cultural and economic changes associated with old-age care.

1.6 ORGANIZATION OF THE DISSERTATION

This dissertation is divided into three parts with eight chapters.

Part one is a general introduction to my research. Chapter 1 introduces the city of Wuhan where I conducted my research. In this chapter I also give an overall review of the issues of population aging in China, focusing on various problems and challenges faced by the state, society, families and elderly individuals. Chapter 2 sets up the theoretical and methodological background for my research, drawing attention to the intersection of TCM *yangsheng*, aging and identity. I argue that TCM-based *yangsheng*, as a system of beliefs and practices designed for self-health-cultivation provides the elderly with an alternative approach to health in old age. This gives them significantly more control over the social, economic and cultural dimensions of aging.

Part two addresses various discourses on aging. In Chapter 3, I examine a few key concepts that are relevant to understanding aging as a process of life. First, I argue that aging (*lao*) and elderly (*lao nian ren*) are two different concepts. Aging is a common experience that people gradually go through in their life cycle, while being an elderly person is more of a social, cultural, political, and economic construction. Accepting aging as a natural and gradual process helps the elderly better deal with physiological changes as well as changes in their social roles. Second, I argue that different discourses about aging allow people to negotiate their identities in various ways. Third, I suggest that the way in which good and bad health have been defined in TCM discourse and practice has had a profound influence on how aging has been understood, accepted, managed and controlled in China. I focus on how the practice of *yangsheng* challenges the idea of aging as a condition of degenerative health. The re-popularization of *yangsheng* in modern times not only reflects the needs of the elderly population, but more importantly, gives them the means by which to maximize the limited resources they have in pursuing good health and longevity.

Chapter 4 focuses on the state's discourse with respect to healthy aging. First I introduce the

⁵³ Ibid.

current medical reform that has put a tremendous financial responsibility on individuals and their families. These systematic policy changes have had a great impact on the way in which health is perceived and pursued by ordinary people. It also explains why healthy aging is especially important from the perspective of both the state and the elderly themselves. I give special attention to the strategies the state employs in shaping the mainstream social discourses about healthy aging. The emphasis on independence, social conformity, and social contribution is designed to transform the elderly population into a constructive and supportive social force for the nation state. An example of biopower linked to the discourse of healthy aging is reflected in a policy to promote remarriage among the elderly. In advocating the happiness and healthiness of marriage, the state is trying to address the overarching problem of social support and care for the aged.

In Chapter 5, I examine the contemporary practice of TCM in hospitals and research institutes and explain why disease-orientated TCM has failed to satisfy the various needs of ordinary users and has created a surge of interest in *yangsheng*. I then examine the boom in the *baojian* market in recent years and the way in which business people utilize and modified *yangsheng* ideologies to push their own agenda: promoting health through consumption. Finally I look at the way in which there is considerable ambivalence about the commercialization of *yangsheng* and how elderly are frustrated by but also resist various forces in the *baojian* market.

Part three focuses on the various ways the elderly implement the idea of healthy aging in three different contexts. In chapter 6 I analyze a modern text dealing with self-health-care in old age written by a biomedical doctor named Hong Zhaoguang. Combining the language of modern science with ideas rooted in *yangsheng*, Hong's health teachings are very appealing to millions of ordinary elderly people in China. I put this text in both historical and socio-political context so as to explain its popularity. Hong's book is simply the most recent in a modern tradition of health fads, as these fads are linked to a desire for wellness and longevity. The book also fits neatly into the state discourse on healthy aging. More importantly, this "conceptual revolution of health" -- as Hong's readers call it -- reveals a new discourse on health care that produces forms of practice that are in sharp contrast to the booming market in tonics and potions.

In Chapter 7, I examine the elderly education program in urban China—the University for the Aged (UFA)—to explore its crucial role in setting up an ideal of healthy aging. As a popular phenomenon across urban China, UFAs attract a significant proportion of the elderly population. The program epitomizes the state's slogan for healthy aging: "the elderly have something to teach, something to learn, something to do and something to be happy about" (*lao you suo jiao, lao you xue, lao you suo wei, lao you suo le*). I discuss the way in which this idea has been conveyed, perceived and implemented. The issues of program design, funding, organization, and course arrangement, along with a

profile of staff members and students, are presented in detail in order to provide a clear perspective on how aging is conceptualized in a new and different way by those who are involved in these institutions.

In Chapter 8, I examine several different forms of exercise that the elderly engage in on multi-community, community, and individual levels. Different choices of self-health care methods, diverse motives and goals, and distinct beliefs serve to give a comprehensive picture of an active, energetic life for the elderly in Wuhan. The variety of activities reveals the diverse needs of a heterogeneous elderly population, and, more importantly, brings to light a shared understanding of *yangsheng*.

2.0 BEYOND THE DOMAIN OF MEDICINE

2.1 AGING AND TRADITIONAL CHINESE MEDICINE (TCM)

In medical anthropology, many scholars have studied TCM as a formalized and institutionalized medical system that is contrasted with biomedicine. Studies have examined how TCM is different from biomedicine: how TCM problematizes a Western body/mind dichotomy; how it questions the disease-focused approach of biomedicine and brings other dimensions of life, such as diet, personality, and social relations, into the domain of health; how it transforms the very idea of health and allows for a perspective on medicine that is not divided into two sharply differentiated categories of health/sickness (Kleinman 1978,1989; Lock & Gordon 1988; Leslie & Young 1992). Within this framework, research on TCM ranges from a concern with its unique ontology and healing technologies to its clinical applications in different contexts (Porkert 1974; Lock 1980; Lu & Needham 1980; Unschuld 1985, 1986a, 1986b; Sivin 1987; Farquhar 1994); from its relation to philosophical, historical, social, cultural, economic and political dimensions (Leslie & Young 1992) to its interaction with biomedicine in modern China (Gale, Ahern, Lee, Topley 1975). These approaches, while tremendously useful, also require us to analyze TCM as an integral and alternative medical system involving its own etiological theory, diagnosis, and therapy, that is on par with but very different from biomedicine.

As Leslie and Young argue, early studies of alternative medicine, especially Asian medicine, reflect “a venerable Western tradition of seeing all forms of non-Western medicine as a potentially exploitable source of efficacious substances and procedures that might be added to the Western medical armamentarium” (Leslie and Young 1992: 1; see also Scheid 2002). This tendency has inevitably led to a pragmatic and “romanticizing” (Nitcher 1989, 1992) approach to looking at non-Western medical systems, which focuses mainly on their pharmaceutical efficacy and dislocates them from their own cultural, social and historical contexts. White (2001), Unschuld (1985, 1986a, 1986b), Farquhar (1994), Hsu (1999), Scheid (2002), and others have warned of the danger in homogenizing TCM from historical,

political, social and/or cultural points of view. They point out that scholars have tended to ignore the intrinsic diversity of TCM and its history of amalgamation with other medical systems.

Although in several studies special attention has been given to the question of who uses TCM and what the nature of participation in TCM health regimens is, less has been done on whether and how TCM has been understood and practiced by ordinary people in their daily lives. In fact, TCM reflects beliefs and practices, called *yangsheng*, that extend beyond the parameters of what is usually thought of a medicine per se, and it is problematic to use a medical designation to talk about a set of cultural beliefs and practices that are concerned with the development of health and welfare. This underestimated, non-institutionalized cultural aspect that underlies TCM is of central importance to studying Chinese people's health behaviors in the current social and economic circumstances where institutionalized health resources are limited.

Following from this, my research takes an intrinsically different approach to the study of health and healing by giving special attention to how ordinary people participate in daily health regimens. With its origins in ancient Chinese medical texts and health practices and its incorporation of many modern elements, *yangsheng* may be understood as a system of beliefs and practices designed for self-health-cultivation. As Everett Zhang states, "Chinese medicine is fundamentally a *yangsheng*-centered medicine." (2003: 224) Preserving the essential understanding and approach to human health manifest in TCM, *yangsheng* is a way of life rather than an institutionalized and formalized medical system as such. Consequently, those who engage in *yangsheng* are not subject to the same disciplinary features of medicine as an ideology and institution. In light of major anthropological theories that provide an understanding of biopower, somatization and agency, I argue that TCM must be understood in relation to *yangsheng* as a broad way of thinking and living that exists beyond the domain of medicine per se. Active lifestyles based on the ideologies of *yangsheng* reflect an approach to health that is neither medicalized nor purely disease oriented. It is this that enables the elderly to maintain a positive attitude towards aging and to remain active in society. More importantly, in the context of significant demographic and policy changes with respect to health care and social support for the aged, *yangsheng* provides modes of thinking and various practical methods for the elderly to take an active role in building up, maintaining and restoring their health. Therefore, TCM-based *yangsheng* not only grants the elderly an alternative to, or escape from, the expense and alienation of institutionalized medicine; it also allows for more control over the social, economic and cultural implications of aging in today's China.

Following Foucault's concept of biopower, many scholars have shown how political power extends into the individual body, and how the body reflects disciplinary regimes (Turner 1985; Armstrong 1983; Lock and Lindenbaum 1993; Lock and Kaufert 1998; Good 1994; Fee 1983; Fausto-Sterling 2000; Martin 1992, 1994; Bordo 1999; Puri 1999). As Lock and Kaufert put it, the body is "a contested domain

and a quintessential site where power is enacted” (1998: 14). These studies question the very fundamental nature of medical discourses that control the human body and the way we look at ourselves. The notion of “body politics,” as Lock and Scheper-Hughes (1998) define it, describes the way in which the socialized body conforms to the effects of biopower and is disciplined. The process of “somatization” is one specific way in which disciplinary body politics is enacted and internalized. Arthur Kleinman (1985) and Sun Lung-kee (1983) define “somatization” as the way in which social tensions are expressed in a bodily idiom, which calls for their resolution, often centered on healing and strengthening the body (Brownell 1995: 22). The logic of somatization draws attention away from significant social and cultural problems (Nitcher 1981). In his Chinese case study, Kleinman (1980, 1981) shows how an analysis of embodied illness experiences and culture-specific forms of somatization help to explain the relationship between intersubjective meaning and the human body. He relates the individual’s coping responses to the problems of social efficacy and the way in which culturally constituted illness idioms are used not only for and by individuals, but also by individuals and groups to manipulate interpersonal and social relations so as to produce desired change on a collective level (Kleinman 1986). His concept of “socosomatic reticulum”— the symbolic bridge between social and bodily distress on the one hand, and meaning and bodily experiences on the other — is a useful analytical formulation to discover the connections among the body, the self and the society (Kleinman 1988).

Building on this, Brownell develops the concept of “body culture” or the “culture of the body”. As she defines

(Body culture) mean(s) everything that people do with their bodies (Mauss’s ‘body techniques’) and the elements of culture that shape their doing. Body culture is a broad term that includes daily practices of health, hygiene, fitness, beauty, dress and decoration, as well as gestures, postures, manners, ways of speaking and eating, and so on. It also includes the way these practices are trained into the body, the way the body is publicly displayed, and the lifestyle that is expressed in that display. Body culture reflects the internalization and incorporation of culture. Body culture is embodied culture. (1995: 10-11)

As Brownell shows, the body has always occupied an important place within Chinese culture as a whole. Individuals’ strengthening of their bodies has long been linked to the salvation of the nation by Chinese nationalism. From the late Qing Dynasty to the Mao era and later, social tensions have been routinely expressed in Chinese body symbolism. As she puts it, “an individual’s body is not entirely his or her own but, rather, is subjected to demands and pressures that constantly challenge the notion of individual autonomy” (1995: 23).

As a number of scholars have pointed out, people in China are deeply concerned with their bodies, as the body can be managed and manipulated to produce a broader sense of well being (Seaman 1992, Chen 2001). Therefore, on the one hand, it is only logical that when population aging jeopardizes the social economy and the nation's welfare, the elderly are called on to strengthening their bodies for the collective good. On the other hand, the elderly Chinese, with a strong sense of responsibility to society at large, also feel it is their duty develop good health so as not be a burden to the nation state, society, and the family. A focus of my research is on the question of how social desires are coded such that they become a part of individual experience and private life and how individuals internalize and embody social expectations.

To understand the relationship between individual agency and social control entails a flexible understanding of power. Although networks of power facilitate surveillance, they also produce pleasure, knowledge, goods, and technologies, and they can be seductive and repulsive at the same time (Foucault 1978). At the site of the body, biopower may be experienced as enabling, or as providing a resource which can be used as a defense against other forms of power. The nature of human agency in responding to power is also plural and multi-dimensional. As a number of scholars point out, the human subject is "neither entirely autonomous nor enslaved, neither the originator of the discourses and practices that constitute its experiences, nor determined by them" (Sawicki 1991: 104; see also Martin 1989; Davis-Floyd 1996; Rapp 1991, 1999, 2000). Practices carried out by individuals can be read at times as resistance and simultaneously as commentaries on the networks of power to which they are subjects. It is important to keep the multiplicity of both social discourse and human agency in mind in understanding the creation of various discourses about healthy aging and the elderly people's response to the changing nature of these discourses and the practices they engender.

On one level the elderly in China can be said to conform to a state discourse on healthy aging, as this discourse is articulated in the idiom of medicine, collective responsibility, individualism and personal responsibility. This can be interpreted as a successful propaganda campaign. On another level, however, conformity also needs to be interpreted as a coping strategy chosen by the elderly to counter act the problem of dependency on the one hand and a lack of social support on the other. Indeed, "bodies are formations of everyday life (temporal, dispersed, shifting) and everyday life as thoroughly suffused with discourses (collective, concrete, historical) (Farquhar 2002: 8).

Drawing upon interviews with elderly people who have actively sought alternatives to institutionalized health care, I seek to establish what their specific personal experience is with being an elderly person in Chinese society. I am interested in how the social and political discourses of being old have been understood, perceived, and negotiated through the individual body and bodily experiences. How have the elderly embodied agency expressed in their accommodating, challenging, and resisting

discourses about getting old. In this sense, my research tries to combine a critical, medical anthropological perspective on aging and identity with that of alternative medicine in general and TCM *yangsheng* in particular, two fields which have rarely been linked together.

By positing TCM *yangsheng* as the source of agency in negotiating identity and experiencing aging I do not intend to establish it as something fundamentally different from biomedicine or beyond the rule of biopower. The discourse of TCM is “also (and always) the voice of the body as a site of cultural-historical intersections and a formation of everyday practice” (Farquhar 2002: 25). As Farquhar points out, the Chinese body “is as active for biomedicine as it is for TCM” and “in several respects, these two modern styles of clinical practice hold a certain body -- when it is broadly enough defined -- in common” (2002: 25). Although having been established as the antithesis of biomedicine, TCM is and can also be used to manifest a similar configuration of power, although in a somewhat different way. Therefore, my focus is on how TCM in general, and *yangsheng* in particular, has been perceived and practiced differently by ordinary elderly in pursuit of good health outside of the domain of medicine

A number of years ago Kleinman pointed out that people in China are not only involved “as consumers or beneficiaries, but also as participants in building the health system” (1975: 743). In China, both biomedicine and TCM have existed as the state authorized medical systems since the 1960s. Unlike academics who view biomedicine and TCM as categorically different, ordinary Chinese people are much more pragmatic and view them as similar and, at least to a degree, complimentary. Norbeck and Lock (1987) assert that it is the institutionalization of health care that forces a demarcation between folk, traditional and biomedical systems of medicine (also see Lock 1982a, and Long 1987). At the level of culture manifested in medical knowledge and practice, there is surprising consistency across many institutionalized boundaries, even when a range of different systems are involved (Worsley 1982: 315-348). Scheid points out that the concept of “medical pluralism” is problematic because it is based on predefined categories through which medical systems can only be conceptualized in either a cooperative or competitive relation with one another (2002). This concept of medical pluralism presumes that patients choose from different medical systems on the basis of distinct cultural knowledge, and ignores the fact that health-seeking behavior is a dynamic, discontinuous, and fragmentary process involving complex negotiations of social identity and morality, in the course of which people draw simultaneously on local and global perspectives. Interactions between different discourses encourage questioning and reflection, and heighten the possibility of resistance to domination from either side (Lock and Kaufert 1998; Rapp 2000).

In daily practice people’s health choices are not necessarily linked directly to the ideological differences between medical systems (Guo 2000: 1). This is even truer in the case of *yangsheng* -- the non-institutional aspect of health care that is historically linked to TCM but which has incorporated many

features of modern medicine, both in terms of ideas about the body and forms of technology to modify the body. From the vantage point of the elderly the differences between TCM and biomedicine are not as significant as the differences between institutionalized and non-institutionalized health care. In trying to articulate a non-institutionalized, non-pluralistic approach to the study of medicine in China, Scheid (2002) places emphasis on human agency. He asserts that human agency involves a set of practices sustained by ongoing interactions between participating elements, human and non-human, which produce an adaptive transformation. Although a notion of human agency is useful in understanding how individuals negotiate institutionalized health care, it is even more useful in analyzing specific features of *yangsheng*. In articulating a different approach to health and healing, *yangsheng* draws attention away from disease as such and inherently the problem of aging. Almost by definition it draws attention to the dynamics of human agency rather than to a condition of dependency. It demedicalizes health and generates a discourse of healthy aging based on practices that directly involve embodied agency.

By focusing on a cohort – the elderly -- my research directly responds to the problem of unsystematic generalizations regarding TCM (Klienman 1975). According to the age cohort theory it is important to examine a cohort groups common interests, problems, concerns and choices in a broad historical and social context (Riley 1972; Fischer 1977; V. Turner 1974). When it comes to health beliefs and choices, a cohort study is especially useful in determining the extent to which people of a given age share or do not share common beliefs and expectations. A focus on the elderly, who are actively involved in managing their personal health, also provides a point of critical contrast with other parts of the world where the relationship between aging and health is strictly medicalized. Aging, as it has been understood differently in TCM and biomedicine, provides a perfect case to test the influences from and interactions between both approaches. In contrast to western biology and biomedicine, the concept of aging in TCM is based on a conception of embodied change and is understood as a process of transformation through time that must be managed. Change is not seen as inherently problematic and degenerative. This concept is not so much reflected in today's institutionalized TCM practice as in everyday practices of the elderly who engage in *yangsheng*. In sum, by focusing on the elderly as a distinct age cohort and on *yangsheng* health care in practice it is possible to formulate more meaningful generalizations about health and healing in contemporary China

Aging is defined in TCM as an on-going cumulative process of change understood in terms of energy flow (He 1985, Geng 1994, Cai 1995). Nevertheless, studies of aging in China often uncritically assume that being old is a medical problem and mainly focus on people over 70 (for examples Zhu & Zhu 1995; Lam 1997). In the context of public health and institutionalized medicine, health care for the elderly is also widely perceived as an issue that primarily involves those individuals who are over 65, or those who are sick. The “standard view” of aging as a condition of progressive deterioration and a

“natural” condition of inevitable sequence that people have to come to terms with is the basic assumption in most theories of aging, including adaptation theory (Clark and Anderson 1967; Amoss and Harrell 1981),⁵⁴ disengagement theory (Cumming and Henry 1961),⁵⁵ continuity theory (Atchley 1989),⁵⁶ life course theory (Cain 1964; Neugarten 1968; Riley 1972),⁵⁷ and modernization theory (Burgess 1960)⁵⁸. These theories fit the “problem of aging” into a framework of social dynamics, functional integration and social organization. In terms of policy formulation in China today it has become routine to use a social-functional approach since aging poses a serious problem to social welfare and economic development. While any one of these theoretical approaches can be useful, they all direct attention to structural patterns and away from concepts of self and personhood. Moreover they all tend to conceptualize aging as a problem; a struggle to maintain good health when confronted with the bodies inevitable deterioration; a struggle in which youthful health is contrasted with the chronic condition of getting old and sick. In a word, these theories do not provide a framework for critically rethinking the question of what we mean by aging and who is counted as being old on the basis of what criteria.

My argument is that aging is not a condition of the “aged” as such. It is a process of transformation that can be proactively and creatively managed and negotiated by people whose actual age ranges from forty-five on up to ninety or more years. Numerous studies have convincingly illustrated that seemingly universal distinctions such as healthy/sick and old/young are in fact arbitrary systems of binary classification. Moreover, such systems of binary classification lead to misunderstanding concerning the importance of a person’s subjective interpretation of experience. Various theories of aging have been

⁵⁴ In the 1960s, early adaptation theory had already noticed the process of the aged accommodating themselves to society. It presumes that the aged inevitably change their identities and roles in old age. Clark and Anderson (1967) describe the five adaptive tasks for the aged: recognition, redefinition, substitution, reassessment, and reintegration. Amoss and Harrell (1981) also argue that the aged need to constantly adapt to changing conditions, which sets limits on their adaptations in searching for physical and emotional security.

⁵⁵ Disengagement theory argues that normal aging involves a natural and inevitable mutual withdrawal or disengagement between the individual and society (Cumming and Henry 1961). Individuals are described as willing to retreat and society “give permission” to withdraw, both in preparation for the final disengagement— death.

⁵⁶ Continuity theory makes a distinction between pathological aging and normal aging. It holds that disruption of continuity due to inability to meet one’s needs due to poor health throws the known self into disarray. Many studies disagree with it by providing convincing evidence showing that diseases, even serious diseases, do not prevent the self from finding continuity, emphasizing that there is always the possibility for a new continuous self to emerge.

⁵⁷ Life course theory acknowledges a sequence of stages or successive statuses that individuals occupy in the course of aging. The life course is a cognitive timetable of expectations for an individual. According to this theory, which emphasizes the role of conformity and of an individual’s consciousness of the social process of aging, aging is understood as a life long process in which individuals adapt to social and environmental changes.

⁵⁸ Modernization theory is concerned with the status decline of the aged accompanied by the technological development of the society. Widely used in aging studies in Chinese society, this approach takes our attention away from individual experiences, and their agency in negotiating status and identity in the society.

sensitive to this and recognize the importance of human agency. Life text theory acknowledges a notional ordering of events and broad trends in one's life course. These events and trends acquire meaning as they are interpreted by each individual. As a correction to the earlier life course theory, life text theory draws attention to the individual's sense of development, shifting focus from regulation and social integration to the uniqueness of transition for the actor (Ryff and Heincke 1983: 807. See also Levinson 1977). The life text is reshaped and adapted and is given a special meaning by and for the performer. Similarly, activity theory (Havighurst et. al. 1968) also recognizes aging as a process in which the aged negotiate their status. It argues that people seek continuity in their patterns of interaction as they age, and also seek to remain active and engaged (Kerns 1980; Myerhoff and Simic 1978; Counts and Counts 1985; Marshall 1985). This theory pays special attention to the active role people play as they construct their own old age according to their abilities and within the framework of opportunity and choice. Social construction theory focuses on the "situational, emergent and constitutive features of aging," placing emphasis on individual agency in interpreting aging experiences (Passuth and Bengtson 1988: 345; see also Lynott and Lynott 1996; Quadagno 2005). According to this theory the social meaning and self-perception of aging are of central importance in a person's aging experience.

In addition, many cross-cultural comparative studies of aging have provided a culturally defined perspective to examine how one's identity and sense of self can be negotiated through the management and control of the body. These works hold that aging means much more than chronological change; rather it is a process of interaction involving broad spectrum of social factors (Simmons 1945; Cowgill and Holmes 1972; Watson and Maxwell 1977; Simic and Myerhoff 1978; Keith 1977, 1980, 1982, 1984, 1994; Fry 1980, 1981, 1986; Amoss and Harrell 1981; Hendricks 1980; Sokolovsky 1983, 1997). As Counts & Counts (1985) demonstrate in their studies of death and aging in the Pacific region, both aging and death are transforming, reversible processes rather than single fixed events. Their acknowledgment of somatization and personalization of the aging process creates a new space for the study of cultural differences in aging experiences. In her study of menopause in Japan Lock (1993) shows how Japanese women negotiate the process of ageing. She shows how menopause in Japan is neither narrowly medicalized nor even necessarily understood to be a health related problem. Moreover, Lock's work is important in situating questions of aging, identity and control over one's own body in the context of social and familial responsibilities. Cohen (1998), through his study of the cultural experiences of Alzheimer Disease in India, shows how age itself is culturally constructed. He shows how embodied experience is given cultural meaning, and how individuals struggle to give their bodies meaning both in terms of and against the meaning given to the body by culture at large. As he puts it: "the meanings given to the senile body are not just a making sense of experience, but a response to the already meaningful world in which bodies in time mean far too much" (1998: 302). Working in a context where

the body is of central importance to identity, Lamb (2000) also explores how the elderly use their bodies to “define, practice, manage and control” the experiences of aging and the transformation of gender identity over time. Using McKim Marriott’s concept of “dividual” (1977, 1990), which emphasizes the various embodied connections of a person to his/her family, society, environment, and the universe, Lamb challenges the Western view of body as an isolated, tangible, and stable thing. The fluctuation of bodily qualities over one’s life course enables the negotiation and contestation of various alternative ways of representing one’s identity. Lamb’s study helps to redefine key problems of viewing age, health and gender as dichotomies. Instead, they are seen as integrated and ongoing processes in which people play a central role in negotiating and representing the embodied self.

As these works have shown, age is not a tightly bounded, precisely defined, unambiguous biological entity. Instead the experience of being old is always culturally, socially, politically and economically contingent. People age throughout their lives. Therefore it is important to both define “being old” in terms that are relevant to the context in which people live, and also recognize that people do not fit neatly into two opposite categories--old and young. By doing so, I intend to refine our understanding of how “being old” is defined and experienced cross-culturally through my research on a group of people that are defined as “the elderly.” Many who are classified as “the elderly” are not old in terms of chronology nor do they manifest the physical signs typically associated with aging. In this dissertation, the term of “elderly” is inherently ambiguous.

For a number of reasons I have chosen not to include people with senile dementia, completely dependent elderly, and those with extremely bad health conditions in my research. It is necessary to point out that by focusing on *yangsheng*, I left out certain groups of people that might be important in depicting a whole picture of aging in contemporary China. Therefore, my sample is biased and does not reflect the condition of “the elderly” in China. Some people might question that *yangsheng* might not be as “effective” for those who are seriously ill or senile as it is for the “young elderly” who can still function relatively independently. They might also question that since these people are in “good” health, how can one tell that their positive attitudes and active involvement in society is a direct result of practicing *yangsheng*? My answers to these questions are two folds.

First, I am interested in the dynamics of aging rather than the health conditions associated with the end of life. Those who are overwhelmed by diseases engage with *yangsheng* based self-care methods in a more restricted manner and are usually more disease-oriented. To focus on the non-medicalized aspect of healthcare is to give more emphasis to those people who approach health in a more holistic way. Chronological age and health was not an explicit criterion for selecting people to study, but obviously those who are incapacitated have different needs from those who are actively aging, and so I must acknowledge this bias in my orientation to the question. Nevertheless, a significant proportion of my

informants were over seventy and even in their eighties, and many did have various specific health problems. The commonality among them was that they all perceived their personal health care methods as a key to good health and longevity. These people, in many senses, challenge the stereotype of “being old.”

Second, I am more interested in the ways in which *yangsheng* provides perspectives, attitudes, methods, and hopes to those who are willing to take an active role in controlling and managing the process of aging. My research is not about the functional effectiveness of *yangsheng* in “bringing back life to the dying” or as a panacea for all. In my sample, there were people who claimed that they cured fatal diseases like cancer through their engagement in *yangsheng* exercises; more people said they had their conditions under better control by practicing *yangsheng*. This is not to say that all cases are successful; some people experienced very little or no improvement. Regardless, their engagement in *yangsheng* life style provided them with a way to live and to experience aging. I acknowledge that by excluding certain people, my data and my argument that follows do not and can not reflect some important aspects of aging in China. I also expect that under more stressful and desperate conditions the elderly might have very different attitudes towards their health, life, family relationship, and the society as a whole. This might also be the case for some of the elderly who are now practicing *yangsheng*. Their views might be not as positive as their health deteriorates over the years. *Yangsheng* is a way of thinking and living, but by no means the only way. By acknowledging the importance of *yangsheng* to certain groups of elderly, however, I argue that it reflects a very important aspect of aging in China.

To sum up, it is society that stamps the body with meaning, and it is the body that becomes the vehicle to experience, interpret, communicate and negotiate social issues (Douglas 1966, 1970; Comaroff 1985; Turner 1985; Kleinman 1986). As Keyes states, the sense of self is a changing process of making events and experiences meaningful in relation to a world of experience that is full of uncertainty and contradiction (1985). This self responds to shared life realities --- birth, aging, sickness, and death -- that are negotiated in local webs of relationships. The web of relationships that constitute the self functions as a system interrelating different levels of reality and modes of experience, a systematic relationship among emotion, cognition, interpersonal relations, and cultural expectations about judgment and action. It is, therefore, my concern to explore the way in which *yangsheng* as a non-institutionalized and non-medicalized health practice enables the elderly to gain a sense of control over social dynamics that seem to be out of the range of control – changes in the family structure, patterns of elderly care, loss of social security – by actively controlling what they can directly control: their bodies and their sense of self. Thereby they construct a life based on health in response to social pressure and expectations of being elderly in today’s China.

2.2 METHODOLOGY

My research goal is to understand how the elderly Chinese actively control the way in which they experience aging as an embodied process in non-institutional contexts. To be more specific, it is to study how TCM based self-care enables the elderly to exercise agency and thereby construct a life based on health in an environment where social support is increasingly limited.

I utilized various research techniques at various sites throughout Wuhan to collect data for my study. As Hammersky and Atkinson argue, the combination of multi-sited and multi-method research can effectively triangulate findings across different settings (1995). Wuhan was an ideal site for this type of research as it has a well-established network of health promoting activities and a strong tradition of non-institutionalized but well structured self-care programs. I chose the following five settings in which to work. Most elderly were involved in activities organized within these settings, either by necessity or by choice.

1). **Local Universities for the Aged (UFA).** These are community-regional based structured learning centers for the elderly, usually supported by local government and social organizations. UFAs are one of the main socializing locales for elderly from diverse backgrounds, education levels, and social classes. In these UFAs, health issues and life styles are discussed intensively, and health information is disseminated among the elderly. Wuhan is one of the first cities that established its own elderly educational programs in the mid 1980s. Today, Wuhan has more than a thousand UFAs and more than 100,000 elderly people attend these regularly. Courses provided for the elderly include medicine, exercise, art, politics, and information technology, among other things. I conducted research in the Wuhan University for the Aged which is the center and headquarters of elderly education in Wuhan. The Wuhan UFA has very high prestige both in the city, Hubei province and at the national level. It has a strong record of student recruitment due to its high quality of course design, teacher recruitment, and management of education. It also provides a favorable site to gather comprehensive statistics on students' gender, age, social-economic background, and interests.

I also conducted more intensive research and interviews in three smaller local UFAs. I took in depth TCM, acupuncture and massage courses and audited a variety of courses that were very popular among elderly students, such as English, dance, catwalk, Chinese brush painting. This setting provided a good context to compare how "being old" is defined, experienced, and negotiated through peoples' involvement in various structured school activities.

2). **Baojian (health promotion and protection) lectures.** These lectures, designated specifically for the elderly, are a fairly new but common phenomenon in Wuhan. Many elderly in the city have direct or indirect experience with these lectures. Their popularity mirrors the elderly people's special need for

professional and scientific information on health cultivation. In these lectures, usually organized by hospitals, work units, or *baojian* and pharmaceutical companies, health issues addressing various problems of aging are highlighted. It was a good setting to study responses by ordinary elderly to the discourses of medicalization and the problems associated with the “commercialization aging” manifest in the promotion of herbal tonics and potions.

3). **Informal, semi-structured elderly social groups.** These are public and spontaneous health practice groups that are very common throughout the city, and many activities involve exercise and health promotion. Held from early morning until late at night almost every day, public places like parks, squares, open grounds in front of big shopping malls, are full of people doing all kinds of health promoting activities. Many of these people are retired. They teach and learn different kinds of health practices, ranging from *Taichi*, fan dancing, and sword dancing, to exercises they themselves have invented based on their particular needs. The elderly from a broad range of backgrounds also gather in these places to exchange information about their daily lives, in particular, health issues. I conducted both structured and unstructured interviews with elderly people from a cross-section of ages and genders, focusing on their motives, expectations, experiences, and interpretations with various exercise methods.

4). **Households and other daily activity sites.** I chose these sites because, in order to approach health as a comprehensive and all-embracing concept, it is necessary to study how the elderly live and make daily choices. It is of central importance to observe how health has become an indispensable part of their lives, and likewise how their daily lives play a significant role in health, family relationship, and role identification. Differences among gender, age, educational level, former work experience, social-economic status, and health conditions were considered in a stratified sampling process. Interviews and time allocation observations focused on daily activities, including daily schedules, family interactions and living arrangements, social support networks, and general attitudes towards aging and health.

5). **Medical institutions.** Although institutionalized health care is not my focus, it provides a useful baseline to further examine how medicalized discourse of aging has been conveyed to ordinary elderly and how this discourse has been accepted, transformed or resisted. Also choice of self-care is closely related to what is available and not available from clinics and hospitals. I studied both TCM and biomedical institutions so as to contrast the care provided by hospitals with the self-care methods adopted by many elderly. By understanding how health care for the elderly has been medicalized one can gain an appreciation for the specific value of *yangsheng* as a creative alternative.

Generally speaking the research involved using three nested samples in each setting. The first was the entire population in that particular setting. On this level I engaged in participant observation and informal interviews. Official documentation was used to gather demographic statistics. This strategy provided a better understanding of the diversity of the population as a whole. In each setting eight to ten

informants were selected to reflect differences in chronological age, gender, education level, work experience, social class, economic status, health condition and experience with self-care methods. Within this sample, a sub-sample of five elderly who engaged in more than one activity in each setting were selected as key informants for further interviews and time allocation observation. Selection of this sub-sample was based on how well they represented the activities in each setting.

My research focused on gathering information on elderly people's experiences, perceptions and interpretations of aging. Data was obtained using participant observation, unstructured and semi-structured interviews, and time allocation observations. Participant observation was used throughout the whole research, including: engaging in various health practices along with the elderly in their social groups; taking courses with the elderly in the UFAs; participating in lectures and consultations provided by professionals for the elderly. Participant observation also helped to build rapport with elderly informants. Unstructured and semi-structured interviews were conducted with both physicians and ordinary elderly. The interviews with physicians provided an important point of reference on self-care based on the professional view of geriatric medicine.

The time allocation observation was used on two levels. First I used it on the group level. Through the whole research year, observations were conducted in the semi-structured informal elderly social groups, using an "instantaneous scan sampling" technique (Gross 1984; Scaglione 1986). I randomly selected groups and times, and recorded the activity of all persons of a group at the moment of approach. Observations took place twice a week with days and times randomly chosen. Data was categorized by season, group size, location, different kinds of activities, dominant age group and gender. Although the differences manifest in terms these spatial and temporal measures did not always have significance with respect to people's verbalized experiences, it was very useful in terms of correlating the range of different kinds of activities across time and space.

A second level of observation was conducted simultaneously with eight key informants to study their daily activities. Their activities were recorded at frequent and set time intervals. This technique provided contextual data that was not produced through instantaneous scan sampling (Gross 1984). Following up with informants' to collect information on their comprehensive daily activities was especially necessary since my hypothesis was that health involves a holistic life style that extends beyond medicine as such as well as beyond consciously designated self-care practices. Activities that are social and familial in particular directly affect a person's health.

Conducting research in these settings was not easy. One conspicuous problem was my age. My presence was especially obvious in UFAs where the youngest people are in their mid-forties. I was mistaken as a sales girl for *baojian* products several times by elderly students who thought I was trying to build up rapport with them by joining their classes. In general, most elderly found it interesting that a

young woman like me was willing to spend time with them and wanted to “snoop” in every “trifle” of their daily lives. My willingness to talk to elderly persons and listen to their “trivial” concerns was greatly appreciated. “It is hard to find young people like you today,” they often commented. Although very few knew what anthropology was, my elderly informants all said that I was doing very important research. “China is aging,” they would say. “It is very important for young people like you to devote time to studying the elderly.”

My identity as a Chinese student who studied abroad was also a complicating factor in the research. Although most of my interview questions were not politically sensitive, to some, especially those who were in charge of institutions or organizations of some sorts, my identity provoked questions and caused some suspicion. Although China is certainly more open than before and people feel more freedom to express their opinions in general, to whom you can say what and what kind of questions can be asked of whom is still a highly sensitive issue. The way I presented myself made a big difference. Introduction through personal links always produced the best result. As is well known, *guan xi* (connections) is very important in the Chinese society (Hefner 1998; Yang 1994; Kipnis 1997; Huang 1998). Such connections worked especially well in gaining access to officials and people in charge of institutions such as hospitals and UFAs. For instance, I was introduced to the Wuhan UFA school administrators through a close family member who used to be an outstanding student at that school. My introduction and subsequent work there was extremely smooth. School organizers were very happy to learn through my relative that I was interested in introducing China’s elderly education into the U.S. (That was how he understood my project). The university principal, one of the most famous elderly educators in China, saw me in person and encouraged me to devote my future to this “very important and prosperous” field. The staff of the UFA provided me with statistical data that were normally unavailable to “outsiders.” In another UFA, through proper contact with the school administrators, I was able to take photos and videos wherever and whenever I wanted. I was not so lucky to have such connections in the other two UFAs where I simply introduced myself. My request for interviews with the school director was turned down without an explanation. Research in hospitals and interviews with physicians and government officials all required personal connections, which fortunately I had through friends and family.

Personal connections definitely helped in terms of conducting research with ordinary individuals as well. Based on trust established through contacts people were very frank about China’s shortcomings, probably in a way they would not have been otherwise. Many Chinese, especially many elderly, are very patriotic and defend China and Chinese culture out of a sense of responsibility and pride, so it is important to take careful note when people are critical. Physician and ordinary people’s criticism of contemporary institutionalized TCM provides a clear example. TCM has long been promoted as a

“treasure of Chinese culture,” and a powerful and proven alternative to Western biomedicine. However, many people with whom I spoke felt that TCM and biomedicine alike were out of touch with people’s real medical needs, and many physicians indicated that TCM training was fraught with problems.

Ordinary elderly people were not particularly “politically sensitive.” In settings like elderly exercise spots, parks, and community centers, *guanxi* with the “gate person,” such as the leader or organizer of a social group certainly helped but was not necessary. It was not difficult to approach informants in those settings on my own, although my request for an interview was not always granted. However, this does not necessarily mean that they would not be “conservative.” In some cases personal connections and degrees of intimacy with informants did not necessarily mean that my informants were more candid. Because of their life experiences, especially those who have lived through political movements and the Cultural Revolution in particular, many elderly are simply not critical to the state and the Communist Party, especially in front of strangers and in public. It is always safer to, quite literally, “take the party line.” This does not mean they did not mean what they said. In many cases they were actually very sincere. The fact that I recorded and planned to publish what people said made some elderly nervous. As a matter of fact, quite a few of my informants refused my requests to use tape recorder, even though the topic of discussion was not politically sensitive. A few elderly people even refused to talk to me at all. Very politely, they said, “I am too old, I don’t know anything”; or “Don’t ask me. Why do you want to talk to an old person like me?” In contrast, young people rarely turned me down, and sometimes, they would even say, “you can quote me on that” when they said something very critical and controversial. A couple of anecdotes might help to understand this generational difference. One day, my friends and I went to a flea market where all sorts of “antiques” could be found. I bought a re-printed poster from the Cultural Revolution period. It featured three communist-type “macho” men and women holding up their fists in the air, and on the right corner of the poster there was a Caucasian old man dressed in American national flag crouching on the ground, fear on his face. The caption read: “*Dadao mei diguo zhuyi!* (Overthrow the Imperial American!)” It was a joke to my young friends and me. I put it in my language and intended to bring it back to the U.S. My father did not understand why I was interested in this kind of thing. With a hesitation he said, “You should not bring it with you. What if the other people (he meant the Americans) saw it?” I laughed out loud, “Come on, dad. Do you think everywhere is like China? In the U.S., nobody cares about the other people’s business. Even China is different now.” When I got back to the U.S., I did not find the poster in my language. My mother, who did not have a particularly bad time during the Cultural Revolution, is even more cautious about “politically sensitive issues.” When I would make a critical or controversial comment she would say, “It’s O.K. that you said this at home. But do not say it in public”; or “The time is indeed different now.

Back then, you would be labeled ‘anti-revolutionary.’” A few key informants with whom I had established good rapport continued to be cautious either consciously or unconsciously.

Another very distinct characteristic of my elderly informants is that although they sometimes could be very critical of current “*shehui xianxiang*” (social phenomena), few of them directly criticized the central government and the Communist Party. As more examples in the body of the dissertation will illustrate, many problems were attributed to local implementation, bureaucracy, individuals, and influences from the outside world.⁵⁹ I am not able to say whether these statements are heartfelt or reflect an attempt to be “politically correct.” In fact it is probably a mix of both. This should be understood beyond a simple generalization of “political repression” or “lack of free speech.” In *Other modernities: Gendered yearnings in China after socialism* (1999) Lisa Rofel gives a very good illustration of the internalization of state discourses among this generation. Their distinct way of perceiving, interpreting, representing and identifying themselves was shaped by the particular historical moment in which they came to age. Therefore, it is important to keep their historical identity in mind when we read through their narratives.

It is also important to point out that many of the elderly are nostalgic about the past. Many informants would say “*haishi Mao Zhuxi nage shidai hao*” (you may say that the Mao Era is better), especially when they talked about healthcare, old-age pension, social morality, and social security. For example, I went to a young friend’s house to interview his widowed mother who lives with him. On the dining table Mrs. Ying, age 58, a retired factory worker, and non Chinese Communist Party [CCP] member, and I were talking about the medical reform. She commented that the Mao era was better in many ways, and that the elderly would feel more secure back then. My friend, who had not been taking part in the conversation suddenly burst out, “You were cheated! Your generation was all cheated! You didn’t know what was going on back then at all.” His mother, taking on a hurt expression and feeling challenged, murmured, “I don’t feel I was cheated at all.” Although there is nostalgia for the Mao era this does not mean that the elderly would want to live in that way again. Many recognize that there are many advantages to the reform policies.

Because of my role as a foreign researcher I had to worry about the extent to which my identity would influence the way in which people answered my questions. It was not so much a question of getting the “truth” as being considered an insider so as to be privy to people’s real concerns. Despite the fact that I grew up in China and look and speak one hundred percent Chinese, I soon found that revealing

⁵⁹ There were also some elderly who were more critical to the CCP and state policies. They seemed to feel that they were more justified than others (younger generations) to criticize the CCP and the government since they had devoted their lives to the revolution. Usually these elderly were those who were disadvantaged by the new state policies and various social reforms.

my identity as a researcher from the U.S. usually led to long drawn-out speeches on simple “facts” that Chinese take for granted. Even though I explained that I grew up in Wuhan, people often assumed that I was from a different culture! This was especially true in the places where elderly people exercise. Being given the title “Dr. Yang” -- both because of my last name and because I was from the U.S. (“*yang*” also means “foreign”) -- in a park where I conducted intensive interviews, meant that I was taught the same basic TCM principals time and again by over a dozen people who felt that this information was necessary for a “foreigner” like me to understand what they were doing. Elderly practitioners were proud of being able to explain their exercises as something professional and philosophical. Also, my age and my academic background made them assume that I might know very little about TCM. “We Chinese,” they would say about themselves while I was referred as “You American.” Sometimes after a long discourse on some subject they would suddenly realize that I was just one of them, and would say, “You should know about this, shouldn’t you?”

However, I found that being marked as an “outsider” certainly had advantages. When I was in the field, a professor from my department paid a visit to Wuhan to do some research. When she asked a friend of mine if it would be all right to take pictures of strangers on the street, my friend responded, “You are a foreigner, so you can do whatever you want. Nobody would think you are strange.” Another way of looking at this is that as a foreigner it is expected that you will be weird and different, and this can allow you to do things that local people would not. Unfortunately I did not have this research advantage!

In addition, different experiences and perspectives also helped with my research. For example, my first hand knowledge of life was of great interest to my informants. Many elderly were very interested in learning about ordinary life in the U.S. and loved to make comparisons between their experiences and what they saw on TV. “So, what do you think about how long it will take China to catch up with the U.S.?” “Do you think the U.S. is really better than China?” Frankly, I had no answer.

Based on my conversations it seemed that everyone knew someone in the U.S., either directly or indirectly, so I was asked many times whether I knew so-and-so, a relative or someone from their neighborhood. They thought all Chinese there must know each other. Some of their questions were hard to answer. Being Chinese helped me to appreciate the most subtle feelings of my informants and to understand them in a way that otherwise would have been very difficult. However, the differences between us were also appreciable, given that they had lived through a period of intense political and economic transformation. As a young woman, my skills to help them with makeup when they were preparing to perform dance-exercise routine in public, my opinions on young people and youth culture, and my suggestions on how to resolve the small problems of everyday life all became important factors in our relationship.

Barriers to conducting participant observation always exist for anthropologists, even one who is as close to being an “insider” as me. There are still differences of age, class, and gender among other factors. None of “us” can completely transform ourselves into one of “them.” And there are clear advantages to this, for difference is the basis upon which to develop a critical, holistic and fundamentally analytical perspective on culture.

3.0 AGING, THE ELDERLY AND YANGSHENG

This chapter examines some key concepts used in the study as a whole. First, I argue that aging (*lao*) is a common experience that all people gradually go through, while being “elderly” (*lao nian ren*) is more of a social, cultural, political, and economic construction. The meaning of being elderly in society has largely been influenced by “tradition” as well as a state discourse on aging. In this context I examine the concept of *yangsheng*, which involves broad ranging regimens of self-cultivation. Rooted in TCM, *yangsheng* challenges the idea of aging as a condition of degenerative health and provides critical insight into the way in which aging has been understood, perceived, and managed by ordinary people. More importantly, *yangsheng* gives the elderly a tool to maximize limited social and medical resources in contemporary China.

3.1 LAO AND LAO NIAN REN

In the United States people are afraid of getting older. Some are very secret about their age and are strongly against being categorized or labeled as “elderly”. As a result, people are obsessed with the idea of preventing aging. TV is flooded with commercials for anti-aging drugs, antioxidant foods, anti-wrinkle cosmetics, and plastic surgery. Dramatic contrasting images of the “before” and the “after” highlight what is desirable in society and what is not. In accordance with these desires, to cover every trace of aging and to fight against the natural rule of growing older have become the priorities of modern medicine and science.

While it might be a fact that youth is desirable everywhere in the world, many Chinese elderly I know are very proud to tell strangers about their ages, especially when their actual age is older than what is estimated by others. “I am already 78,” actually means “Don’t you think I better than a man my age supposed to look?” While many American elderly like to claim “I am young,” “I am still young,” and “I will be young forever;” their Chinese peers, on the contrary, love to say “I am old (*lao le*),” “I am undone

(*bu xing le*)” or “I am ready to meet (Karl) Marx (to die).”⁶⁰ Although these sound negative, these expressions, in most cases, are actually a way in which many Chinese elderly convey their modesty and their acceptance of the inevitable.

The word “old” seems to have fewer negative stereotypes associated with it in Chinese culture. “Old,” as in the Chinese “*lao*,” has multiple connotations: “old” or “experienced” as an adjective; “to age” or “to respect” as a verb; and “the aged” as a noun. As illustrated in the *Advanced Chinese Dictionary*, the most basic meaning of *lao*—the aged—refers to people 50 to 70 –years –of age.⁶¹

The word “*lao*” has various positive connotations. Like in many other societies, old age in Chinese culture means change of social status and role, but it also means possession of rich knowledge, better skills, and incomparable intelligence accumulated through the years. As a few examples, “*lao dang yi zhuang*” (hale and hearty in old age, be old but vigorous) and “*lao ji fu li*” (ambition survives even in old age like the old steed in the stable that still wants to gallop a thousand miles) are old idioms that are still extensively used in modern Chinese. Old age is not necessarily related to deterioration of health; rather, the aged person is expected to act even more vigorously. The word “*lao*” also indicates some valuable socio-cultural virtues such as being experienced and mature. For example, “*lao ma shi tu*”—an old hand is a good guide as an old horse knows its way—implies a veteran’s knowledge. “*Lao*” also indicates honor and respect associated with old age, such as in the phrase of “*lao wu lao, yi ji ren zhi lao*”. As stated in *Mencius Lianghuiwang Shang* this means to honor other people’s elderly parents as you honor your own. In modern Chinese, positive connotations have blended into daily vocabulary as well, such as “*lao tian*” (God, Heaven), “*lao bai xing*” (the mass), “*lao ban*” (boss) and “*lao shi*” (teacher). More of a modern “invention,” “*lao*” is also widely used in appellations such as “*lao ban er*” (old spouse), “*lao tou zi*” (old husband), “*lao tai po*” (old wife), “*lao gong*” (husband), “*lao po*” (wife), and even “*lao wai*” (foreigner). Each of these conveys a sense of respectful intimacy based on age, but does not refer to chronological age as such.

Aging is a natural process that starts at the moment one is born, but the feelings associated with the process are socially and culturally defined. *Lao* is such a relative notion that who is regarded as *lao* or *nian qing* (young) depends heavily on one’s point of reference. It is as normal for a girl in her early twenties to be called “*lao X (last name)*” by younger girls in her dorm as for a man in his sixties to be

⁶⁰ Surprisingly, “to meet Marx” instead of “to meet Mao” is a common Chinese way to say “to die”, especially among CCP members. It is said originated from the saying of earlier CCP members, such as Mao Zedong himself.

⁶¹ Due to the shorter average life expectancy in ancient times, people above 70 were called “*gu xi*,” meaning rarely reached in the old days; those above 80 were “*mao die*”—two characters that vividly exemplified the physical appearance of a senile person: long beards and wrinkles. Such categorization was extensively used in ancient times, and was specified in a number of ancient texts such as *Shuowen Jiezi* and *The book of rites (Li Ji)*, both were written over a thousand year ago.

called “*xiao* (little) X” by people older than him. Similarly, the same meaning is not conveyed when a 40-year-old man sighs “*lao le, lao le,*” as when an 80-year-old woman who can still do grocery shopping everyday says “*lao le, lao le*” to those who give her compliments on her performance.

The Chinese perception of “aging” is affected by the belief that at different stages of one’s life there are different goals and accomplishments. As Confucius says,

At age 15, my heart was set upon learning (*zhi yu xue*); at 30, I became established (*er li*)⁶²; at age 40, I was no longer perplexed (*bu huo*); at age 50, I knew what is ordained by Heaven (*zhi tian ming*); at age 60, I knew the subtle meaning immediately upon hearing people’s words (*er shun*)⁶³; and at age 70, I could follow the desires of my heart without transgressing the line (*cong xin suo yu er bu yu ju*).⁶⁴

Chronological ages are named after the teachings of Confucius -- 30 is called “the age of establishment (*er li zhi nian*)”; 40 is called “the age of no perplexity (*bu huo zhi nian*)”; and age 50 is called “the age of knowing the mandate of Heaven (*tian ming zhi nian*).” These terms clearly express socio-cultural expectations for a person: young age is for striving and accomplishments; middle age is for knowing one’s fate and principles; and old age is for mastering and appreciating human nature and social practices. In keeping with this philosophy, the value of life is more in fulfilling one’s role at different stages than a lifelong pursuit of a single overarching goal.

Being a *lao nian ren* (people of old age, elderly), as opposed to “*lao,*” is an imposed categorization defined by social, cultural, political and economic norms, and is probably a relatively recent designation. In any case, it is often difficult to talk about “the elderly” as an established category. For example, the term *zhong lao nian ren* (the middle- and old-aged person) is extensively used, but more often by the elderly than by middle-aged people. This illustrates a general tendency among older people to blur the boundary between being relatively young and being old. I met quite a few people who admitted they were “elderly,” but who pointed out that chronologically speaking they were still *zhong lao nian ren*.

The most popular standards used in Chinese society today for defining who is a “*lao nian ren,*” or an elderly person, are having entered retirement and having reached the age of 60 (See also Miller 2004a). Age 60 has a number of special connotations and is the most extensively used standard to define

⁶² *Er li* means to have some accomplishment and to become self-reliant.

⁶³ The original translation of “*liu shi er er shun*” from *Source of Chinese Tradition: From earliest times to 1600*. Volume 1, compiled by Bary and Bloom (1999) is “at sixty, I obeyed”. The more accurate meaning of “*er shun*” should be “know the subtle meaning immediately upon hearing somebody’s words”.

“elderly” today. According to the ancient Chinese way of counting years, using a combination of the Heavenly Stems (10 stems) and Earthly Branches (12 branches), we can see that 60 is the minimal common multiple of both. Therefore a span of 60 years represents a complete cycle of life. Therefore 60 years of age is called “*hua jia*,” indicating a new life circle, starting with a rebirth of “*jia*,” the first Heavenly Stem. The fact that the government established 60 as the official retirement age makes perfect cultural sense, although it begs the question of what one is supposed to do as a retired person beginning a new life.

With reference to the question of aging there are significant gender differences. Women have an earlier retirement age than men (55 for women cadres and 50 for women workers). In part this can be traced back to how aging processes for men and women are understood differently. Many ancient texts, medical and non-medical alike, specify different standards in counting old age for men and women. For instance, Guancius (?-645BC), a famous politician and scholar, says that men above 60 and women above 50 are classified as the elderly.⁶⁵ In TCM texts, women have long been thought to age earlier and faster than men, and their health in late years is not usually as good as men’s. According to the *Yellow Emperor’s Canon of Internal Medicine*, the most well-known two-thousand year old TCM classic, the exhaustion of *tian kui* or kidney *Qi* (closely linked to reproduction) marks the beginning of old age. Men and women have different phases of *tian kui* transition: women’s life circle is divided by a seven-year interval while men’s is divided by eight. According to this theory, women reach both maturity and old age earlier than men. At age 35 (the fifth seven-year period) women start to experience a decline in health and early symptoms of aging. At age 49 (the seventh seven-year period) women exhaust their *tian kui* and lose their reproductive ability, thereupon entering the period of old age. In contrast, men’s peak age is around age 32 (the forth eight-year period) and they enter old age at age 64 (the eighth eight-year period). Not only is men’s aging process longer than women’s, but their physical changes are also more gradual.⁶⁶ Therefore, an earlier retirement age for women had long been accepted as a considerate measure taken by the state for the sake of women and their health. It was not questioned until very recently.

For various socio-political and especially economic reasons many men and women alike (but especially women) are required to retire at an early age - sometimes in their thirties and forties. The

⁶⁴ “Chapter 3. Confucius and analects”. In *Source of Chinese Tradition: From earliest times to 1600*. Volume 1. Pp. 46-47. Compiled by W. M. Theodore Bary and Irene Bloom. 1999.

⁶⁵ *Guan Zi. Hai Wang*.

⁶⁶ “Suwen: Shanggu Tianzhen Lun 1”. In *Huangdineijing: Suwen yizhu*: p3. Wei Cui. Heilongjiang People’s Publishing House. 2002.

recent change in retirement policy causes a great deal of confusion in terms of who is classified as “elderly.” “Now, it is all messed up,” said a 69-year-old man (retired middle school teacher).

In terms of state policy, men of 60 and women of 55 are elderly. But in reality, lots of women retire are forced to earlier. Some women are unemployed in their thirties. They are not elderly by any means. Women should also reach age 60 to be counted as the elderly. In fact, women live longer than men in general, and old women’s health is usually better than old men’s too. They should not be counted as the elderly just because they are retired. It seems to be unfair for women.

A proposal to postpone women’s retirement age to 60 is not welcomed by many people, including women.⁶⁷ As a woman worker (age 42, CCP member, worker in a paper manufacturing factory) said,

Of course those women cadres want to stay at work. They do not need to work using their physical strength. They just sit in their offices and drink tea all day. If I were them, I would work until the day I could not move anymore. We women workers wanted to retire as soon as we reached the retirement age. Some said women should retire at the same age as men; others said women should retire at sixty and men should retire at sixty-five. They must be crazy! There are so many young people who have no jobs. Why do old folks want to be the ones that occupy the latrine but do not shit (*zhan zhe mao keng bu la shi*)? Plus, I could get paid more from the social security system after retiring than when I was at work. Why should I work till the last gasp? It is so comfortable to stay at home and just do whatever I want.

Although discussion on the same retirement age for men and women has already reached the state level, no action has yet been taken to change the status quo.

This gender difference in career development also leads to different perceptions and experiences of life after retirement for men and women. In the West, feminists have emphasized the double-burden (family and career) on Chinese women (Wolf 1985; Andors 1983; Johnson 1983; Diamond 1975; Peck 1985; Stacey 1983; Bao 2001). However, there seem to be advantages to this “burden” in old age. Many women feel it is relatively easier to shift their life goals after retirement. Although many retired women were proud of their careers few felt as frustrated or at a loss as did a large number retired men. Many women attributed their more successful role transformation to their earlier involvement in both career and household chores. Many retired women felt deeply relieved when they could finally drop one burden

⁶⁷ The exceptions are women cadres and intellectuals. This is understandable. With fewer years career women are at a disadvantage to get promotion and full career development. At the ninth National Conference for Women in 2004, women representatives pointed out that earlier retirement age for women is unfair. It is also a waste of technical and human resources. See also: <http://www.swdx.dl.gov.cn/rdwtzj/shownews.asp?NewsID=8358>.

from their shoulders. Although economic concerns have made retirement less attractive,⁶⁸ it is still welcomed by many women. A 63-year-old woman who retired eight years ago from a high-ranking government post made the following remark:

You can't imagine how relieved I was when I heard that my leader who was in charge of retirement wanted to have a talk with me. I knew it was about my retirement. I finally understood what it means that 'a rock on one's heart has finally fallen on the ground'. Although I liked my job, there were too many responsibilities and duties. A tiny mistake could cause many troubles for my work unit. I was very happy that I could finally let it go. Now I only do things I really like to do and deal with people I really like to be with. It is very different from the scenario at work.

Another woman (age 61, retired official from a local educational institution) pointed out that

Career means everything to a man, but it is not the whole world for a woman. I never thought about doing something spectacular or memorable after retiring as many retired men wanted to do. We retired, our status has changed and our identity has changed, so our thoughts need to change too. When I serve my family well, so that my children can concentrate on their careers, I am also contributing to society. Women have fewer problems adjusting to a new lifestyle because we have many household duties. When men retire, they have nothing to do at home. They usually feel lost and meaningless. We women are always very busy. I never had a day that I felt there was nothing to do at home. I am even busier than when I was at work.

In addition, women's interest in the domestic domain also helps them to explore new dimensions of life with the extra time they have earned through retiring from work. To some women, such exploration becomes an enjoyable experience that makes their lives busier and more meaningful. As one retired woman (age 61, retired high school office clerk) said,

When I was at work I worked very hard. I tried hard to do my work better and make more money. It is unrealistic to still think that way after retiring. What I am thinking about now is how to make my body healthier. I make less money than before, but to the elderly, to make the body healthier is to make money. The question is how to put the money into full play. When I was at work, I did not have time or energy to do it. Now I can. I used to spend one Yuan everyday to buy a bag of soymilk when I was at work. It was not a big deal; I could afford it.

⁶⁸ As several elderly women told me, although many felt ashamed to admit it, one of the most important reasons for not wanting to retire is money. Off-payroll income (*yinxing shouru*), in the form of cash (subsidy, bonus, and money for holidays and festivals), gifts, articles of daily use (cooking oil, sanitary napkins, toilet paper),

Now, I make soymilk myself. It is not about the money. I can still afford it. Surely it is very troublesome to make soymilk oneself, but I have the time and I am interested in doing it myself. On the one hand, I save some money; on the other hand, I add happiness and richness to my life. I also add wolfberry in the machine to add extra flavor and nutrients into it. In this way I spend half of a Yuan instead of one whole Yuan. This is what I mean by magnifying the function of my money.

This view is shared by many elderly women. Another woman (age 64, retired sales woman in a local shopping mall) who is interested in knitting said,

When I was at work, I didn't do it (knitting). Why did you want to cause yourself so much trouble when you could buy a better sweater in the store? Now I knit and I enjoy it a lot. I don't mind spending a couple of hours on it everyday. This is not a question of whether you could afford buying one or not. It's about making your life more interesting. This is not a burden, not a pressure, not a responsibility, and surely not a job. I do it because I enjoy it. It is also a good topic for chatting about with my women friends. My female friends and I discuss techniques of knitting a sweater collar just like the ones you can buy from stores. It was quite an accomplishment for us. I knitted a high-necked sweater for my daughter although she only wore it once. (In a quite voice) She looked down upon on my workmanship (laughed hard). But I still knit, for myself.

Retirement does not necessarily mean retreating from the public domain once and for all. In many cases, elderly women have successfully created another public domain for themselves that was different from the one they had when they were at work. Elderly women dominate most of the elderly activity centers like the Universities for the Aged (UFA), community centers, and morning exercise places, parks and plazas, outnumbering elderly men by a wide margin. (This will be addressed in more detail in the following chapters). Compared to elderly men, elderly women show much more courage and interest in adventure and learning new things and new technologies. While young men are usually thought to be better than young women with electronics and modern technologies, it seems to be the opposite among the elderly. Elderly urban women are eager to adapt new technologies to their housework. Many elderly women told me that they were the only ones at home who operate such things as computers, washing machines, air conditioners, and DVD players. A woman told me that on a hot summer day when she arrived home she found her home was "as hot as hell". She asked her husband

reimbursements (cell-phone, travel expenses, food, heating, heatstroke-prevention fee), etc are very important and are sacrificed with retirement.

why he hadn't turned on the air conditioner. He said he said that he had. Then she told me the whole story.

You know what? He did turn it on. But it was on the 'hot' mode. Usually I set it on the correct position so he just needs to push the 'on' button. But on that day he accidentally pushed a wrong button and turned on the 'hot wind'. He didn't know how to fix it. He told me later, 'I knew you would be home soon, so I just left it be'. He is such an old fool! Without me, he only knows how to turn on and turn off the TV.

Another elderly woman thought the reason for this gender difference might lie in the "fact" that men care more about losing "face". She said,

Men do not want to learn those things. They always rely on their old wives. My husband even refuses to touch the computer. He is smarter than me. It is me who learned how to turn it on and turn off, to send and receive E-mails from our daughter, and to use a web camera. He always writes with his hands and lets me type his letters on the computer. I guess they [men] might be afraid of being laughed at by others. Well, they used to be consulted with instead of consulting others. I don't really care. If you don't know, you learn from whoever knows. Men always defend their face more than women.

Life after retirement seems to be friendlier to women in general. Of course, this does not apply to those women who were forced to retire at a very early age. Although they are usually sympathetic to these younger unemployed women, elderly women do not consider their own "retirement lifestyle" as appropriate for these younger women who have not fulfilled their social roles.

It is also important to point out that being an elderly does not necessarily mean being old. Along with the increasing average life expectancy from 38 years-of-age in 1952 to 70 years-of-age for men and 73 years-of-age for women at present,⁶⁹ the borderlines among the young, the middle-aged and the elderly have become more obscured, and the connotation of being elderly in society has also dramatically changed. Improvements in living standards and health care in general have also played significant roles in this transformation. It is common that today's elderly people look much younger than the people at the same age decades ago. Many elderly find it is difficult to relate what they think old people should look and behave like with what they themselves are actually like when they reach the same age. As an 61-year-old woman said,

⁶⁹ "Table 4-5 Population life expectancy by region". In *China Statistical Yearbook 2003*. China Statistical Press. 2004.

I think (the old people should be) *at least* 70 years-of-age nowadays. It is not like in the old days when I was little myself. I remember that years back then, when I looked at those old grandpas and grannies in their fifties and sixties, I thought they were really old. They were so slow at doing everything. They could only sit at home and could not go anywhere. Well, *that* was “the old”. I am over 60 now and I can still move around freely, and I can still dance, jump rope, or climb mountains. Physically I don’t think there’s anything I can’t really do. My husband is over 70 already but he can still ride around on his bicycle. He writes and publishes books, and he even has taken a part time job. This is *not* “old.” We are both elderly but we are not old. When you have the will but do not have the ability to do things, and have to stay at home everyday, *that* is “old.”

The emphasis on physical independence is a direct result of the government’s recent propaganda, which has drawn much attention to the crisis of population aging. Many elderly feel a sense of personal responsibility. They answered the question of “what does it mean to you to be elderly?” by starting with the answer “there are too many of us.” The notion of taking personal responsibility for a social problem makes sense in China. “There are more and more elderly people in the society. We are becoming a burden on the country, on society, and on our families,” said many elderly. A 74-year-old man I met in a morning exercise place said with a smile, “I always say to the others that the biggest contribution I can make now is to die as soon as possible. It’s good for the country, good for society and good for the family.” A sense of guilt and responsibility also push many elderly to try every means they can to stay independent and self-reliant. That is, to not become a burden to anyone. As an elderly man (age 67, CCP member, retired college librarian) said,

The effectiveness of the public system is played down by the large number of elderly people. You can’t count on it at all. I think the elderly should try to maintain their health to stay independent. If you can help your children out, do so. If you cannot help them out, try not to be a burden or a burden on society. Anyway ‘respect the elderly’ is just a saying. You cannot rely on it for a living. Better to be independent yourself. This is the only way through.

The decreasing familial and social support for the aged has increased the value of functional independence. Most of today’s aging population had experiences of taking care of their own aged parents. On the one hand, their successes or failures have a direct impact on their own expectations for their children, their anticipations for their future living pattern, and their risk evaluations. On the other hand, whether they were good or bad experiences, they tend to recall and emphasize their appreciations of the old parents’ “virtues,” especially being unselfish, considerate, self-reliant and self-retreating. Their realization of these virtues inspired them to better understand the mutuality of filial responsibilities

between generations. To those who were caught between work and filial responsibilities, but relatively relieved through sharing responsibilities with a few siblings, this aging generation is extremely considerate to the difficulties involved in intensive old-age care. Therefore, their expectations of their own old age are reflected in their greater tolerance to their children's needs versus their own.

Mrs. Zhang, a 64 year old retired office clerk, took care of her widowed 83 year-old mother for three months in 1998. Her mother broke her leg and was unable to live alone at that time. Zhang was the only one who was retired then, while her four younger siblings were still working.

At first my mother was really stubborn. She refused to come to live with us. I said to her, 'What's the use of having children? Raising children is to prevent an old-age crisis.' She refused to be anybody's burden all her life, and never flaunted her seniority. She always tried to help us out when she was here with us. She raced to do any housework she could with her broken leg. I remember that no matter what happened she never lived with either one of her children for more than three months. She had dreamed of visiting her beloved elder son in Shenzhen for years, but never went even though we actually packed for her once. She was afraid of being disgusted by her daughter-in-law. She didn't want to force her son to stand in between them. She always tried to save us money. In her last few years, my siblings and I hired a housemaid for her because she was too old to take care of herself. She sought all kinds of excuses to let her go. I knew it wasn't because the maids weren't good enough, but only because she didn't want us to spend that much money on her. We had to change housemaids several times just to satisfy her excuses. We bought her an air conditioner, an electronic shower machine, and a telephone, but she refused to use them. She said she didn't know how to use that fancy stuff, but I knew what she really thought was the money we paid for electricity. That's virtue for a traditional Chinese parent, to always restrain herself. I would never know how to repay her benevolence.

About her future living circumstances, Zhang said "As far as I'm concerned, as long as I can help my children out, I will do whatever I can." "My husband usually says if our health conditions aren't very good later on, we should move into an old folk's home. We don't want to be our children's burden. We have the initiatives. We'll take our own initiative to lighten our children's burden. And our nation's social welfare system will surely become more and more developed, so that we won't have to depend on our children." She added, "Anyway, the elderly are the top priority."

Although aging has been generally viewed as a natural process, old age is by no means a romantically imagined or expected "heaven" in China. The recognition and anticipation of fragility and vulnerability of being old is also a direct consequence of these elderly people's interactions with their own aged parents. Mrs. Wen, a 67-year-old retired local government official who is living with her

husband, told me stories about her “considerate” mother. Widowed for more than 10 years, Wen’s 88 year-old mother insisted on living by herself. “She did not want to bring any trouble for any of us,” said Wen, referring to her six siblings and herself who all lived in the same city.

Every weekend we took turns to go to her apartment to check on her. She had very poor eyesight when she got older. One day when I went to her place and saw her eating some old dishes on the table. I saw something was moving in the bowl. Those were larvae! She could not see it herself and she kept eating it for several days.

Wen burst into tears when she told me the tragic story as she did on that day.

Old people are really pitiful especially when you lost the ability to take care of yourself. I don’t know what I would do if I was in that situation. My mother suffered her whole life, and she did not get a chance to enjoy it. I planed to have her move in with my family once I retired, but she did not wait till the day... Every one will die some day, eventually. What I am afraid of is being left like that. What can you do? What can you do?

Being elderly and children themselves, this aging generation, that is also moving towards to the eventual end of life like their aged parents, their will to stay healthy and independent is also a strong motive to fight against what they saw on their parents and what they anticipate might happen to themselves later. With less children and children being far away from home, their fate might be even worse in many aspects. The only weapon they have might be, as Wen stated, “try the best to stay healthy.” To maintain freedom and independence are primary goals for many elderly. Elderly who engage in exercise and other health regimes make this point explicitly. As one elderly man (age 74, CCP member, retired army man) said,

The center of my life is to cultivate health, to be both physically and mentally happy. A happy old age depends on a good health. As long as my body can move freely, that’s good enough for me. Minor illnesses are acceptable for old people. What I worry about the most is getting some acute disease and not being able to move by myself anymore. May heaven bless me not to get those kinds of diseases that will restrict my mobility or deprive me of my independence and turn me into a burden to my children.

Complaints about social changes are common in the society nowadays. However, despite the fact that government policy has undermined the social security and health benefits of the elderly, many elderly expressed sympathy and understanding for the burden they have put on state resources. They see themselves as the problem and tend to not be critical of the government’s failure to administer an effective program of social support. As one elderly person said, “Because of the huge number of elderly

people in society, it is hard to guarantee social benefits for everyone.” Despite the results, the government’s efforts in promoting social respect to the elderly and creating favorable conditions for them are widely appreciated. Problems are sometimes ascribed to the bureaucratic process or to specific administrative links in implementing what are deemed to be “good” policies. As some elderly pointed out:

It is hard to satisfy every single request in such a huge society. Sometimes you have to solve emerging problems during the process. Our country is in these circumstances. We cannot ask for too much. I think our government has given great attention to the elderly people. I think the Western governments are not as respectful to the elderly as ours. The key is how to actually carry out the good policies. (Female, age 63, CCP member, retired government official)

Some people have to sacrifice their own interests for the greater good. Isn’t it just like the Enclosure Movement in England? Some people, like we elderly or the laid off workers, have to share the burdens and worries for the country. If every family shares a little for the country, then the problem can possibly be solved. This is unavoidable for the good of the nation and our offspring in the long run. (Male, age 61, non CCP member, semi-retired and semi self-employed. Technically he still works for a local chemical factory but mainly runs a business of his own)

I feel that the society puts a lot of emphasis on the elderly, from the central government to local governments. Speaking to the policies, there is no discrimination towards the elderly. However some places and some people do not carry out the policies. For instance, the Wuhan government has a policy that people above age 60 can take the bus for free. But it is hard to carry it out. Many bus routes are put out to contract with individuals. Their income depends on charging fees. If you don’t pay, it is like cutting a piece of flesh from them. It’s hard to carry on such a policy in a competitive economy like this. But in general, the society gives much respect to elderly. It is impossible to be perfect in such a huge society with such a huge system. We elderly should be satisfied with it. (Male, age 67, CCP member, retired college librarian)

Elderly people are burdens - burdens on the country, on society, and on the family. There are too many of us. But we are also the treasures of our country. We contributed enormously to the country when we were young. So when we retire, the country should take care of us. But the problem is it is hard to pay for the expenses of so many. I think the government cares a lot about the elderly. They give money to support our activities, visit retirees on holidays, and care about their difficulties. Higher governments also evaluate local governments’ work based on their contributions to local elderly. I guess the Western governments do not do so for their elders. I

learned that the Western elderly are poor and pitiful. I think as big and poor as our country is, our government has done an O.K. job. At least the government always speaks on this, and always does something about it, especially in the recent years. (Female, age 62, 93 *Xueshe* democratic party personage, retired editor of a local magazine)

However, a state discourse and policy on aging, which seeks to calculate the relative cost of elderly retirees to young, employed workers also causes some resentment. A 72-year-old man (age 67, CCP member, retired college librarian) said,

Do not always say that a certain number of young people support one elderly person. We have fulfilled our role. When we were working our butts off, we didn't get paid much. Now we are old and our health is not as good as before. I can still understand why you (the government) want us to share responsibilities. But you come to say that every two or three young people support one of us?! The generation resting in the shade should not forget the generation who planted the trees. Isn't that what you young people are supposed to do? Life works in this way, doesn't it?

A rapidly aging problem not only needs more health care, but also new and alternative forms of health care that are relatively inexpensive, preventative and, most significantly, self administered.

3.2 *YANGSHENG* --CULTIVATE HEALTH AND CARE FOR LIFE

Health problems are categorized as *xiao mao bing* (minor problem) and *da mao bing* (serious problem) by many Chinese, although these are very subjective distinctions. In general terms, however, minor problems are those that people can treat on their own whereas serious problems require professional attention. The distinction is not so clear cut, and is complicated by the fact that chronic serious conditions can be effectively managed without constant medical supervision. A popular saying among Chinese today is: "If one can bear it (a disease), bear it; if one cannot bear, get some medicine yourself to treat it; if it is getting out of control, then go to a doctor." This is becoming the guiding principle for many elderly. As one elderly person said, "I am already approaching the end. What's the point of spending so much money on a hopeless case like mine?" Another elderly man made the following comment, "When we were young, we bore illnesses because we did not want to hold up our work. It was admirable to keep working even when you were sick. You felt great about it and people looked up to you. Now we do it because we have to. Nobody feels great about it anymore but they all do it."

Self-help *yangsheng* has become the means by which many elderly try to prevent and manage *da maobing* and *xiao maobing*. With its origins in the ancient Chinese medical and religious understanding of the body, *yangsheng* is a system of beliefs and practices designed for self-health cultivation. The principles of *yangsheng*, including its unique view of the body, health and illness, aging and longevity, and its advocacy of individual agency in preserving and strengthening health, have been a theme throughout the development of Chinese medicine.⁷⁰ Many masters of *yangsheng* were also famous TCM physicians. They developed a key concept of TCM which is, in general, “aimed less at eliminating specific diseases than at promoting a balanced way of life” (Engelhardt 1989: 264).

Yangsheng is usually translated into English as “cultivate health,” “nourish life,” or “care for life.” These translations are somewhat ambiguous due to the multiple meanings of both “*yang*” and “*sheng*” in Chinese. “*Yang*,” a verb, means to cultivate (as in *yang zhi*), to educate (as in *pei yang*), to preserve (as in *bao yang*), to nourish (as in *ying yang*), to relax the mind, temperament, and illness (as in *yang xin*, *yang xing*, *yang bing*), to maintain (as in *liu yang*), to restore (as in *yang lu*), and to provide for and/or to support (as in *shan yang*). “*Sheng*” can be used as a noun, meaning life (as in *sheng ming*), lifetime (as in *ren sheng*), live (as in *sheng huo*), alive or living thing (as in *sheng si*), growth (as in *sheng zhang*), birth (as in *chu sheng*), and vital power (as *sheng qi* or *sheng ji*). It can also be used as an adjective, meaning innate (as in *tian sheng*), raw or uncooked (as in *sheng qi*), and vivid (as in *sheng dong*). The term *yangsheng* is rich with nuance and draws attention to the way in which health is linked to vitality and the life-long cultivation of vitality.

As a method of health protection and life extension, *yangsheng* developed in China more than 4000 years ago (Zhu and Zhu 1991:1).⁷¹ Heavily influenced by Taoism in particular, as well as Confucianism and Buddhism, *yangsheng* gradually developed into a systematic health regime referred as the Dao of *yangsheng*, or a way of caring for life. It is an all-encompassing system that perfectly reflects the integral concept of health as defined in TCM. As Everett Zhang argues, “*yangsheng* is integral to Chinese medicine in that it reflects all aspects of the philosophy of Chinese medicine, including its bodily cosmology, its philosophy of life, and its ultimate goal of harmony, balance, and longevity.” (2003: 224) Broadly speaking, *yangsheng* consists of physical fitness, diet, exercises and meditations, *Qi* cultivation, mind and spirit purification, sexual hygiene, herbalism, training in good living habits, cultivating good virtues and developing a gentle character. (See also Zhang 2003) Therefore it is more than a regimen of healthcare; “it is a vocation: a way of life” (Alter 1992: 19). These are also the main themes of many

⁷⁰ The earliest *yangsheng* text, *Yangsheng fang* or *Methods of yangsheng*, was discovered in the Han tomb at Mawangdui, dated 168 BC.

⁷¹ *1000 questions in TCM: Yangsheng*. Ding hua Zhu & Shunhus Zhu. *Zhongguo jiankang chubanshe*. 1991.

ancient TCM and Taoist texts such as *Yangxing Yanming Lu*, (*Records of Cultivating Inner Nature and Extending One's Life*); *Yi Wen Zhi*, (*Imperial Catalogues*); *Qianjin Yaofang*, (*Invaluable Prescriptions for Ready Reference*), many of which are still extensively followed and put into practice.

Building on the Taoist ideal of achieving embodied immortality, *yangsheng* places tremendous emphasis on longevity as its ultimate goal. Numerous ancient texts record stories of how carefully managed lifestyles following the *Dao* of *yangsheng* brought longevity and good health for the aged. The *Yellow Emperor's Canon of Internal Medicine* states that a person should, ideally, live to be one hundred years old. *Shang shu*, reportedly edited by Confucius, indicates that a person should be able to live to one hundred and twenty years old. *Peng Zu*, a master of *yangsheng* and one of the most famous and long-lived persons in ancient history, is said to have lived for 367 years. Quite apart from longevity as such the ideal of reaching the end of life free from disease (*wu ji er zhong*) -- the so called *lao si* (aged to death) -- is a practical feature of *yangsheng*. To die a peaceful death without the suffering associated with illness is something to be celebrated. Suffering from diseases in one's late life is felt to be more miserable than death itself.

Yangsheng understands the human body as vulnerable and in need of constant protection. It is a fluid entity in constant interaction with the environment. This porous body requires a careful cultivation of its inhabitant. There are three fundamental elements that constitute the body and direct its development: *Jing* (essence or vital energy) *Qi* (life force) and *Shen* (spirit). These three so-called "treasures of life" are linked the way in which aging is understood as a health problem that can be managed and controlled

Jing is the subtle material that constitutes the human body and maintains all of its functions. It is the origin of life and the basis of human development. *Jing* is divided into innate (prenatal) *Jing*, the primal life particles, and acquired (postnatal) *Jing*, energy gathered from food and taken in with breath (See Sivin 1987). The physical functions of *Jing* are to stimulate body development, promote reproduction, and nourish one's internal organs. As the root of body and life, *Jing* is highly valued in *yangsheng*. Enough *Jing* can keep one from getting sick and prevents senility (See Zhang Jinyue 1636 and Wu Zhiwang 1626). *Jing*, especially kidney *Jing*, the most important form, is manifest in semen. Consequently it is thought that excessive sex can cause illness and lead to premature aging. *Yangsheng* texts advocate moderation in sex based on a person's age and overall fitness.⁷²

Qi is thought to be the vital essence of life. It plays a series of significant roles in human health: it stimulates the movement of internal organs and blood flow; maintains a normal temperature for the

⁷² Everett Zhang has a detailed description of *Jing* (seminal essence) and its relationship with sexuality in his dissertation "Impotence in the making: An illness of Chinese modernity." 2003. University of California, Berkeley. Pp. 201-250.

body and keeps the balance between individual body and its external environment; protects the body from illnesses; stabilizes and controls bodily excretions; and maintains the regular circulation of *Jing*, blood and other body fluids. In TCM and *yangsheng*, the state of *Qi* determines health. Diseases are caused by the blockage of *Qi*, therefore cures involve absorbing and channeling it to restore balance (Engelhard 1989). In *yangsheng* and TCM many preventative and therapeutic techniques such as acupuncture, massage, *Qi Gong*, and *Taichi*, are based on a theory of *Qi* flow and function and are performed to restore the free flow of *Qi* in the body (Despeux 1989; Engelhard 1989; Miura 1989).

The nature of *Qi* also dominates the characteristics of the different life stages of a person. The changes of *Qi* in different organ systems can be used to explain various aging symptoms and changes in one's physiology, as each organ system is linked to specific features of physiology. According to the *Yellow Emperor's Canon of Internal Medicine*, at age 10, when *Qi* starts to pass through the body and begins to develop human nature, it is "fond of moving"; at age 20 when *Qi* begins to be vigorous, human nature is "fond of moving fast"; at age 40, when *Qi* becomes stable, human nature is "fond of sitting"; at age 50 and 60, when the heart *Qi* begins to decline and many aging symptoms begin to show up, human nature is "fond of lying down"; at age 70, the spleen *Qi* declines and the skin becomes withered; at age 80, the lung *Qi* declines and the spirit is leaving the body so speaking ability is compromised; at age 90, the kidney *Qi* declines and human health is destroyed in general; and at age 100 all organ systems are weak, both the spirit and *Qi* are gone, and only the physical body is left to the end.⁷³ As this shows, both deterioration of health and vulnerability of old age are interpreted in terms of a decline in *Qi*. *Yangsheng* aims to provide people with means to build up and restore *Qi* to protect them from getting sick. Following these methods, one can even increase *Qi* during one's later years and thus counteract the effects of aging.

Shen is the product of *Jing* and *Qi*. It is responsible for all mental activities including emotions, and consciousness. The Chinese words *shen qi* (vigorous, spirited) and *jing shen* (energy, spirit) give an indication of how these three principles are linked together. *Shen* is opposed to *Xing* (flesh-body, physical form of a person). In *Ji Kang's yangsheng lun, or Ji Kang's comments on yangsheng*, written by a famous *yangsheng* master, intellectual, poet and musician in the Three-Kingdoms Period (A.D. 222-280), the author expounds on the relationship between *Xing* and *Shen*. *Xing* is the foundation of life while *Shen* plays the leading role in development. Each one can have a positive effect on the other and so both should be cultivated. Ji Kang's teachings on how to cultivate *Xing* and *Shen* are built into the modern practice of *yangsheng*. He says,

⁷³ "Lingshu: Tiannian.54". *Huangdineijing: Lingshu yizhu*: p320. Ying Su. Heilongjiang People's Publishing House. 2002.

Noble man establishes his *Shen* on *Xing*. *Shen* must depend on *Xing* for its existence. One has to understand that the truth easily gets lost; one small mistake does great harm to life. Therefore, (noble man) cultivates his temperament to protect his *Shen*; he sets his heart at ease to integrate his body. Love or hate does not go into his heart; worries or happiness do not stay in his mind; he is indifferent to fame and wealth and keeps serenity inside. Inhale and exhale properly and eat properly to cultivate the body. Make *Xing* and *Shen* deeply attached to each other, and make the inside and outside support each other.⁷⁴

Unlike *Jing* and *Qi* which are more tangible and external, *Shen* can only be cultivated internally. It is also the only one of the three elements that does not necessarily decline in old age. In fact, if cultivated correctly *Shen* becomes more powerful with age. As *Shen* reflects one's state of mind the aged, who are usually considered to have more serenity in their hearts, are regarded as having better quality *Shen*.

According to *yangsheng* and TCM classics, aging is characterized by *Qi* and blood debility, an absence of *Shen* and exhausted *Jing*. Deficient *Qi* and a dried up blood cause an imbalance of the internal organs, make the body more susceptible to many diseases and lead to various aging symptoms. Gradual consumption of *Jing* and *Shen* caused by stress and emotional problems also speeds up the aging process and leads to mental deterioration. An imbalance among these three elements is directly linked to an imbalance of *Yin* and *Yang*—the root cause of a series of aging symptoms such as palpitations, forgetfulness, tiredness, and lack of energy. Only through self-restraint, careful cultivation, and constant adjustment following the *Dao* of *yangsheng* can *Jing*, *Qi* and *Shen* reach a harmonious state in the body, and only through reaching this state can longevity be obtained. In a classic of *yangsheng* it is said that “the sage has enough to spare while the fool has inadequate to use. When one has enough to spare, one is sharp at hearing and seeing, and one’s body is in excellent shape; although he grows older, his body is stronger and is under better control.”⁷⁵

Belief in the properties *Jing*, *Qi* and *Shen* helps many elderly reconcile themselves to old age and the problems of health associated with being old. This minimizes the psychological impact of diseases and helps the elderly to maintain a positive attitude. Significantly, having a disease does not necessarily mean that a person is unhealthy. As a 73-year-old man who has diabetes, high blood pressure, and a high cholesterol level said,

⁷⁴ “Weijin Nanbei Chao Wenxue.” In *Zhongguo wenxue shi* Volum 3. Yuan Xingpei.

⁷⁵ “Suwen: Yin Yang Yingxiang Dalun 5”. In *Huangdineijing: Suwen yizhu*: p35. Wei Cui. Heilongjiang People’s Publishing House. 2002.

For people above the age of 70 it is hard to avoid all diseases. This or that minor problem is considered normal. I still consider myself healthy. I can't compare myself to young and strong men anymore. But compared to those who are at the same age as I, I am healthier than many. I do have some chronic diseases, but as long as they do not hinder my mobility and independent life style, I still consider myself as a *jian kang de lao ren* (healthy elderly person).

The Yellow Emperor's Canon of Internal Medicine provides one of the earliest systematic accounts of *yangsheng* in practice. It points out that temperament and interest (*qing zhi*), daily living habits (*qi ju*), diet (*yin shi*), and labor (*lao li*) (including physical body, spirit, and sexuality) are crucial to health in general and health in old age in particular. The indulgence of desire and the exhaustion of one's energy are said to lead to premature senility.

Yellow Emperor: I heard the ancient people all lived over a hundred years of age without losing their ability (physical and psychological); nowadays people's health declines when they are only fifty. Is it because the time is different or is it because today's people are losing it (the Dao)?

Qi Bo (the master of *yangsheng* who taught the Yellow Emperor about the Dao of *yangsheng*): The ancient people knew the *Dao* (of *yangsheng*), and they followed the principles of *Yin* and *Yang*, harmonized with divination⁷⁶, abstinent with diet, regulated life style, and did not abuse their labors. In those ways they mastered their physical bodies and spirits, lived full life of one hundred years as predestined by Heaven. People are different today. They drink alcohol as regularly as water, they do impulsive and absurd things and consider this normal, and they make love when they are drunk. Their desires exhaust their essences, and their needs disperse their genuine *Qi*; they do not know how to maintain the full essence of *Qi*, and they do not know to govern their spirits. They only want to please their hearts, which is against the true happiness of *yangsheng*. They do not practice abstinence and that is why their health declines after they have turned fifty.⁷⁷

In order to fulfill the ultimate goal of *yangsheng*—longevity—Qi Bo pointed out two fundamental principles one must follow: conform to nature and cultivate righteous human nature. According to Qi Bo, human beings are the products of *Qi* from both heaven and earth, and the essence of *Yin* and *Yang* form nature. All changes in nature have a direct impact on the body. Whenever nature changes (seasons, weathers, times, places, etc.), human beings should change their behaviors accordingly

⁷⁶ “*Shushu*” is ancient way of chronometer, calendar, and augury.

⁷⁷ “*Suwen: Shanggu Tianzhen Lun 1*”. In *Huangdineijing: Suwen yizhu*: p1. Wei Cui. Heilongjiang People's Publishing House. 2002.

to prevent being afflicted by external evil forces (*xie qi*).⁷⁸ The ultimate achievement of practicing *yangsheng* is that one's physiological system overcomes all external influences and one's spirit is no longer disturbed by external factors. In order to reach this level, one should maintain one's body in a complete and dynamically balanced state. When the body is constantly in the state of adjusting to the changing environment, the dynamic balance becomes permanent. This requires a good knowledge of nature itself, hence the saying "The one who knows becomes strong; the one who does not know becomes senile. (*zhi zhi ze qiang, bu zhi ze lao*)"⁷⁹ As Qi Bo points out, human nature is also important when it comes to good health in old age. It is not the passage of time that makes the difference in health; rather it is human activity. Inappropriate behavior such as irregular habits, overworking, lack of exercise, and lack of self-control are all considered to be the causes of serious health problems, especially when one gets older. As it is said,

The sage *yangsheng* must comply with four seasons, adapt to cold and hot, conciliate happiness and anger, be at ease with where one stands, reserve *Yin* and *Yang*, and balance strength and gentleness. Only by doing so can one avoid evil forces and achieve longevity (*Huangdi Neijing*).⁸⁰

Yangsheng is a way of life and stipulates methods of health cultivation for people of all ages.⁸¹ Many *yangsheng* and TCM texts elaborate on specific features. Some of the most significant texts are *Zhuang Zi* [or *Nanhua Zhenjing*] (Zhuang Zhou B.C. 369-286); *Lao Zi* (Li Er B.C. 570-?); *Bao Pu Zi* (Ge Hong 284-346); *Records of Cultivating Inner Nature and Extending One's Life* [*Yangsheng Yanming Lu*] (Tao Jinghong 456-536); *Instruction for Yan's Family* [*Yanshi Jiashu*] (Yan Zhitui 531-590?); *Invaluable Prescriptions for Ready Reference* [*Qianjin Yifang*] (Sun Simiao 581-682); *Complete Book of Jing Yue* [*Jing Yue Quanshu*] (Zhang Jingyue 1562-1639), and *Jotting of Yangsheng* [*Yangsheng Suibi*] (Cao Tingdong 1699-?). Specific methods training include *Qi Gong* and gymnastics such as *Taichi*, Five Mimic-Animal Boxing (*Wu Qin Xi*), and Eight-Length Brocade Exercise (*Ba Duan Jin*) that are still widely practiced today. These manuals also provide instructions on diet; herbal medicine, tonics, immortality potions, life styles regimens, sexual hygiene and meditation techniques among many other things.

⁷⁸ "Suwen: Siqu Tiaoshen Dalun 2" and "Shanggu Tianzhen Lun 1". In *Huangdineijing: Suwen yizhu*: p10 and p2. Wei Cui. Heilongjiang People's Publishing House. 2002.

⁷⁹ "Suwen: Yin Yang Yingxiang Dalun 5". In *Huangdineijing: Suwen yizhu*: p35. Wei Cui. Heilongjiang People's Publishing House. 2002.

⁸⁰ "Ling Shu: Benshen". In *Huangdineijing: suwen yizhu*: p64. Ying Su. Heilongjiang People's Publishing House. 2002.

⁸¹ There are many stories in ancient texts about people who were born weak or had a miserable unhealthy childhood but went on to live to seventy through the practice of *yangsheng*. The most famous one is a Tang Dynasty poet Bai Juyi.

These classic texts are not read by many ordinary people. However, it is surprising the extent to which people seem to embody many classical *yangsheng* ideas and forms of practice, and how different kinds of activities are based on *yangsheng* themes. For instance, many folk customs associated with the Dragon Boat Festival revolve around changes of the season. Celebrated on the middle summer day, the Dragon Boat Festival, also called the *Duan Wu*, involves various kinds “sanitation” rituals like taking an orchid bath, hanging or burning *aicao* (wormwood), *changpu* (flag leaf), and garlic at the front door, and drinking red orpiment (*xionghuang*) liquor. These activities are believed to help people expel evil *Qi* and prevent plagues, which were prevalent during the hot weather. Another holiday, *Chong (double) Yang Festival* is a holiday for the elderly which takes place on September 9th. *Yang Qi* reaches its peak at this time of the year. The elderly, who are dominated by *Yin Qi*, can benefit by going out and exposing themselves to *Yang Qi*. To do this many elderly go on hikes into the hills.

Folk proverbs and adages have also helped to sustain *yangsheng* ideas through generations such as “keep warmth in the spring, remain coldness in the fall (*chunwu qiudong*),” “walk a hundred steps after every meal and one can live to age ninety nine (*fanhou baibu zou, huodao jiushijiu*),” and “kitchen physics is the best physics (*yaobu buru shibu*).” Beliefs and practices like these have been passed on from generation to generation. People who follow them do not necessarily know their origin, but many are linked to *yangsheng*.

Everett Zhang has discussed the re-emergence of *yangsheng* in contemporary China and related it to the recent transformation of the body in the postsocialist period. Focusing on sexuality, he argues that “the revival of *yangsheng*” arose as an attempt to change the Maoist ethos of collectivism, and in response to as well as in resistance to the current consumer logic of desire that is characterized by another trend he refers to as “the loss of *Jing* (seminal essence).” He points out that in the Maoist Socialist period, state concerns about the health and hygiene of the population mainly focused on “*duanlian shenti*,” or exercising the body through sports. The main purpose was not to replenish one’s body or prolong one’s life but rather to make it strong for the revolutionary purpose. In sharp contrast to the TCM and *yangsheng* classics that put emphasis on modesty, balance, and perseverance, the collective body was required to sacrifice completely. (2003: 229-230) An example he gives of a health cultivation text written and published in the Mao era illustrates clearly “how any nuance of *yangsheng* ended up... being overshadowed by, or subsumed under, the intense struggle for the revolutionary and collective body.” (ibid: 230) He concludes that *yangsheng* was impossible in Maoist China due to its fundamentally individualistic characteristics. The revival of *yangsheng* nowadays has been enabled by the recent

awakening of the “personal selves.”⁸² As a rectification to Maoist collectivism, modern *yangsheng* re-embraces some earlier, individualities elements and gives credit to the former “bourgeoisie” life styles, such as playing with birds or watering flowering,⁸³ as a means of cultivating health.

Zhang’s argument is very insightful in acknowledging the disruption and resurrection of *yangsheng* in contemporary Chinese history and pointing out the individualistic element of *yangsheng*. I also agree with his view on modern *yangsheng*, which stresses the principal of moderation and self-regulation (especially in terms of sexuality), as an ethical position which can be understood as a response to current consumerism. In fact, chapter 6 of this dissertation, on the issue of Hong Zhaoguang’s modern *yangsheng* text will further support his argument. However, I cannot help but also notice a continuity between modern *yangsheng* practices and Maoist collectivism. This continuity is not so much represented by younger people’s *yangsheng* (as in Zhang’s case, most of his informants are young. However, for the elderly *yangsheng* is very much a collective venture. A healthy body, physically, psychologically, spiritually and morally, is the key to a happy old life. Through building up a healthy body, these elderly try not to become the burden to the country, the society, and their families. Furthermore, the state has not given up its attempt to promote and discipline a collective body. Certainly the state is no longer the hegemonic force it was in the pre-reform era, but it is still very much concerned with promoting collective ethics. The attention that the government draws to the problem of population aging entails powerful collective thinking. As we shall see, its discourse on healthy aging puts emphasis on self-reliance and independence for the collective benefit of society. Finally, although *yangsheng* can be seen as a critique of consumerism, as Zhang points out, it can also be subject to commercialization. Modern *baojian* (health protection and preservation) businesses explicitly draw on *yangsheng* ideologies to market herbs and tonics for profit.

The revival of *yangsheng* in modern times -- or to be more precise, the modern invention of *yangsheng* in the name of tradition -- is largely enabled by the new individualism in the postsocialist period. The means of health cultivation are no longer limited to physical exercise as they once were. As we will see in the following chapters, *yangsheng* has been modified and transformed through the incorporation of various modern elements. As such it is both integrated into the state discourse on

⁸² Zhang borrowed Farquhar’s argument on sexuality in modern China (2002: 31). See also Farquhar’s “For your reading pleasure: Self-health (ziwo baojian) information in 1990s Beijing” in which Farquhar links popular Chinese self-health culture to the newly rising consumerism and individualism. In *Positions*, Spring2001, Vol. 9 Issue 1, p105, 26p.

⁸³ As Zhang points out, Chiarman Mao once said that “tilong jianiao yangyu zaihua” (carrying a bird cage and playing with birds, feeding goldfish and watering flowers) was lifestyle of the bourgeoisie, and should be replaced by a *pusu* (simple) revolutionary lifestyle (pp. 226).

healthy aging as well as into the marketplace of commercial health promotion. These points will be discussed in more details in the following chapters.

As the population rapidly ages, *yangsheng* provides a new way to manage elderly health care. It is no accident that *yangsheng* is experiencing a renaissance in contemporary China.⁸⁴ The idea of *yangsheng* is particularly attractive to the elderly in today's China, and is extensively practiced by them. There are several reasons for this.

First, *yangsheng* provides a unique perspective on health and the body, which compliments the psychology of the elderly. Its understanding of aging as a gradual and manageable natural process enables the elderly to maintain a positive attitude as their bodies age. It is also a means by which they can take responsibility for themselves and their health. *Yangsheng* is, in many ways, complimentary to institutionalized medicine. It serves the needs of many elderly, who tend to understand health in non-medical terms.

Second, the various practical methods *yangsheng* offers are especially suitable for the physiology of the elderly. *Yangsheng* exercises are usually slow in motion and relaxed in rhythm. Unlike Western style gymnastics and exercise routines which place an emphasis on muscle tone and cardiovascular development, *yangsheng* exercises aim to stretch the limbs and to make the joints more flexible so as to dissolve all blockages in the way of *Qi* flow and to restore the body's balance—the ultimate cure to all diseases.

Third, as long as one follows the basic rules of *yangsheng*, there is plenty of room for individual creativity in the specific form the exercise can take. This individual creativity gives the elderly a sense of control as well as enjoyment in building up their health. This playful element in self cultivation helps to demedicalize health. Building *yangsheng* practices into daily routines makes aging a creative way of living rather than merely something one has to come to terms with. *Yangsheng* exercise routines provide the elderly with a way to spend time creatively and constructively.

Fourth, *yangsheng* focuses on self-health care and disease prevention. The most fundamental principle of *yangsheng* is to stimulate the body's own mechanism to protect and cure itself. As an alternative to institutionalized medicine, the elderly regard it as very important. For those who are concerned about the side effects of impersonal, invasive and toxic medicine, *yangsheng* provides a safe, low cost and personalized solution, especially in dealing with chronic diseases.

⁸⁴ One thing that we need to keep in mind is that many *yangsheng* practices that are believed to be ancient health regimes by thousands of practioners are in fact not that old, or sometimes rather modern inventions. Nancy Chen (2003) has identifies such modern reinterpretation of “traditional” practices, such as Taichi. Importantly, many times, belief in a long history of certain practices plays a significant role in the elderly people's loyal engagement with them. Nancy Chen (2003) has identifies such modern reinterpretation of “traditional” practices, such as Taichi.

Joseph Alter, in his study of Indian wrestlers, approaches wrestling not merely as a sport, but as “an elaborated way of life involving general prescriptions of physical culture, diet, health, ethics, and morality.” (1992: 5) His work illustrates how wrestlers “make sense of who they are through the medium of their bodies.” (1992: 1) A carefully disciplined way of living, exercising, dieting, dressing, and socializing defines the boundaries of a wrestler’s action, providing him with a self-sufficient yet holistic ordering of the world. It is in fact a way through which a certain group of people redefine and reinterpret social realities. In a very similar way, *yangsheng* is also a means through which the elderly people use in assimilating, challenging, and resisting political and social discourses about getting old. On the one hand, it disciplines the body in unique ways; and on the other hand, such disciplines provide opportunities for the disciplinees to transcend other disciplines. Through daily engagement with their bodies, the process of aging can be creatively and proactively managed, and the elderly redefine and reinterpret who they are and who they want to be. As a holistic way of life, *yangsheng* turns the process of aging into a way of actively thinking and living.

4.0 STATE DISCOURSES OF HEALTHY AGING

Health has played an important role in the politics and public life of contemporary China. From the pronatalist propaganda in the Mao era to birth control campaigns in the 1980s up through the economic reforms of the 1990s health has been utilized to justify normative propaganda and to regulate aspects of everyday life.

In this chapter, I explore the state's discourse on healthy aging. I analyze the recent medical reform, which has put numerous urban elderly people's interests in danger, and which in turn explains why healthy aging has become a serious concern of the state. In seeking substitutes to the former old-age health care system that relied on the work-unit and the family, the state is now orienting an emphasis on self-reliance of the elderly, expressed in its definitions of healthy aging, in which both physical and mental independence as well as conformity to social changes are required. The Chinese government organizes a variety of social activities for the elderly through which its idea of healthy aging is disseminated. Also, in order to solve various potential problems imposed by early retirement, the state works to ensure that the elderly have opportunities to remain an important component of the social force instead of fading into the background of society. The goal is to have them contribute their remaining energy (*fa hui yu re*) to the family, society and the state. The state's recent effort in encouraging elderly remarriage can also be seen as a strategy to promote self-reliance. Social and cultural expectations for the elderly are disguised under a rubric of supervision and management through linking sexuality and remarriage with ideals of good health and longevity. Medicalization and moralization of elderly people's sexuality in this context demonstrate how regulated and carefully controlled sexuality is constructed as "normal" and "necessary" for the overall well-being of the elderly as well as for their families and the society as a whole.

4.1 OLD-AGE MEDICAL CARE: UNAFFORDABLE ILLNESS

China's pension system in urban areas, established in the 1950s, was an enterprise-based, pay-as-you-go, defined benefit scheme until the late 1990s. In conjunction with the traditional multigenerational extended family-based old-age care, this pension system functioned as social insurance for the aged for nearly half a century. Although it excluded 80 percent of the population in rural China, it covered a major proportion of the urban population—those who worked for the State Owned Enterprises (SOEs).⁸⁵ Due to differences in longevity of individual enterprises, retiree-to-worker ratios, and other factors, each SOE was relatively independent in its accounting. Benefits and pensions for retirees varied from one enterprise to another. The performance of the specific enterprise did not directly affect its pension obligations though, since state revenues compensated those who could not make ends meet. The generosity of individual enterprises, then, could only operate effectively under the premise of a comprehensive and strong government arrangement of the economy and a budget-sharing mode between the government and all types of firms (Huang 2003; Williamson and Shen 2004).

This system has been gradually changed since the early 1990s. Specifically, in 1995 the state decided to shift to a format in which the state, enterprise, and individuals share pension liabilities. This means that the government no longer compensates companies to enable them to make pension payments. This touched off a trend of changing ownership (*gai zhi*) among many SOEs that used to be the main providers of old-age pensions for urban retirees. Leasing to individual, collective or foreign managers is seen as one way to solve the problems of many SOEs that are unable to pay off debts or to fulfill wage and old-age pension obligations. Naturally, the decrease in contribution to many SOEs from the government makes pension liabilities the responsibility of enterprises that neither the new owners nor the original owners want to take up. The problem has been exacerbated by the fact that many SOEs, especially the larger sized ones, had been used as reservoirs for abundant urban laborers since the late 1970s. By the end of the 1990s, however, most of these SOEs had accumulated an abnormally large number of retirees. In Wuhan, for instance, in a large local SOE, there were 4,000 retirees and 3,000 workers before it changed ownership in 2004.⁸⁶ It is clear that a direct consequence of the government's removal of financial support has been heavy financial burdens on enterprises that had promised to pay off

⁸⁵ Before the economic reform, almost all enterprises were state-owned. Privatization of enterprises started in the late 1980s in urban China, later than in rural areas. Therefore, most city elderly worked for SOEs of all sorts.

⁸⁶ A large local SOE's internal report in 2004. I got this information from a friend who worked for the local government and was in charge of the changing ownership project of this factory.

medical bills for their employees.⁸⁷ To these SOEs, their wishes to make a decisive turn in the new market economy depend mainly on their response to these historical burdens inherited from the former central planning system.

Also, in recent years, a system has come about such that an individual's share increases in proportion to the payroll while an enterprise's share decreases correspondingly (Huang 2003). While many economists both in China and in the West are still questioning the practicality and effectiveness of this experimental pension system (see Williamson and Shen 2004), Chinese people, especially the elderly, have already started to feel the real consequences. This is because the structure of the medical payment system has shifted dramatically, becoming a multi-tiered scheme that includes a second-funded defined contribution tier: the individual. The National Bureau of Systematic Reform, the Bureau of Finance, the Bureau of Labor, and the Chinese Ministry of Health had initiated a trial medical reform in two cities in southeast China in 1994.⁸⁸ Based on this trial, the central government and the State Council decided to implement the reforms across the nation in 1997. As the official document released on 1997 indicates, this reform aimed

to establish a medical insurance policy that incorporates the advantage of both the social planning and private account system, able to gradually increase the coverage base and provide basic medical coverage to all workers in the urban area. The level of coverage must be on par with the actual social productivity level and the financial condition of the participants. The insurance premium should be reasonably divided among government, employer and employee. Local governments should manage the employee social medical insurance system. ... This new system should provide the necessary check and balance between the medical providers and the patients, encourage the development of a more efficient medical payment system, and be able to effectively control the unsustainable rapid growth in medical cost.⁸⁹

Clearly this reform arose from the state's desire to solve financial and social problems accumulated through decades under the former free medical care system. This reform was conducted mainly from four aspects: medical expenditure mobilization, range of application, type of payment, and

⁸⁷ In 1993, a small SOE in Wuhan with no more than 200 employees had a 200 million Yuan medical bill, most of which came from its retirees. Information from an inner source: a former government official who supervised the process of changing ownership of this small SOE (the name of this SOE is not provided for confidential reasons).

⁸⁸ These two cities were Zhenjiang and Jiujiang.

⁸⁹ "Zhonggong zhongyang, guowuyuan guanyu weisheng gaige yu fazhan de jue ding" 01/15/1997. In "Woguo yiliao baozhang zhidu gaige jianshu". Retrieved from: <http://www.37c.com.cn/literature/literature06/manage03.asp?filename=019/05/0190503.htm>.

mode of management.⁹⁰ Due to stricter procedures for settling accounts and stricter reimbursement policies, the new system was supposed to be good at preventing insurance fraud, which had been rampant in the former system. Hospitals took charge of the public medical funds from the former government control, but they also took up partial responsibility for their own earnings and losses. An enterprise paid for a proportion of its employees' "Basic Health Insurance Reserve" (BHIR) (*ji ben yi liao bao xian fei*)⁹¹ and "Comprehensive Arrangement Fund" (CAF) (*tong chou ji jin*)⁹², usually accounting for six percent of an individual employee's salary.⁹³ The individual's share in medical expenditures, including some prescribed medicines and medical treatments is much higher than before.⁹⁴ Retirees have slightly better coverage than people who are still working, as a compromise when full medical coverage was revoked.⁹⁵

Implementation of the reforms varied greatly. Policies also changed frequently. Many elderly did not know and could not explain clearly how exactly the new system was supposed to work. However, there was one thing everyone agreed on: this new system made no one feel secure. According to a Xinhua news report, the main four problems of this medical reform included: ineffective management of medical services and uncurbed rising medical costs; high management costs and complicated procedures; no reliable economic resources for retirees from bankrupted and privatized SOEs; and lack of systematic arrangements for certain groups of people, such as family members of those who relied on public medical care before and university students.⁹⁶

Wuhan's mode was known as the "4-1-3 mode", meaning "four givens": given hospitals, given insurance reimbursement standard, given quality of medical treatment, and given insurant quota for each hospital; "one freedom": the insured has the freedom to withdraw from any given hospital if he or she is

⁹⁰ Ibid.

⁹¹ The money in BHIR is used for payment for clinical visits and medicines.

⁹² CFA coverage for individuals varies among hospitals of different levels; usually the better (and more expensive) the hospital is, the bigger the percentage CFA covers.

⁹³ Usually the proportion put into individual Basic Health Insurance Reserve is around 30 percent of the total input of an enterprise, and the remaining 70 percent is put into a Comprehensive Arrangement Fund for hospitalizations, serious disease treatments and medical emergencies. This proportion varies case by case, and usually it depends on the coverage of the employee's medical care and the age of the individual employee.

⁹⁴ Those who are still at work pay a small percentage (e.g. in Wuhan the percentage is lower than 2 percent) of their salary to put into their BHIR, and retirees below 70 years of age are required to pay 4.8 percent and retirees above 70 years of age pay 5.1 percent of their annual salary as their BHIR.

⁹⁵ For instance, in Wuhan, first level hospitals: CFA covers 88 percent for workers at posts, 90.4 percent for retirees; the second level hospitals: CFA covers 85 percent for workers at posts, and 88 percent for retirees; the third level hospitals: CFA covers 82 percent for workers at posts and 85.6 percent for retirees.

⁹⁶ "Yiliao gaige sida wenti, yiliao feiyong chixu shangzhang." In *Wuhan chenbao*. 07/07/2005.

not satisfied with the quality; and “three phases of individual payment”: the insurant pays a different proportion of medical expenditures according to the total amount of medical cost.⁹⁷ This mode aimed to strengthen self-management of hospitals, to cut excessive medical expenses, to avoid wasting medical resources, to curb rising medical insurance costs, and to force hospitals to care more about the quality of their services.⁹⁸ However, none of these goals was achieved successfully. Not only did the problems persist, but some unexpected ones arose, such as low individual fund accumulation; high individual share in medical costs, especially for the elderly and senile persons; the inability of certain segments of the population to join the new system; and problems with medicine circulation system.⁹⁹

The main problem, however, was that the local government was not able to transfer everyone over to the new system. One needed enough money accumulated in a personal account in order to join and benefit from the new system.¹⁰⁰ This obviously worked against the population at the transitional stage: elderly retirees and people who were looking forward to retirement in the near future. In order to join the new system, retired elderly were asked to pay about 5,000 Yuan at once as the initial fund for setting up an account. This was a big expense for many elderly retirees.¹⁰¹ In many cases, the former work units that once promised an old-age welfare package for its elderly retirees usually covered the cost. However, many enterprises with a large number of retirees were not able to pay it off quickly; others that did not perform well in the market were not able to pay at all. As a result, many elderly were left out of the new system.

Another result of this reform was that it widened the gap between the poor and the rich. There was no uniform standard of an enterprise’s share in its employee’s medical cost. In practice, it varied significantly from one enterprise to another and was closely linked to economic performance. Profitable

⁹⁷ Individual shares in total medical expenses are divided into three levels: under 5,000 Yuan, between 5,000 to 10,000 Yuan and above 10,000 Yuan. Usually the higher the total expense is, the smaller percentage individual pays out of pocket.

⁹⁸ “*Woguo yiliao baozhang zhidu jianshu*”. Retrieved from: <http://www.37c.com.cn/literature/literature06/manage03.asp?filename=019/05/0190503.htm>. See also “413 *jiankang baozhang lilun chuangxin tixi*”. Retrieved from: http://www.chinainsurance.com/guanggao/413/chuang_xin_ti_xi.asp.

⁹⁹ By March 2003, 836,800 people joined the new medical system, accounting for 10 percent of all residents with a registered city residency. Data from interview with a representative from the standing Committee of Wuhan People’s Congress. “*Qianfang baiji kuoda jiuye, buduan shenru yiliao gaike*”. 05/11/2003. Retrieved from: <http://www.whrd.gov.cn/col51/article.htm1?id=5632>.

¹⁰⁰ A young college graduate would truly enjoy the benefits of the system after he has worked for more than 30 years.

¹⁰¹ This amount was based on 50 percent of the average annual salary of all employers in the city. With much lower income when they were young, the elderly retirees were put at disadvantage.

enterprises usually paid a larger share. Thus, elderly retirees from poor enterprises were especially disadvantaged. Ironically those with lower incomes had to pay more for their medical costs while those with higher incomes paid less.

Also, the tie between enterprises and individual employees limited individual mobility, especially affecting the elderly who wanted to move to other cities where their adult children lived. Medical costs varied between cities. Both of these factors made it very difficult to transfer medical insurance to or get reimbursement from another city. The ability to open individual accounts for those who did not have work unit affiliations was a fairly new opportunity in many cities, a factor which further restricted mobility and flexibility.¹⁰²

Reimbursement was generally considered to be extremely difficult. To most people in the city, their monthly allowance for medical care ranged from 20 to 90 Yuan, depending on working status and wages. “It is not enough to cover the cost of treating a minor cold,” was the most common comment from ordinary people with whom I spoke. According to a recent government report people pay about 56 percent of medical expenses themselves.¹⁰³ Even though insurance may pay up to 300,000 Yuan for medical treatment, the process of being reimbursed is extremely complicated. Since hospitals were responsible for their own profits and losses, they became less willing to treat patients without money in a hospital account. The creation of “Threshold payments” or “*men kan fei*” emerged as a new phenomenon in Chinese hospitals at this time. These were deposits to a hospital one had to pay out of pocket before being hospitalized.¹⁰⁴ This measure meant that many ordinary people become frustrated with and alienated from hospitals. Hospital staff were criticized for being indifferent to human suffering and for only caring about money, which many patients commented was “even worse than in Capitalist countries.”

Patients not only endured severe restrictions on what qualified as a reimbursable expense, but the choice of medicines and medical treatments available were also exactly defined.¹⁰⁵ Some hospitals,

¹⁰² In Wuhan, for instance, it started in 2005.

¹⁰³ “*Shichangbao: yiyuan menkan yuelaiyue gao, yigai bu chenggong, wenti chuzai naer?*” *Shichang bao*. 08/29/2005. Retrieved from: <http://www.china.org.cn/chinese/zhuanti/yg/954108.htm>.

¹⁰⁴ In high level hospitals, this deposit was as high as 900 Yuan.

¹⁰⁵ For example, “serious diseases” were usually reimbursable. Everyone in the new system is required to pay 5 Yuan each month to the “Comprehensive Arrangement Fund for Serious Disease” (*da bing tong chou*), money used to cover the cost of serious disease. There was a list provided by the authorities on what diseases were counted as “serious” diseases, despite the fact that many other “non-serious” diseases could cost the same amount of money for treatment.

especially the most prestigious ones,¹⁰⁶ did not join the municipal medical insurance plan because they belonged to other administrative systems.¹⁰⁷ Patients who preferred these hospitals, attracted by their prestige in treating certain diseases had to pay out of pocket or share a much higher percentage of the cost. Many enterprises also prohibited their employees from choosing these more expensive hospitals. In addition to restricting payments to certain hospitals, certain treatments such as acupuncture, massage, physical therapy, and many TCM herb medicines were not reimbursable. TCM hospitals were disfavored by many enterprises and insurance systems because their treatments were generally considered to be too slow in getting results and to last too long. During these transitional years, newspapers posted new lists of hospitals that were covered by social medical insurance and the range of choice gradually grew.

The reforms also affected how doctors treated patients. They were reminded constantly to prescribe only reimbursable medicines. So doctors had to carry a little “dictionary” listing all the medicines that could be covered by insurance. As most covered medicines were the cheapest or were less effective, doctors felt extremely frustrated in arguing with patients and their families over what to prescribe. “We are like *tao zhai gui* (the annoying debtor who follows the lender asking for money),” a young doctor said. “What we think every day is not how to treat patients in the best and the most efficient way, but how to keep them alive by using the cheapest medicines on the list. It’s so absurd.”

Another undesirable result of the reform was that since hospitals and doctors had more power over patients than before, the system fostered unhealthy relationships between patients and doctors. Personal connections with doctors were highly valued since transferring to a different hospital, avoiding unnecessary examinations and treatments, or getting the best possible treatment with the best insurance coverage all depended on the decision of individual doctors. Giving “red package” (*hong bao* or bribe) to surgeons was routine in many hospitals. Bribes and kickbacks given by pharmaceutical companies were also common. The direct consequence was increasing distrust of doctors by patients and their families, which further deteriorated the effectiveness of medical practice.

Buying commercial health insurance as a backup became a common practice among younger people and was encouraged by the government. This option was not usually available to older people, who then felt they were discriminated against by the health insurance companies.¹⁰⁸ Unfortunately, in

¹⁰⁶ The most prestigious hospitals in Wuhan are the Wuhan Tongji Hospital, the Wuhan Union Hospital, and the General Hospital of Wuhan Land Army; none are in the new medical system.

¹⁰⁷ Besides the municipal medical system, there are provincial medical systems, a national railway system, and military system, etc. Hospitals belonging to other systems are not in control of the municipal government and its medical system.

¹⁰⁸ For instance, an insurant-friendly insurance package named “*Hong Shou* (Great Longevity) Life Insurance” provided by one of the biggest insurance companies in China, the People’s Insurance (Life) Company of China (PICC) does not provide such business for people over 64. Also, this type of commercial insurance package is usually a combination of life insurance and medical insurance. In order to buy medical insurance one has to buy the

general, it was even more difficult to get reimbursement from commercial insurance companies than from the government. These companies were described as money suckers: it was easy to put money in and hard to get it out.

Although aimed at curbing the rapidly increasing cost of medicines and medical services, this reform failed because of its market-oriented approach. Medical costs increased by an average of 15 percent each year, much faster than the average annual individual income growth.¹⁰⁹ The average outpatient expenditure was 21 Yuan in 1993 and 75 Yuan in 2003; and the average hospitalization expenditure was 993 Yuan in 2003 and 2333 Yuan in 2003.¹¹⁰ According to the Wuhan Yearbook 2004, by 2002 the average annual medical expense was 469.32 Yuan, an increase of 26.7 percent over 2001.¹¹¹ High medical costs scared people away from seeking professional help.

On July 29, 2005, the Research Center of Development of the State Department announced that this market-oriented medical reform was “basically unsuccessful”.¹¹² Although this conclusion was denied by the Chinese Ministry of Health three months later,¹¹³ many common people agreed. Survey data revealed that more than 90 percent of Chinese were “very dissatisfied” with this reform¹¹⁴. About half of the city people chose self-health care instead of going to hospitals out of economic concerns. Twenty nine point six of those who needed to be hospitalized did not go to a hospital.¹¹⁵ Among all people released from hospitals, 43.3 percent were released at the patient’s request, and 63.9 percent of

bonded life insurance. Every year, in order to renew the insurance, retirees need to pay hundreds of Yuan out of pocket.

¹⁰⁹ “Jingjixue jia: zhongguo jumin shouru zengsu mingxian diyu jingji zengzhang”. *Zhonghua gongshang shibao*. 12/09/2003. Retrieved from: <http://www.southcn.com/news/china/zgkx/200312090048.htm>.

¹¹⁰ . “Yiliao feiyong zhangfu chaoguo shouru zhangfu, sicheng kunnan huanzhe wei jiuzhen.” *Xinxi shibao*. 11/22/2004. Retrieved from http://news.china.com/zh_cn/domestic/945/20041122/11973795.html. See also the government website of the Ministry of Health P.R. China at http://www.moh.gov.cn/public/open.aspx?n_id=3129&seq=%E6%8C%89%E7%B1%BB%E7%B4%A2%E5%BC%95.

¹¹¹ “Yiliao tizhi gaige mairu guidaian, zhengfu zhudao jiangcheng yigai zhuliu”. 06/28/2005. Retrieved from: http://news.wuhan.net.cn/wh/detail.asp?news_id=270008.

¹¹² *Zhongguo qingnian bao* 07/29/2005.

¹¹³ *Xin Jing bao* reported on Oct. 27, 2005 that an official from the Chinese Ministry of Health denied that the medical reform failed and said that the reform should be advanced.

¹¹⁴ This information is from the third national health services investigation report by the Chinese Ministry of Health in December 2004. Retrieved from: <http://www.china.org.cn/chinese/zhuan/yg/954108.htm>.

¹¹⁵ This information is from the third national health services investigation report by the Chinese Ministry of Health in December 2004. *Shichangbao: yiyuan menkan yuelaiyue gao, yigai bu chenggong, wenti chuzai naer?* *Shichang bao*. 08/29/2005. Retrieved from: <http://www.china.org.cn/chinese/zhuan/yg/954108.htm>.

them were released out of economic concerns.¹¹⁶ Several indexes show the deterioration of public health care in China over the period of the reform. In a recent WHO evaluation of the public health system, China, whose public health system used to be a role model for all developing countries, ranked 144th among all 191 members in 2002.¹¹⁷ The average government spending on medical care ranked 131st, but the average individual spending ranked 15th among all 191 members.¹¹⁸ In 2002, medical expenses accounted for more than 10 percent of the income of those in the lowest income bracket, with 102 Yuan of the average 946 Yuan income being spent in for medical care.¹¹⁹

The elderly are generally thought to be most disadvantaged by the medical reform. To the aged and many of those who are on their way to retiring, the old-age pension was an implicit part of their labor contracts. By accepting a low wage in full expectation of a “delayed payment” (Huang 2003: 173) during retirement, elderly employees had plenty to look forward to. Dramatic changes in the medical system are among the most acute concerns of urban elderly. As it was almost impossible to save for their own old age because of their minimal wages earlier in their careers, these retired elderly have no other resource to turn to. The sudden scrapping of conventions has caught many of these elderly unprepared. Many elderly say they feel they have been treated unfairly. As some retired elderly said:

When there was the free medical system we did not really enjoy it. We were young at that time and our health was good. Who needed to go to the hospital? I never exploited the system. Even when I was sick I did not go to the hospital. Young people could endure any disease. Besides, we were busy at work. Who had time to go to the hospital anyway? We used to buy some medicines and treat ourselves. Everyone did that. But now when we have gotten older and really need the medical services, everything suddenly has changed: you have to pay for it. Our salaries were really low when we were at work. When I first started working, I only made 20 Yuan per month and I had to give my parents half of it to support my family. We old people barely have any savings. It is really unfair for us old people. We sold our lives to our work units, and we tired ourselves to death when we were at work. Now nobody is looking after us. What can you say? (Male, age 63, non CCP member, retired hospital staff of a local railway SOE)

¹¹⁶ “*Yiliao feiyong zhangfu chaoguo shouru zhangfu, sicheng kunnan huanzhe wei jiuzhen.*” *Xinxi shibao*. 11/22/2004. Retrieved from: http://news.china.com/zh_cn/domestic/945/20041122/11973795.html.

¹¹⁷ “The World Health Organization’s ranking of the world’s health systems.” From www.geographic.org. Retrieved from: http://www.photius.com/rankings/healthranks_alpha.html.

¹¹⁸ “*Woguo guoban baixing wu yiliao baoxian, yiliao feiyong zhangfu guokuai.*” *China labor market*. 11/03/2005. Retrieved from: www.lm.gov.cn/gb/insurance/2005-11/03/content_91489.htm.

We are the generation that suffered the most. It is always the generation during transition that suffers the most. We caught the worst of everything. We are like soldiers who fought for a better future. We died to establish a better life for our offspring, but we have no chance to enjoy anything ourselves. This is the so-called ‘one generation plants the trees in whose shade another generation rests.’ (Female, age 60, CCP member, retired government official)

Surprisingly, although people complained about the unfairness of the new medical system many recognized that the old system was flawed and agreed that changes needed to be made. Interestingly they often expressed this in terms of what was in the best interest of the state.

The old system would not work in the long run. Our country could not afford it. Everyone wanted to exploit it. All the others were taking advantage of it. Why shouldn't I? ... Someone has to sacrifice for the changes, I think. It happens to be our generation. What else can you do? Just maintain your health; don't go to the hospital. (Laugh). I guess if not for this medical reform, there wouldn't be so many elderly people doing exercises everyday. People are afraid of being sick and going to hospitals. It is too expensive nowadays. (Female, age 61, CCP member, retire office clerk of local government)

Maintaining good health when one gets old is in both the state and individual's best interest.

4.2 TO BE A HEALTHY ELDERLY PERSON

As Allen Young states, the point of medical anthropology is “not only to demystify knowledge, but to critically examine the social conditions of knowledge production” (1982: 277). Many scholars have also argued that the human body is the prime target of surveillance and control. Therefore it inevitably becomes a contested domain and a quintessential site where power is enacted (Lock and Kaufert 1998: 14). This approach guides our attention to how the construction of the body is used to encode and to enact forms of power that are behind such categorizations of “health” and “pathology.” As Terry and Ural state, “bodies are not natural objects preexisting cultural representation, they are effects, products or symptoms of specific techniques and regulatory practices” (1995: 3).

In *Medicine, Rationality, and Experience: an Anthropological Perspective*, Byron Good, drawing on Marilyn Strathern's conceptualization of “knowledge practice” -- the specialized way of seeing,

¹¹⁹ Ibid.

writing, and speaking that formulate reality in a specifically medical way (Good 1994: 71) -- claims that the language of medicine is a cultural language and a historical formation (Good 1994: xi, 5). Employing Ernst Cassirer's (1955) notion of medicine as a symbolic form through which reality is formulated and organized in a distinctive manner, Good argues that medicine formulates the human body and disease in a culturally distinctive fashion. Therefore, studies of the body should focus on the generative processes and the formative practices through which illness and other dimensions of medical reality are formulated, confronted, experienced, and elaborated.

Several medical anthropological studies focusing on China are particularly insightful in terms of understanding social and cultural formations of body and health. Kleinman, based on his case study of depression in China (1981, 1986), argues that the Chinese body has been viewed as the microcosmic pole of a continuum of symbolic harmonies resonating from the macrocosm. As he points out, the organization of the body is often analogized to the social organization of the state, and vice versa. This unique acknowledgment of the human body and the universe is directly linked to the social formation of mental problems. Kleinman claims "making a social problem into a health problem can be a means of addressing it socially, on both macro and local levels, and authorizing significant social change that otherwise is deemed unacceptable" (1986: 188). Labeling human misery with a medical designation has the potential to trivialize social problems, which takes attention away from the question of finding solutions to these problems.

Drawing on Kleinman's (1985) and Sun Lung-kee's (1983) notion of "somatization", Susan Brownell further argues that "social tensions are often expressed in a bodily idiom, so that calls for their resolution often to center on healing and strengthening the body" (1995: 22). Brownell's study of contemporary Chinese athletics also directs attention to Chinese nationalism. As she illustrates, body culture has always occupied an important place within Chinese culture as a whole. From the late Qing Dynasty and early Republican periods when physical training was a remedy for China's "backwardness," to the Mao era when individual health was advocated for various political purposes of the nation state, the strengthening of individual bodies has been closely linked with the salvation of the Chinese nation.¹²⁰ These earlier studies shed light on our understanding of the social and cultural formation of healthy aging today.

China has a long history of rewarding elderly who lived to an especially old age. Historically, Chinese emperors of several dynasties hosted grand royal feasts for elderly who lived distinctively long lives. For instance, *Qianlong*, one of the most famous emperors and also the emperor who lived the

¹²⁰ As Brownell points out, these political purposes include increasing productivity, erasing the difference between feudal elites and ordinary labor people, obliterating gender distinction, and preparing the people for national defense.

longest in Chinese history, hosted the most luxurious birthday party on record in 1785. He invited a thousand long-lived elderly men to his party to celebrate his own 74th birthday and the birth of his fifth generation grandson. The party is known as “the Thousand-Elderly-Man-Feast” (*Qian Sou Yan*). The emperor *Qianlong* poured wine for and toasted a 90-year-old ordinary man in this feast, which won widespread and long-lasting approbation.¹²¹ These elderly were symbols of a flourishing country with its people living in peace. Also their identities reflected the social and cultural virtues of filial piety and respect for the elderly, ascending to the emperor and descending to ordinary people. In many dynasties, long-lived elderly enjoyed prestige, privileges, and social benefits. Celebrating the longevity of ordinary people is still culturally, socially, economically and politically meaningful.

Whereas lifespan has increased due to improved health, staying healthy has become more difficult for older people. Although the family is most directly affected, the state has a vested interest in maintaining the health of the elderly. Staying healthy conserves resources, and on a national scale the saving is very significant. Consequently the Chinese government has made a concerted effort to promote good health, and this has generated what I refer to as a state discourse of healthy aging.

In 1995, the Gerontology Department at the Chinese Medical Association (CMA) worked out 10 standards of “healthy elderly,” modified from an earlier version issued in 1982. In terms of physical wellbeing, this new version emphasizes physical independence, including working toward having no malformation of torso, no chronic disease, and no deficiency or impairment in mental or physical functioning. Also, as a response to the globally changing medical model from a biomedical model to a more comprehensive social-psychological-biomedical model in recent years, this new version includes focusing on mental well being, healthy familial-social relationships, and social abilities of the elderly, such as maintaining a good personality, striving toward stable moods, and working toward the ability to deal with familial, social and interpersonal issues.¹²² The Chinese government has also published another set of ten standards, written by “some related scholars,” addressing the mental health of the elderly in particular. These are:¹²³

1. To have a full sense of security, especially the security of one’s family.
2. To understand oneself sufficiently and to be able to evaluate oneself objectively. Appropriate self-evaluation has a great impact on one’s emotional health. The elderly should avoid depression brought by overestimation or underestimation of the self.

¹²¹ “*Xin sou shen ji: shou xing.*” CCTV “*Tansuo yu Faxian*” channel. 02/09/2005.

¹²² *Zhongguo laonian* 04/26/2005.

¹²³ This is a summarization, not a complete translation of the ten standards.

3. To have a realistic life goal. The life goal of the elderly should be in accordance with one's economic condition, family condition, and social environment. Do not require things that are beyond one's family's economic affordability.
4. To keep in contact with the outside world, and to enrich one's spiritual life and to adjust oneself appropriately to the changing social environment. Participating in all kinds of activities organized by and for the elderly is a good opportunity for the aged to socialize.
5. To maintain an integral and harmonious personhood. To harmonize one's ability, interests, personality and mental characteristics in order to enjoy the happiness and satisfaction of life.
6. To possess some abilities to learn. Study helps the elderly to adjust to and better enjoy new life styles. Study can also prevent the loss of cognitive ability of the elderly.
7. To maintain a good relationship with others.
8. To be able to express and control one's mood. Venting unpleasant feelings is good for one's health, but overdoing this is bad for human relationships. How one feels is relative, not absolute, and it depends on how one looks at it. To see the positive aspect of life is important for the elderly.
9. To exploit one's talents and interests moderately. The basic principle is that one's interests and hobbies should be beneficial to the self, one's family and the society. To abuse one's interests by ignoring others' interests usually causes trouble for the self eventually.
10. To satisfy one's basic needs as long as they are not against the social moral codes.¹²⁴

The message is very clear: mental health of the elderly is measured in terms of the extent to which self interests can be accommodated to the interests of the state, society at large and to the family in particular. Harmonious family relationships and social conformity provide a framework for good mental health and healthy aging.

Many elderly believe that it is not easy to rule such a huge country with such a large population. The emphasis the state places on social stability has been internalized by many, especially the retired cadres. The growing discontent towards the government and the CCP by the younger generation has made the elderly feel obligated to "lead the young in the right direction," as some put it. "There are already too many controversial opinions in society," said an elderly woman cadre. "What our elderly can contribute to the nation is to help it to stay stable and continue to develop by complaining less."

An old Chinese proverb -- "raise the bowl to eat, put down the chopsticks to scold the mother (who cooked the meal) (*duan qi wan chi fan, fang xia kuai zi ma niang*)" -- makes the point that one

¹²⁴ "Laoren xinli jiangkang shitiao biao zhun." Retrieved from: <http://www.china.org.cn/chinese/health/443172.htm>.

should not criticize those who have worked hard to support you. To many of today's elderly, appreciation and recognition of what the state has done for the people has also been linked to their own wellbeing. Complaining too much and being too cynical is regarded as a personality flaw and an unbalanced state of mind. As such, it is thought to contribute to the development of serious diseases. As an elderly man (age 74, CCP member, retired army man) said,

First of all, complaints won't solve any problem; second, it is not good for one's own health; third, the elderly should be satisfied with what we have. We now live on our contribution to the nation when we were young. Now we do nothing but still get paid fairly well. What is there to complain about? To be frank, our living standard is a hundred times better than before. Those elderly who always compare themselves with those who are better off than them just bring vexation on themselves. Those who always complain and are never satisfied with anything are usually the ones who die first or get cancers. Never flaunt your seniority, that's the rule. If you always think of yourself as some old revolutionary with high status, blaming society for not treating you properly, you will end up just like them.

Watching CCTV evening news is an important component of good mental health for many elderly in China. It is a unique way in which they keep up with social developments and maintain contact with the outside world, as well as a means to a healthy life. In a book titled *Everyday of mine: Healthy elderly life style designing*—a collection of short articles written by fifty ordinary Wuhan elderly – every single story mentions watching CCTV's 7 p.m. news as an indispensable part of a healthy lifestyle. As the mouthpiece of the CCP, through which Party policies and guiding principles are communicated to the masses, CCTV's 7 p.m. news has been the most-watched TV program in China for decades. "As an elderly it is not good for our health to become divorced from the society, so I watch CCTV news everyday," many elderly said.

This correlation between individual health and state development is also explicitly part of government-initiated, health-related activities for elderly. According to "The Notice about Carrying On the Nation-Wide 'Billions of Elderly Health Building Movement'" issued by the central government in 2001, the main theme of this event was "to highlight the socialistic education and traditional virtues, advocate scientific and culturally healthy life style, and reject superstitious and heretical practices. This is done with a view to the wider goals of the reform: development and stabilization of the state."¹²⁵ In many competitions and contests organized for the elderly, political ethics such as how to love one's

¹²⁵ "Guojia tiyu zongju, zhongguo laoling xiehui, zhongguo laonianren tiyu xiehui: guanyu zai quanguo kaizhang 'yiwang laonianren jianshen huodong' de tongzhi." 04/19/2001. Retrieved from: <http://www.chinasfa.net/zfgw/gzjh/lrjs.htm>.

motherland, to support the CCP's leadership, and to obey the social rules and laws are litmus tests for being a healthy elderly person.¹²⁶

The standard to select “elderly stars” (*lao ren zhi xing*) has shifted from chronological age per se as in the imperial times to overall internal and external wellbeing based on modern interpretations of good health. More than merely celebrating “nature’s benevolence” in making it possible for one to live a long life, the modern version of national recognition of longevity is a trophy one has to fight for. As an important and effective method to promote good health and the state’s idea of healthy aging, all levels of government hold a variety of group activities designed for older citizens. These activities are meant to set up models of “healthy aging” for all elderly in society and encourage more to compete for the awards.

The quadrennial “Healthy Elderly Contest of China,” for instance, is a grand national occasion for the state and local governments, media and the elderly population. Besides basic physical and mental well being, more emphasis has been placed on the methods of scientific health promotion (no superstition, no *Falun Gong* in particular), cultivating harmonious family and social relationships, and having positive and righteous thoughts, attitudes and social virtues. These guiding principles, defined by the state, are outlined and elaborated by local governments who have more specific selection standards, such as having a calm temper, good social skills, caring for social development, being involved in social activities and services, and broad public consensus.

The first contest was held in 1985, but the event has grown more popular in recent years. The fifth and sixth national contests, respectively in 2000 and 2004, attracted an unprecedented number of elderly. All forms of local pre-selection activities were run at district, municipal and provincial levels. These activities not only served as preparation for the contest on the national level, but, more importantly, they allowed local governments to call attention to aging issues and mobilized local elderly to get involved in striving toward the good health that the state has tried to promote. The aims of these activities, as stated in the official notice, were

to create a social environment for healthy aging, and to encourage more elderly to seek a suitable lifestyle and an appropriate attitude towards life. The more important goal is to help the elderly population to realize that the biggest contribution that they can provide for the national construction and their children’s careers is to maintain a healthy state of mind and a healthy body, and not to be the burden of the state, society and the family.¹²⁷

¹²⁶ “*Guanyu canjia di'erjie Beijing jiangkang laoren pingxuan huodong de tongzhi*”. 06/09/2005. Retrieved from: http://www.bjshy.gov.cn/syicnews/Article_Show.asp?ArticleID=3927.

¹²⁷ Ibid.

In other words, the health of the elderly is not an end in itself; it is a means to the end of producing a healthy family, a healthy society and a healthy nation state.

Most of the elderly who won these national contests excelled in specific areas and had particular skills. It is doubtful to what extent ordinary elderly people are truly inspired by these exceptional cases. They are attracted to more small-scale local contests and activities that are more entertaining than competitive in nature. These social activities, usually organized and supported by local governments and related departments, communities, universities for the aged, and work units, are channels through which the elderly are organized and encouraged to become involved in a social life, to build up a positive and healthy attitude toward life, and to follow the state's guidance on healthy aging.

These social activities play an important role in helping with the systematic transition from family-based old-age-care to a community-based old-age-care. The government has spared no effort in promoting the latter system in recent years. The number of social activities has grown rapidly in various communities, and include such things as calligraphy and painting contests, poetry writing competitions, dance festivals, health-promoting exercise competitions, and community nights. Although trophies and banners are awarded, many elderly simply enjoy participating and being appreciated by their peers. Many elderly activists also become organizers, creating opportunities to display their own specific accomplishments in an area of interest. Many times I was amazed and at first confused by the extent to which elderly would travel long distances in severe weather to attend a rehearsal or perform in public, and by those who challenged their physical limitations to follow busy performing schedules. How can this promote good health among the elderly, I wondered. "You don't understand our elderly," one woman told me.

You don't know what life is like for us aged. You don't know how much we enjoy these activities and how eagerly we want to perform for others. You don't know how much these activities have changed our moods. It is not healthy for the aged to stay at home all day long without a social life. You young people can't understand the hearts of use old people.

As demonstrated, these community-based social activities are more than a means to promote physical health; to many ordinary elderly who attend them, they are more of a means to socialize, and socializing is regarded as critical to good health.

4.3 IT IS NEVER TOO LATE TO CONTRIBUTE THE REMAINING ENERGY

The state's slogan for healthy aging is the "six-haves": "Old age has a purpose, has support, has medical security, has something to teach, has something to learn, and has something to be happy about" (*lao you suo wei, lao you suo yang, lao you suo yi, lao you suo jiao, lao you suo xue, lao you suo le*). This slogan has been promoted widely in society and has become the guiding principle for many elderly. It expresses social expectations and promises to the aging population comprehensively: being active and constructive, optimistic and substantial, supportive and supported. In order to accomplish these goals, the elderly need to "*fa hui yu re*" or contribute their remaining energy. That is, as an important component of the whole Chinese population, the elderly are asked not only to remain active in society but, more importantly, also to continue to contribute to society.

This formulation is based on the analogy that life is like a piece of coal that burns slowly giving of heat to the very end. It is of central importance at present when many people are forced to retire at a younger age. The official retirement age is 60 for all men, 55 for women cadres and 50 for women workers. This standard was set up in 1978 and is still in use today.¹²⁸ This formula was once thought of as comprehensive and considerate of gender differences. However, increasing life spans and the improved health status of Chinese in general have already pushed back the threshold of being "old" in the society. Considering the average life expectancy is 69.63 for men and 73.33 for women in China today,¹²⁹ many retirees still have 10 to 20 years or longer to live. Moreover, in reality, due to severe competition and overpopulation in the urban job market, retirement before the stipulated age (*ti qian tui xiu*) has become a common practice. Many enterprises, especially many SOEs, have enforced early retirement policies as a way to reconcile labor costs with productivity and to be able to bring in younger, more technically skilled (in a modern sense) workers.

In cities, with slow economic growth and high unemployment rates among younger generations, this strategy has been widely practiced. "One-cut" (*yi dao qie*), as it is called, is a common practice in these cities: people above a certain age are forced to retire.¹³⁰ Women retiring in their thirties or forties and men retiring in their forties and early fifties is common. These "social elderly" are becoming a powerful force and cannot be ignored by the state. How to utilize their labor and transform their energy

¹²⁸ "Zhongguo xinwen zhoukan: tuixiu nianling, nu'er heyi buru nan?" Zheng Chu and Cheng Zheng. *Zhongguo xin wen zhoukan*. 11/15/2005. Retrieved from: <http://www.chinanews.com.cn/news/2005/2005-11-15/8/651562.shtml>.

¹²⁹ Table 4-5 "Population life expectancy by region". *China Statistical Yearbook 2003*. China Statistical Press. 2004.

¹³⁰ In many places, it is also called "seven-up, eight-down" (*qi shang ba xia*), meaning people under 37 or 47 can stay at work, while people above 38 or 48 are asked to retire.

to promote stability and growth rather than leave them to their own devices and potentially cause instability is a new challenge for the government.

To “contribute the remaining energy” illustrates the state’s expectation that the elderly contribute to society. However, it is not possible for them to contribute as employees or workers. Modern modes of production require education and technical skills that the elderly do not have. According to a recent census conducted in 2004, the average education level of Chinese elderly is very low. In urban areas, 28.4 percent of elderly above age 60 have never received any form of education; 33.3 percent have informal and/or elementary level education; 30.1 percent have middle school and equivalent level education; and only 8.2 percent have professional school, college equivalent or above level.¹³¹ Some have accepted the fact that this is the real reason for early retirement and accept the state’s decision. As an elderly women who retired at age 53 (democratic party member, retired office clerk of a local factory, SOE) said,

I think the reason the state wants us to retire early is not because we are old but because there are simply too many people in the society that need jobs. You have to let young people have a job, right? No matter how strong our sense of loss is, it is more bearable for us than for the young to sit at home. I think it is really pitiful for those graduated from college to stay at home doing nothing. If we did not sacrifice and make space for them, who would?

While some understand the irony of letting people retire early and then encouraging them to get jobs and remain productive, others feel they have already fulfilled their roles as workers and that they can now make a different kind of contribution. As one (age 67, CCP member, retired college librarian) stated,

I don’t think elderly people can contribute much to society. Just build up your body and promote your health; don’t become a burden on your work unit and society; teach your children well and do not let them bring trouble to society; comply with the Party’s policies and don’t ‘sing a different tune.’ The less turmoil the better; the less opposition forces the better. Isn’t it? These are the biggest contributions we old people can make.

These sentiments are exactly what the state tries to promote among the elderly and are the main themes of some recent TV hits. An example of this is one situation comedy serial entitled *I love my family* (*Wo ai wo jia*). It first aired in 1992 and ran for several years. It was the first and most successful TV situation comedy ever in China and has been rerun on many stations up to the present. In this 120-

¹³¹ In rural areas the situation is even worse. 42.8 percent of rural elderly have never received any form of education and only 4.2 percent have received college and above level education. “China’s elderly culture is still in poverty”. *Zhongguo wenhua bao*. 03/31/2005. See also the government website of the China National Committee on Aging at http://www.cnca.org.cn/include/content5.asp?thing_id=10727.

episode serial set in Beijing in the 1990s, one of the main characters is Mr. Jia, a retired old cadre. Widowed and living with his son's family and his unmarried daughter, Mr. Jia is characterized as the head and center of the family. Also the funniest character in the show, Mr. Jia represents, and magnifies, all the virtues and shortcomings of an elderly retired cadre. Obsessed with organizing family meetings and taking every opportunity to educate younger people on points of Chinese cultural and political virtues, Mr. Jia is a perfect example of "contributing the remaining energy." The fictional Jias created an ideal for millions of Chinese families: multi-generational, loving, caring, righteous, and happy. For the elderly, Mr. Jia became a role model.

In 2004 another situation comedy, *The idler: Old sister Ma (Xian ren Ma da jie)*, became popular. It featured an ordinary woman in Beijing who answered the call of the state to retire from a small SOE at age 48. Despite her actual age, gray-haired Ma was by all means marked and portrayed as a "middle-aged and old-aged" (*zhong lao nian*) woman. She had all the stereotypical characteristics: nosy, somewhat silly and careless, hot-blooded and quick tempered. She also yearned to be a communist party member.¹³² Most significantly, however, even though she had retired early, did not have much money, and worried about all the things that ordinary old people worry about in real life, she still had a rosy outlook and an optimistic attitude towards life. She was active and enthusiastic, willing to learn new skills and adapt to new technologies, and she kept up with social trends. She was steadfastly committed to her principles and followed current political situations. Actively involved in community activities such as joining a vigilance committee, organizing community activities for residents, supervising and educating young generations, being considerate and supporting state and government policies (including medical insurance reform, early retirement and other policies that were inimical to herself), and promoting righteous social and cultural virtues, old sister Ma had every trait that an ideal healthy elderly and ideal citizen should have.

In contrast to old sister Ma, Ma's mother, who lost the use of both legs, was an example of "unhealthy elderly." Yet her problems were characterized as being the result of her pessimistic attitude toward life rather than her disability. After she tried to commit suicide many times and felt unsatisfied with every aspect of her life, Ma's mother became a burden to both Ma's family and her siblings who took care of her. Ma's mother was portrayed as an annoying, nagging, hard-to-satisfy old lady who exhausted her children mentally and physically. The message expressed was clear: good health of the elderly means a healthy attitude towards life, harmonious family relationships, responsible social relationships, and being useful to others. Because of its timely humor, exaggerated style, depiction of real-life concerns, the 280-episode show has gained unusually high ratings nation-wide. Old sister Ma,

along with her pals old mama Meng and granny Liu, showed how an elderly person can contribute to society. If the point were not clear enough, the refrain of the theme song is: “It is never too late to contribute the remaining energy.”

4.4 MEDICALIZATION: SEXUALITY, FAMILY AND LOGEVITY

For the state, the most acute question is how to fill the gap in old-age-care. Besides placing enormous emphasis on cohort support in various forms of community-based elderly centers, it is also encouraging mutual support from elderly spouses, especially considering the decreasing family support from adult children.

A spouse has become the main old-age caregiver in many Chinese families today. “Young husband and wife are companions for old age (*shao nian fu qi lao lai ban*),” many Chinese say. As such, losing one’s spouse is coming to be considered the most significant loss of life to many elderly.¹³³ According to a national census, by 2004 there were 45 million widowed elderly above age 60, out of a total 120 million elderly.¹³⁴ Among all families with persons over age 65 in China, 72.56 percent were single-elderly-families.¹³⁵ Facing a huge number of single elderly people and the incomplete social old-age-care system, remarriage of the elderly has become a logical solution that has been strongly encouraged by the government in recent years. However, the outlook for elderly remarriage is not optimistic. In 1985, there were 458,000 divorce cases among of people at all ages; that number tripled to 1.331 million in 2003. Despite these numbers, the remarriage rate was 0.9 percent in 1985 and only 2.1 percent in 2003.¹³⁶ Although not all divorced people are elderly yet, many of them will face serious problems of old-age care later as an unmarried senior citizen. According to a recent national census report, among 1.2 billion elderly people above age 60, 37.6 percent had considered marrying again but

¹³² The sequel serial *The CCP member: old sister Ma* recorded how Ma, although old in age, still yearned to be a party member and proved her heart through her good deeds in the community affairs. It was also a TV hit in 2005.

¹³³ Reference to: “*Laonian beige: laizi laofulaomu de shengcun baogao*.” Qu Lan. Widely available on the Internet. Such as book.sina.com.cn and oldman.net, etc.

¹³⁴ “*Hunyinfu jiang lieru laoren hunyin wenti, ernu ganshe fumu zaihun weifa*”. *Jiangnan shibao*.12/25/2000. Retrieved from www.people.com.cn/GB/channel1/11/20001225/361621.html. See also Pochagina, 2003.

¹³⁵ Table 2-12 “Family Households with Persons Aged 65 and Over by Region”. *China Statistical Yearbook 2003*. China Statistical Press. 2004.

¹³⁶ Table 23-42 “Number of Marriages and Divorces by Region”. *China Regional and City Statistical Yearbook 2003*. China Statistical Press. 2004.

only 6.9 percent actually took “actions”, such as went to a matchmaking service or went to a traditional blind date arranged by friends.¹³⁷ This does not even take results of their “actions” into account.

In general remarriage is not a common practice in China. For a number of reasons it is even more difficult for the elderly. First, the idea being faithful unto death is an ideal that extends beyond death, especially among elderly women. “Losing integrity in one’s old age” (*wan jie bu bao*), “lack of social and self-respect when one is old” (*wei lao bu zun*), “old indecent” (*lao bu zheng jing*), and “old age young heart” (*ren lao xin bu lao*) are statements that are used to stigmatize elderly people who remarry. Second, objections from adult children are always a major concern for elderly parents. The reasons that adult children are against their parents’ remarriage usually include: 1). Inheritance concerns. Research has shown that the obstacle to elderly remarriage is much bigger for those elderly who have financial resources, lots of savings and/or real estate.¹³⁸ 2). Concerns of being accused of being unfilial. Remarriage of elderly parents is usually considered a sign of children not providing enough care for the aged in the society. 3). Lack of understanding of elderly parents’ request to remarry. In the eyes of many adult children, doubt about the necessity of elderly remarriage is strong. Providing financial support and hiring *baomu* for elderly parents are considered enough to satisfy their every possible need. Desires other than these, such as sexual desires, are beyond imagination and shameful. 4). Sense of shame. While remarriage has long been viewed as shameful for a woman and her family, remarriage between the elderly extends such a stigma to elderly men and his family as well. Some children view remarriage of their widowed parent as betrayal of the dead spouse. 5). An unwillingness to take care of a stepparent, especially after the death of their biological parents. The opinion of adult children is significant to elderly parents who will eventually rely on them for old-age care. Reports show that some children even threaten to separate from or refuse to take care of their elderly parents to prevent remarriage from happening. Under this circumstance elderly parents usually have to choose between love and their own families.¹³⁹

Third, many elderly who are interested in getting married often find it difficult to meet someone.¹⁴⁰ It is said that elderly men are more interested in remarriage, both due to their better

¹³⁷ “*Laonianren de zaihun zhilu*” 03/23/2005. Retrieved from: <http://www.china.org.cn/chinese/zhuanti/qkjc/818716.htm>.

¹³⁸ See also “*Huanghunlian de xinli ji zhang'ai*” at Medicine Education Net. Retrieved from med.cnedu.cn/html/2005%5c5%5csu671327351185500214948.html.

¹³⁹ See “*Laonian zaihun mianlin de sida wenti*.” 09/17/2004. Retrieved from: www.sport.org.cn/quanmin/ys/kj/2004-09-17/320313.html.

¹⁴⁰ Matchmaking services usually target younger people, and those that do provide services for elderly people are not satisfactory and are blamed for being incompetent and not safe.

financial condition and less stigma, but relatively few elderly women are interested.¹⁴¹ And for those elderly who do remarry, the divorce rate is especially high.¹⁴² According to statistics, about 60 percent of elderly remarriages ended in divorce, accounting for about 90 percent of all divorce cases of the elderly.¹⁴³ Many elderly are aware of this and it further dissuades them.

Fourth, the health status of one's new or potential spouse is a crucial issue in remarriage. Whether and to what extent one should take up the responsibility of taking care of a new spouse, especially their medical costs, is a common and very practical concern. Exhausting one's "own" family economic resource for an "outsider" is often regarded as unacceptable, and not just by the adult children of the elderly

Due to these factors, a new phenomenon has become more common among single elderly today: cohabitation.¹⁴⁴ This trend has little to do with romance. Is a practical choice made by many elderly who do not want to challenge social conventions directly.¹⁴⁵ Without protection from the law, however, these kinds of informal relationships can end tragically. Since it is often the woman who lives longer than the man, but the man who provides the home, when the man dies the woman is at the mercy of the man's adult children who do not necessarily feel responsible for her.

In response to the generally negative view of many, the Chinese government has spared no effort to encourage and promote remarriage among elderly people. "Children must not interfere in elderly parent's remarriage" and "children must not cease providing for one's parent due to change of marriage relations" were phrases that were put in a 2000 Marriage Law Amendment. Because this amendment is still under discussion and waiting to be approved by the central government, many local governments have taken the initiative and have passed laws and policies to protect elderly people's remarriage rights. Reports from the government, and statements made by academics and the media place emphasis on the benefits of remarriage, and say that it is healthy for the nation and healthy for individual elderly as well. Cheng Yong, the dean of the Department of Investigation of the Chinese Elderly Association says,

¹⁴¹ Ibid.

¹⁴² "Miandui renkou laolinghua tiaozhan, qinggan suqiu dao yanglao xuyao, yinfa zaihun wentun de paomo." 06/20/2005. Retrieved from: http://www.chinapop.gov.cn/rkx/zxbd/t20050616_23338.htm.

¹⁴³ Ibid.

¹⁴⁴ "Wunai de shishang, zoujin Sichuan Chengdu laonian tongju dajun." Zhao Jianzhong. 06/21/2003. Retrieved from: <http://www.southcn.com/news/community/shzt/theold/marriage/200309261237.htm>.

¹⁴⁵ "Wu'ou laoren tongju, shimao haishi wunai de xuanze?" Qin Yongmei. Retrieved from: <http://www.agedhome.org/Intjbg.htm>.

From a medical and biological point of view, remarriage is good for their health of the elderly. Widowed elderly people who reorganize their family and look after each other help to relieve social pressure. It is also beneficial to both the family and children.”¹⁴⁶

Social researchers also have tried to show the importance of elderly remarriage by emphasizing its psychological benefits. As they argue, changes in social roles and social contact brought on by retirement and the nuclearization of the family make married life “the most critical element in one’s late life, especially in terms of physical and mental health.” Remarriage can not only reduce a high mortality rate among elderly who have recently lost a spouse, it can also help single elderly people become less lonely and increase their self-confidence, as well as reduce their dependency on adult children.¹⁴⁷ Medical educators summarize the “effects of elderly remarriage” as: it reduces the psychological burden on adult children; it is good for the grandchildren; it reduces the burden on the state; it prevents elderly abuse; it is comforting and promotes good mental health.¹⁴⁸ In a nutshell, it is argued that remarriage of the elderly is not only good for the health of the elderly, but, more importantly, it is beneficial to the family and to society as a whole.

Medical scientists have been enlisted to try and prove the necessity of elderly remarriage, and sexuality has become an important topic of analysis. In a culture where overt sexuality and sexual overindulgence has long been viewed as immoral and pernicious, science and medicine are able to take up the topic in a way that other forms of public discourse can not. In the Mao era, sex was linked to production and reproduction. In terms of state policy toward individual workers, the goal was to transform the energy of eroticism into cooperative production for the state (Farquhar 2002). Sexual desire was characterized as petty bourgeoisie and a sign of Western moral corruption. The thought of sexuality was “ugly” and “unhealthy,” and people talking about it were labeled as “hooligans.”

The rediscovery of individuality beginning in the 1980s has affected desires and the means to gratify those desires for both young and old alike. As Farquhar points out, sexuality in reform China is not such a taboo topic as it once was. It has become a source of private pleasure and a social force requiring moral surveillance—in other words, quite “normal” by cosmopolitan standards (2002). The sex taboo of the pre-revolutionary period is referred to as a “feudalistic legacy,” “old-fashioned,” and based

¹⁴⁶ *Renmin ribao*. 12/20/2001. Also see Chinese National Congress News Web at www.npcnews.com.cn/gb/paper238/1/.

¹⁴⁷ “*Beijing shi laonianren zaihun wenti yanjiu*.” Du Peng and Yin Bo. 12/19/2005. Retrieved from: <http://www.bjpopss.gov.cn/bjpopss/cgjj/cgjj20050721.htm.zh>.

¹⁴⁸ “*Laonian zaihun xinli ji zhang'ai*”. Retrieved from www.med.cn.edu.cn/html/2005%5c5%5csu67132735118550214948.html. See also “*Huanghunlian, wuxian meihaode de xiyang*.” 10/10/2004. Retrieved from: www.fx120.net/xlzs/xlcs/lx1/200410101652024095.htm.

on “sexual ignorance” (*xing wu zhi*). Science and medicine claim to provide accurate knowledge about sexual health that is good for social life. In the name of science, society is finding a way of organizing intimate experience and private relationships, through which a rubric of supervision and regulation is naturalized.

The elderly are also encouraged to express their sexual desires, but only in authorized forms. Modern discourse concerning elderly people’s sexuality, taking the form of medicalization, does not simply lift the former cultural taboo but rather codes it in a different way. The sexuality of the elderly has become a special area in which to cultivate good health and achieve longevity. It is not so much a question of satisfying desire, as fulfilling the needs of health. The medicalization of sexuality of the elderly has created a language in which sex can be talked about in public. However this is not an open and free discussion, but one that is circumscribed by what is regarded as appropriate. Modern texts use statistical data from “other regions” and countries to demonstrate that the mortality rate among widowed elderly is higher than the rate among those who live with partners.¹⁴⁹ The elderly are told about the benefits of regulated sexual behavior, such as how it keeps sexual organs as well as other organs functioning well; how it makes the elderly feel younger and feel that “the tide of life is still surging ahead;” how sexual gratification and the secretion of sexual fluids promotes the whole metabolism and therefore prolong one’s life; and how sexuality stimulates other senses of the body, such as hearing, seeing, and touching.¹⁵⁰ Sexual activity is said to be a form of whole-body exercise, equivalent to walking three blocks; it also reinforces the relationship between spouses, helps one forget – at least temporarily – bodily discomfort; reduces depression, and prevents diseases such as inflammation of the prostate gland.¹⁵¹ In summary, studies show that “regulated sexual life is good for both the physical and mental health of the elderly; it promotes family harmony, stability, happiness, and helps attain longevity and the effect of *yangsheng*.”¹⁵² The necessity of elderly people continuing with an active sexual life is oriented towards an overall good health for all.

¹⁴⁹ Numerous volumes of popular medical magazines have charts, tables, and/or descriptions showing statistics on mortality rates among elderly with partners and without partners. Such as, *Xinfu jiating*, May 2001, June 2001, November 2001; *jiating yisheng*, July 2002, August 2002; *Laonian shenghuo*, September 2002.

¹⁵⁰ *Laonian yangsheng baike quanshu*. (Eds.) Chen Wenjun et. al. Hubei Kexue Chubanshe. 1998: 546.

¹⁵¹ “*Laonianren baochi zhengchang xingshenghuo weihe youyi shenxin jiankang?*”01/09/2003. Retrieved from: <http://life.96963.com/20030109/1035255.shtml>.

¹⁵² “*Laonian zaihun xinli ji zhang'ai*”. Retrieved from www.med.cn.edu.cn/html/2005%5c5%5csu67132735118550214948.html. See also “*Laonianren xingshenghuo*”. Retrieved from: <http://www.cpwf.org.cn/shengzhi/lao/xing/xing005.htm>; and “*Laonianren zaihun zhilu*” 03/23/2005. Retrieved from: www.china.org.cn/chinese/zhuanti/qkjc.818716.htm.

The modern representation of the sexuality of the elderly combines elements of TCM and biomedicine. The regulation of sexual behavior—the ancient health art—is an important part of the Dao of *yangsheng*, which ensures a long life, wholesome health, and an enjoyable self-health cultivation. The correlation between sexuality, health and longevity in ancient TCM texts fits well into the representation of sexuality within the state discourse on healthy aging. In modern representations, it is common to see *Qi*, *Shen* (spirit), and *Jing* (seminal essence) used in tandem with words such as prostaglandin, hormone, and systematic hyperplasia. While ancient Chinese language cannot be easily understood by the majority of ordinary people, TCM teachings about sexuality in their ancient forms are heavily cited, along with modern translations and interpretations, in many modern texts. Distortion and confusion are not uncommon. For example, according to TCM classics, the regulation of sexual activity starts from the beginning of one’s sexual maturity and extends to one’s later life. Longevity results from the correct stewardship of bodily resources, especially kidney *Jing* (seminal essence). TCM texts say,

One *xie* (ejaculation) every four days in one’s twenties; one *xie* every eight days in one’s thirties; one *xie* every sixteen days in one’s forties; one *xie* in twenty days in one’s fifties; one *xie* in thirty days in one’s sixties; and one *xie* every forty days in one’s seventies.”¹⁵³

The regulation of sexual activity is a life-long process that is particularly oriented toward controlling the frequency of ejaculation rather than sexual intercourse and sexual activity in general. *Yangsheng* classics emphasize self-controlled and carefully managed sexual activity. Both insufficient and abusive sexual activities are harmful to one’s health, these texts state, while regulated sexual behavior is favorable to good health and longevity. In modern texts these principles of regulation are frequently quoted but “*xie*” is simply reinterpreted as “sexual intercourse” (*xing jiao*) or a vague “sex life” (*xing sheng huo*). The management of the frequency of ejaculation has been translated into the control of sexual behavior in general. Emphasis is placed on moderation, self-control, and personal responsibility.

Modern medical discoveries are also often referred in the texts that deal with the science of elderly sexuality. Phrases like “according to the American scientific research,” “from the perspective of modern medicine,” and “a famous American psychologist says” appear frequently to strengthen the authority of various statements. This amalgamation of TCM, science and biomedicine produces a public discourse on the regulation on sexuality that has significant cultural force.

As Conrad argues, for medicalization to take place, specific behaviors and conditions must first be conceptualized as medical or biological “problems.” The means by which to deal with these problems or “abnormalities” can be institutionalized to effect social control (1992). “Problems” and “abnormalities”

¹⁵³ *Su nu jing*. A famous *yangsheng* classic focusing on ancient arts of sexuality. Also available at http://www.xys.org/xys/classics/seqing/su_nyu_jing.txt.

can be as innocuous as “difficulties,” and the sexology of the elderly emphasizes the difficulties of sexual behavior. Research data clearly suggests that age itself does not reduce the desire for nor the ability to have sex (Master and Johnson 1968; Pfeifer et. al., 1969; Lobesenz 1974; Butler 1975; Rubenstein 1978; Kellett 1991; Roughan et. al., 1993; Anderson et. al., 1998; Butler and Lewis 1993; Clements 1996; Jacoby 1999; Comfort 1980; Theienhaus et. al. 1986; Guan 2004). Despite these conclusions, the decline of both sexual desire and ability among elderly people is assumed in Chinese society. In many contemporary texts for both men and women, comparisons are frequently made between the young and the aged in terms of their differences in physiology and sexual ability. The mechanisms of sexual functions are explained in terms of changes in the shape of sexual organs, the numbers of cells, and the volume of body secretions and hormones.¹⁵⁴ Measurable and isolatable body quantities fragment what is in fact a holistic – and whole body -- experience. A distinction is made between “elderly sexual physiology (*lao nian xing sheng li*)” [e.g. changes in the sexual organs and changes in sexual responses and physiological cycles] and “elderly sexual psychology (*lao nian xing xin li*)” [e.g. the necessity of continuing with sexual love and “sexual psychological hygiene”].¹⁵⁵ Some argue that sexual desire among the elderly arises from the memory of earlier, physical sexual gratification stored in the cortex of the brain.¹⁵⁶ Others argue that sexual gratification fulfills a psychological need that is more important than the physical sensation.¹⁵⁷

In any case, sexology texts provide concrete advice on finding solutions to the problems of elderly sex. They recommended such things as being considerate to one’s partner, using “facilitating” gels and pills, dietary practices, and *Qi Gong*. The elderly are also taught that there are various means of “sexual love” (*xing ai*), which are different from but no less satisfying than “sexual intercourse” (*xing jiao*). Thus the repertoire of sexuality is enlarged, and enlarged to allow for sexuality to promote more general psychological health. Physical expressions such as holding hands, kissing, hugging, and communicating are all counted as healthy substitutes for sexual intercourse. Ironically, these used to be downplayed and criticized by elderly Chinese as “Western styles” or “young people’s things” (Guan 2004).

¹⁵⁴ For example, elderly women’s sexual functional changes are measured by the length and width of the vagina, ability of enlargement and contraction, color of sexual organ, time needed to be aroused, and quantity and even weight of body secretion, etc. See *Jiating yisheng*. May 2002.

¹⁵⁵ *Laonian yangsheng baike quanshu*. (Eds.) Chen Wenjun et. al. Hubei Kexue Chubanshe. 1998.

¹⁵⁶ Ibid.

¹⁵⁷ “*Xingjiao shibushi weiye de xing’ai xingshi?*” In *Jiating yisheng*, June 2000. p27-28.

Historically the control of individual behavior is often related to social stability and progress, and recently the discourse on sexuality has been implicated in this. Kleinman (1978) argues that in China the body is viewed as the microcosmic continuum of symbolic harmonies resonating from the macrocosm. Along the lines of this continuum the body is often analogized to the social organization of the state, and vice versa. Therefore, in terms of medicalization, certain behaviors are regarded as potentially dangerous, not only to individuals but, more importantly, to society at large. A lack of sexual self-control particularly among elderly men is thought to lead from self-destruction to the demise of the family and end in social chaos.

Stories from various sources teach the elderly about the consequence of excessive sexual desire. Following the earlier male-biased representation of sexuality, the contemporary representation also gives almost exclusive attention to elderly males in terms of moderation and control. One of the most common themes is elderly men and prostitution. For an old man to visit a prostitute is thought to be particularly bad. They are often characterized as misusing virility drugs. Common stories that circulate are dramatic and tell of elderly men coming down with high blood pressure or asthma during sexual intercourse. There are also a growing number of news reports on elderly men sexually assaulting or raping small children. In a paradoxical way that highlights the problematic sexuality of the elderly, elderly men are thought to be both “naturally” asexual, but also driven to irrational and criminal acts by their latent sexual desires; desires that are often enhanced by various medical means, such as medical alcoholic drinks soaked with various Chinese herbs and animal parts known for enhancing one’s sexual desire and performance (See Farquhar 2002; Zhang 2003). In any case, the stories that circulate produce an atmosphere of public vigilance.

Elderly men’s excessive sexual desires can even become a roadblock to remarriage. Remarriage of the elderly is identified in society as “seeking a companion (*zhao ge ban*),” which in Chinese implies little if not absolutely no sexuality. Elderly women seem to conform more with this notion. For instance, a health magazine¹⁵⁸ recorded a story about a 72-year-old man who had recently married a 60-year-old woman. The wife did not have sexual desire and felt extreme pain during sexual intercourse, which was attributed to her twenty years of widowhood before this remarriage. One day, after she refused the man’s sexual request, the husband locked her up in small dark bathroom for 10 hours. After she was set free by her neighbors, she packed up all her belongings and left. The last words she said were,

My short-life-ghost (former husband) was not capable when he was only 60. This old guy’s back is already on his coffin and he is still that avaricious! He sounded so nice before: ‘seeking a

¹⁵⁸ *Jiating yisheng*. March 2004.

companion in old age'. He is hanging up the goat's head to sell the dog's meat! So *that* (sex) is what he wanted, *that* thing! So ugly!

In modern texts, elderly women are generally said to have more physical difficulties in sexual intercourse and to have less sexual desire after menopause, while elderly men usually are said have excessive sexual desire. Around age 60 elderly women are generally thought to lose interest in sexual activity, while elderly men are still thought to have desire into their 70s.¹⁵⁹ Both elderly women and men are counseled to be more considerate to their partners' physical and psychological changes and sexual demands for the sake of family harmony. Elderly men especially are required to have more self-control. As research has shown, elderly women, who usually experience more social and cultural obstacles, are more likely to be considered inactive, unhealthy, asexual, and feel shame about their sexual activities (Lamb 2000; Kigsberg 2002; Butler and Lewis 1988; Guan 2004. See also Hodson and Skeen 1994; Walters 1987). Chinese data has shown that social and cultural constraints based on gender do not necessarily fade away with aging; in many cases, they become even stronger. Behavior that is age-inappropriate brings humiliation to both the self and to one's family. While public censorship can be applied to both elderly men and women, it is especially harsh for elderly women. Quiet a few elderly women who talked about such issues with me voluntarily¹⁶⁰ also expressed their lack of interest in being sexually involved in remarriage. "It would be perfect if I could find a satisfactory man to live the rest of my life with as a companion. If not, a woman could be a good companion too. As it comes to sexual need, I give absolutely no consideration. The main purpose is to take care of each other in remarriage. If a man wanted sex, I wouldn't choose him," said a 62-year-old woman who was in the process of getting divorced from her husband.

Elderly men who are financially secure are said to be more interested in finding someone who is much younger than themselves—the so-called "generational marriage (*dai ji hun yin*)". In modern texts, relationships between elderly men and younger women are usually portrayed as tricky and dangerous. In this type of relationship, love seems to be absolutely out of the picture. Elderly men are depicted as rich or powerful, while young women are stereotyped as flirtatious gold diggers. Elderly men are depicted as victimized and exploited by younger women who take advantage of their older companions excessive sexual desire. Older men are, therefore, admonished to not just re-marry, but to re-marry women of their own age for companionship rather than sex.

¹⁵⁹ "Laonian zaihun: xiangshuo aini bushijian rongyi de shi." 12/20/2004. Retrieved from: news.xinhuanet.com/focus/2004-12/20/content_2347376.html.

¹⁶⁰ It is inappropriate for me, a young single woman, to ask about such topic unless these women were willing to talk about it voluntarily.

Following Nietzsche's lead, Foucault defines "biopower" as a form of hegemonic power manifested in medicine and science that has its effect on the human body (1975, 1978). As disguised power, it involves localized and routinized bodily practices that give shape to individuals, families, communities and institutions. Foucault claims that the naturalization of biopower creates a domain of expertise and constitutes its own objects of analysis to which it then responds. In other words, the body is at the center of a "dialectical force relation" in which it stands as a "metaphor for the anatomical focus and embodiment of power; a materiality that acts as a source and target of power, whether expressed politically, sexually, juridically or in discourse" (Hewitt 1991:231). The individual body not only has cultural meaning but also reflects social structure, on which collective discipline, regulation, surveillance and control is enacted (Lock and Scheper-Hughes 1998). In Foucault's terms, social forces that organize our lives come to be embodied and thus situate the effect of biopower on the level of private experience (Kleinman 1986: 195).

As I have demonstrated in this chapter the body is a site where different kinds of power are situated and where different forms of power interact. In this context it is of central importance to understand how medicalization (in terms of health, sexuality and pathology) and moralization (in terms of normalcy and deviance) encode and enact social and cultural expectations. Through the medicalization and moralization of elderly people's health and sexuality the state has constructed a discourse that provides a framework for surveillance and control. The object of this surveillance is not just the physical body, but the values associated with the meaning of that body in practice – its moral status and ethical bearing -- in relation to both society and the self.

5.0 **MARKETING HEALTH, MARKETING AGING**

“Ask your doctor about...” “Talk to your doctor about...” In the U.S., TV viewers are inundated with advertisements for drugs that aim to cure all sorts of “diseases.” In China the situation is both similar and different. Television viewers are constantly barraged by advertisements for all kinds of *baojian* (health protection) products for their children, themselves, their significant others, and – most significantly – for their aging parents. The pervasive theme of these advertisements is that *baojian* products will strengthen the body and prevent disease.

“*Nao Bai Jin*” literally translated as the “Platinum of Brain,” is the most popular *baojian* and anti-aging product in the Chinese market. Claiming to be a scientifically proven natural product with TCM herb ingredients processed by modern technologies, its benefits include improved sleep, enhanced intestinal absorption, elimination of internal toxins, and prolonging life by slowing down the aging process. Its soaring sales since the late 1990s can in part be attributed to its too-cheesy-to-forget TV commercials: thousands of men and women, young and old alike, in British-royal-soldier-style uniforms marching down city streets with balloons floating and drums beating. “*Nao Bai Jin* is good, *Nao Bai Jin* is good, *Nao Bai Jin* is indeed good,” they all shout hysterically. No one in China who has ever watched TV will forget the jingle: “Parents do not accept any gift this year; the only gift they accept is *Nao Bai Jin*.” The message is simple and clear-- good health is the only thing your aging parents want, and the only way to get it is to consume *Nao Bai Jin*. The success of *Nao Bai Jin* gives some indication of the booming *baojian* market in China.

In this chapter, I first look at the contemporary practice of TCM in institutionalized contexts, i.e. hospitals and research institutes. I examine the reasons why contemporary disease-orientated TCM has failed to satisfy the health needs of ordinary people. Following this, I look at how *baojian* companies modify and commercialize *yangsheng* ideologies to push their profit-making agenda: promoting health through consumption in general and the consumption of exotic tonics in particular. I examine a variety of strategies that *baojian* companies employ to promote sales and to make profits. The success of *baojian* companies reflects a dire condition of health care in contemporary China and the need many people feel to maintain good health so as not to experience financial ruin as a result of getting sick. However the elderly in particular express a great deal of ambivalence about buying and consuming *baojian* products,

and the cost of these products is another factor that has led to the popularity of *yangsheng* practices that are inexpensive and self-regulated.

5.1 THE FATE OF THE TCM PROFESSION

Medical historian Paul Unschuld (1985) has pointed out the numerous problems that are attendant on dehistoricizing TCM. He shows that during nearly 3,500 years of development TCM has grown into a large and complex health care system with intrinsic diversity and plurality. As such it has developed over time through interaction with several different conceptual systems from around the world, including that which underlies modern medicine. However, this hybridity has not been fully appreciated in its country of origin. For nearly a century TCM has been deliberately established as “traditional” and “Chinese” medical system in contrast to a “modern” and “Western” one. The Chinese nationalists were especially enthusiastic in making this distinction. As Croizier (1972) recognizes, since 1919 the development of TCM has always been related to discourses of nationalism. The vicissitudes of TCM in the contemporary Chinese history can be traced with reference to different values assigned to Chinese cultural traditions at different points in time.

The debates on TCM’s legitimacy started when Western science and biomedicine first came to predominate in China in the early 1920s. In the Republican and Nationalist period, TCM encountered unprecedented challenges from Western science and medicine. Intellectuals of the time especially those who had contacts with the outside world were eager to bring the “Mr. De” (democracy) and “Mr. Scie” (science) into China so as to modernize rapidly and thus hold Western imperialist powers at bay. In this context many aspects of “traditional” culture came to be viewed as antiquated and outmoded. In this regard TCM was a perfect example of a “tradition” that had to be replaced with modern science. In 1929, the Nationalist government put forward a proposal to abolish TCM. Although the proposal was not carried out due to strong opposition from TCM practitioners, it initiated a decades-long war between TCM and biomedicine (known as Western medicine) in China.

After the founding of the PRC in 1949, TCM has undergone several transformations. In general medical attitudes were often formulated with regard to questions of ideological correctness rather than efficacy. In the early years of the PRC, development of TCM was highly institutionalized and politicalized (Farquhar 1996). In 1950, the president of the China Ministry of Health, He Cheng, labeled TCM as “feudal medicine” which was “not scientific” and “can only play a psychological placebo effect

on peasants.”¹⁶¹ However, Mao Tse-tung began to see things differently. TCM was inexpensive, widely available, and indigenous rather than foreign. As such it could better serve the masses, especially the millions of peasants who had very little access to public health and medical services.

In 1958, Mao initiated a nationwide movement to promote TCM that is referred to as the “Western medicine studies from Chinese medicine” or “*xi xue zhong*” campaign. During the following decade hundreds of thousands of biomedical doctors were sent back to school or to specially designed programs to study TCM. TCM classics and textbooks were published in large numbers. Tens of thousands of barefoot doctors were trained in simple biomedical and TCM techniques. Primary clinics that mainly practiced TCM were founded in many remote rural areas. Although Mao’s advocacy for TCM was politically motivated, this movement helped to increase the number of medical personnel in rural areas, satisfied the basic health needs of the majority of the population, and helped China to deal with scarce biomedical resources. The influence of this movement is still noticeable. Many older biomedical doctors who were practicing in the 1960s have a more integrative approach than do younger Chinese doctors today.

Although the whole movement was intended to Sinicize biomedicine and to popularize TCM practice, training and higher education in TCM was based on a biomedical model. This was a major state project of institutionalization, “in which knowledge and social structure could be mapped over each other and reproduced through large-scale educational institutions” (Farquhar 1996: 15). In order to serve the people on a larger scale and at a faster pace, the time-consuming traditional way of training was largely abandoned. Thousands of TCM schools and colleges were established, adopting biomedical training techniques. What had taken ten to twenty years in terms of apprenticeship was modified extensively and fit into a five-year curriculum based on laboratory work and Western medical technology.

All of this created contradictions and paradoxes as well as inconsistencies between the theoretical foundation and the practical application of medical care. TCM was institutionalized as a “traditional medical system” and was, therefore, generally practiced alongside of, but not with, Western medicine. The political rhetorics of TCM being “the people’s medicine” and the “medical legacy of the motherland” resulted in its compartmentalization and differentiation rather than the idealized synthesis with modern biomedical technology. Although TCM has been incorporated into most of the major hospitals and medical training programs, the emphasis on quick results has meant that the theoretical principles of TCM have largely been ignored. It was not, therefore, the kind of synthesis that earlier nationalists wanted, nor was it what Mao himself campaigned for. A central dilemma lay in the attempt to reconcile the fundamentally different principles and methodologies of modern Western science with “ancient” Chinese

¹⁶¹ “*Zhongyiyao wenhua 50 nian.*” Ma Bingzhi (ed.). 01/26/2005. From *Feihua* health net. Retrieved from:

medical concepts. The often hoped for breakthrough in explaining the principles behind TCM therapeutics in scientific terms did not happen (Hsu 1999; Scheid 2002).

Following the earlier Nationalistic policy of “scientizing” TCM, since the 1970s the Chinese government has focused on producing a new system of medicine that is both scientific and still distinctively Chinese (Croizier 1972: 34). However, to some extent this is contradictory, since the science does not accommodate theories that cannot be tested, and yet it is these theories that make TCM distinctively Chinese. In the early reform era, with the weakening of ideological positions and the prioritization of modernization over nationalism there was even greater skepticism on the part of many concerning the “traditional” veracity of TCM theories. Although equivalent support for TCM and biomedicine was written into the 1982 constitution, many practitioners feel that TCM has lost significant government support. Policies that encourage biomedically oriented TCM practice and training, reduced financial support from the government compared to its investment in biomedical research institutes and hospitals, and Westernized administrative management of hospitals¹⁶² all put TCM’s future in doubt. A 28-year-old TCM teacher at a local TCM university described their current situation as comparable to a “chicken-rib” or “*ji lei*”: of little value but a pity to throw away. As he said:

It takes too long to cultivate a real TCM doctor. Usually it takes more than ten years of training plus years of practice. When they are good at it, they are on the edge of retiring. No wonder the state utilizes a dilatory strategy to let TCM run its own course. The investment in the provincial TCM universities and colleges (usually the best of all) is not even comparable to the state’s investment in the Beijing Biomedicine University in one year. Isn’t it obvious what the state favors? The state policy connects TCM education with culture and philosophy that cannot produce direct economic returns. Nowadays the state places priority on information science and bioengineering. It is easier to and quicker to train these scientists and it is an industry that makes more money. I think the state guideline for TCM development is “something not indispensable.” It is a treasure from the old days, so just keep a little bit of it for future reference. That is all. In order to catch up with the Western developed countries, our country needs more practical and more advanced sciences.

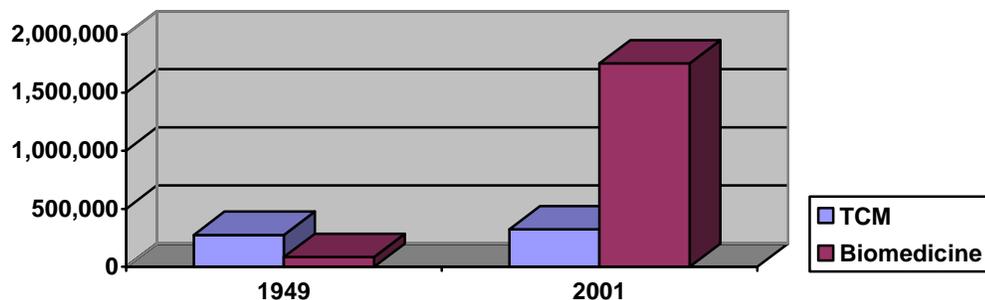
Another 68-year-old biomedical doctor elaborated:

With the reforms TCM started to decline. Enrollment of new students in TCM schools is much lower than before. The job market is also very bad for those trained in TCM. Hospitals are the

<http://yun.fh21.com.cn/39120/zy/html/20050126/211917.html>.

same. In general hospitals¹⁶³ TCM departments and sections are no longer regarded as essential. They are more like a symbol; a token gesture. And because most of the TCM sections are not able to turn a profit, many of them were closed for good. There are far fewer TCM doctors and most of them actually practice biomedicine. In TCM hospitals things are no better either. On the city level and above it is a little bit better because of a relatively reliable source of patients. But many local hospitals and clinics are in bad financial straits. Many will either have to shift over and become biomedical hospitals or else shut down.

In the post-reform era the development of TCM lags far behind biomedicine. In 2002 governmental medical investment was 371.68 billion Yuan in total, among which only 31.33 billion was given to TCM institutions.¹⁶⁴ By 2001, among all ranked hospitals in China 14,953 are general/biomedical hospitals and only 2,492 are TCM hospitals with a ratio 6:1, and TCM hospitals are, in general, smaller in size. Table one shows a clear contrast between the developments of the two nationwide. In 1949 there were 276,000 TCM doctors and 87,000 biomedical doctors. In 2001 there were 324,000 TCM doctors and 1,751,000 biomedical doctors. In about 50 years, TCM doctors increased by 17.4 percent while biomedical doctors increased by 2,000 percent, and the ratio of TCM doctors to biomedical doctors increased from 3.2:1 to 1:5.4.¹⁶⁵ (See Figure 5.1)



**Figure 5. 1 Increase of Medical Personnel by Type
China 2002**

¹⁶² The management mode in hospitals, general hospitals and TCM hospitals is known as “letting the priests rule the monks”. Administrative personnel on the top are usually biomedical (Western medical) personnel who know little about TCM. The promotion system in hospitals also favors biomedical practitioners.

¹⁶³ In China most of the general hospitals are dominated by biomedical practices. TCM hospitals usually also practice biomedicine in many areas but they are still called TCM hospitals.

¹⁶⁴ “Zhongguo zhongyiyao de fazhan xianzhuang yu qianjing.” Jia Qian. 05/13/2005. Retrieved from: <http://bbs.macd.cn/index/t-723078.html>. See also <http://active.chinainfo.gov.cn>.

¹⁶⁵ Ibid.

In simple terms, in the free market institutionalized TCM cannot compete. The Medical Reform launched at the turn of the century further undermined the status quo. Insurance restrictions on choice of hospitals and therapies additionally reduced the number of patients seeking TCM treatment. Many TCM hospitals are not approved for insurance coverage, and TCM treatments in general hospitals are not reimbursable either. According to the *Wuhan Statistical Yearbook 2003*, in 2002 75 percent of total patients treated were in general hospitals (dominated by biomedical practices) and only 8.6 percent were treated in TCM hospitals. The same year, 77 percent of hospital admission was to general hospitals and only 5 percent was to TCM hospitals. In sum, general, biomedical hospitals are TCMs greatest competition. (See Figure 5.2)

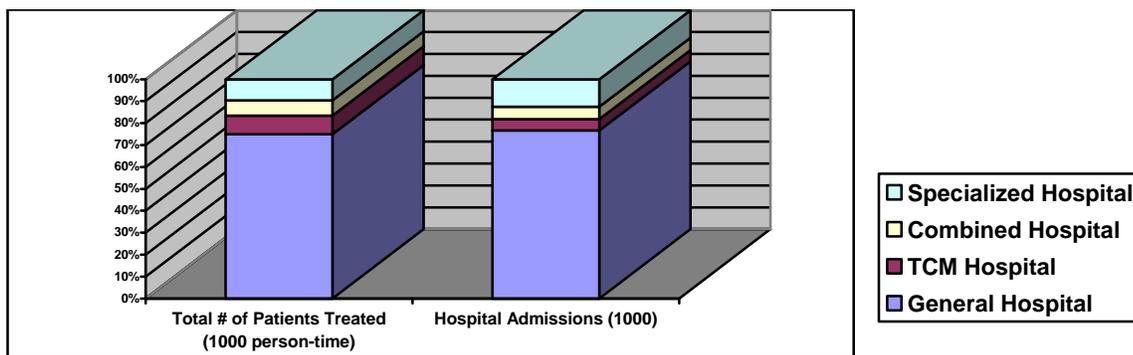


Figure 5. 2 Statistics on Hospital Affairs, Wuhan 2002
 Source: Wuhan Statistic Yearbook 2003

From the perspective of TCM professionals, a critical issue is that they now have to justify their legitimacy as a medical system by successfully competing with biomedicine and by producing scientific justification for what they do. In many TCM hospitals biomedical technology and procedures are routinely used. Not only does this undermine the principles of holism that are integral to TCM, it is also often the basis for fraud. To require patients to have an X-ray, CT or blood test is one of the few ways that TCM hospitals can generate income. Given the commercialization of drugs and tonics, TCM prescriptions are almost as expensive as Western drugs.

TCM school training puts equal emphasis on TCM and biomedicine. Most of the training is done in laboratories and does not involve interaction with patients, which is one of the most important features of TCM. Hence, after five years of training students often end up poorly educated having mastered neither domain.¹⁶⁶

¹⁶⁶ Using the Hubei College of TCM as an example, TCM students have to divert much energy and time to study biomedicine in their training. Before establishing a firm basis for TCM way of thinking, students are required to take

Along with the long standing problem of trying to further scientize TCM, many professionals are now asking themselves what kind of care they can provide that biomedical hospitals cannot. A few see hope in treating diseases that biomedicine cannot: the “difficult and complicated diseases” or “*yi nan za zheng*.” Some TCM practitioners proudly claim that they let biomedical doctors “drink the soup and eat the meat,” while they gnaw the bone, meaning biomedicine treats all the easy, curable, and profitable diseases and leaves those difficult and complicated diseases to TCM. However, this is in reality only an idealistic vision.

The biomedical proof of legitimacy is the ability to cure disease. To claim legitimacy, TCM has shifted from a holistic view of the person to a more disease oriented perspective. Based on seemingly holistic principles like “the concept of an organic whole” (*zheng ti guan nian*) and “diagnosis and treatment based on an overall analysis of the symptoms and the patient’s conditions” (*bian zheng shi zhi*), TCM professionals argue that they can cure disease without knowing its causation and mechanism — the exact point that its opponents use to criticize its non-scienticity. This so-called “black-box affect” — curing without knowing how — now becomes TCM’s advantage. The argument is made that biomedical science is “not advanced enough” to explain cases in which a TCM practitioner has “miraculously” cured someone. Since the 1980s many TCM practitioners have formulated treatments for chronic diseases like hepatitis, cancer, diabetes, as well as many other “mysterious” diseases such as SARS and AIDS. The media is often eager to report on TCM’s successes and breakthroughs. Common claims are that these treatments are cheaper, fairly effective, convenient (patients can stay at home for some treatments), and have fewer side effects if any at all.¹⁶⁷ This has brought some patients to TCM hospitals. While many TCM hospitals are struggling, these so-called “specialized (*te se*) TCM treatments” dealing with hepatitis, cancer, and infertility are very successful and profitable.¹⁶⁸

many biomedical courses in conjecture with TCM courses. Teachers told me that under the pressures from biomedicine, TCM schools have to raise the proportion of their biomedicine courses to make their students “fit better in the job market.” In five years of study, 43 percent of courses are TCM courses, and 31 percent are biomedical courses, and the other 26 percent are public courses such as politics and English. The study of the *Yellow Emperor’s Canon of Internal Medicine* was once the most important part of TCM training. In less than ten years since the late 1980s, course hours for this classic text have dropped from 488 hours to 30 hours. For some majors it even became a selective course. This change leads to insufficient training of TCM. Students said that they are in a dilemma of “neither good at TCM nor good at biomedicine.” Students joked that “our school’s leading principle is to teach us one third of TCM, one third of biomedicine, and one third that TCM is not scientific nor useful.”

¹⁶⁷ Search by the keyword “TCM” and “cancer”, hundreds of thousands of similar reports will pop up. News paper reports, health magazines, and TV programs also report on such breakthroughs frequently. For instance: TCM treats advanced cancer, retrieved from: health.sohu.com/2004/05/13/50/article220115042.shtml; www.chinaonco.net/Article_Show.asp?ArticleID=370; www.100md.com/html/DirDu/2005/12/18/83/71/39.htm; and www.sciencetimes.com.cn/col36/col77/article.html?id=69110, etc.

¹⁶⁸ Very few pure TCM hospitals make profit in the market economy, but quite a few private or cooperative “specialized” TCM hospitals make fortunes. Hepatitis Hospital of Hebei Province has doubled its size, annual

TCM claims to have made breakthroughs in treating AIDS and SARS have also drawn a great deal of attention. For instance, CCTV Health channel reported in November 2004 that TCM treatment for AIDS was effective. It was claimed that 75 percent of AIDS patients who were treated with TCM had experienced improvements and lived longer.¹⁶⁹ A Chinese government website on AIDS published an article entitled *The prosperous future of treating AIDS with TCM* reporting on the inexpensive (8 Yuan/1 USD per day) and effective herbal treatments (44 to 55 percent effectiveness with no side-effects reported) given to AIDS patients.¹⁷⁰ It was also reported that during the SARS epidemic in 2003, WHO officials praised TCM for treating SARS effectively and called for further study.¹⁷¹

Treating the “difficult and complicated diseases” has become a survival strategy for many TCM hospitals. And this has changed people’s expectations. Nowadays, TCM is generally viewed as a strategy of last resort for terminally ill or chronically ill patients. Biomedical doctors also refer their desperate patients to TCM doctors as a way to provide them with final comfort. They refer to this derisively as “to doctor a dead horse as if it were still alive” (*si ma dang zuo huo ma yi*). The crux of the matter, however, is that patients are willing to pay for these services.¹⁷² They are not expected to understand the procedures of treatment, they are not treated with special respect, and they follow a TCM doctors’ instructions just as they would a biomedical physician’s.¹⁷³ In some ways TCM has become nothing more than an alternative form of biomedical treatment. TCM hospitals tend to reproduce the problems of institutionalized biomedicine – they are impersonal and focused on the treatment of diseases for profit.

profits, number of employees, number of beds, and number of clinic visits in five years since 1997 it first opened. Arthritis Hospital of Changchun enlarged from a small local hospital to nowadays with more than 50 chain hospitals all over the country. Data from “*Woguo zhongyi yiliao jigou shengcun zhuangkuang diaocha*”. Zhang Bojun. 2005-1-29. Retrieved from: <http://www.hbver.com/Article/ygxw/yyxg/200501/3501.html>

¹⁶⁹ “*Zhongyi zhiliao aizibing xiaoguo mingxian*.” CCTV. 11/29/2004. Retrieved from: <http://www.cctv.com/program/jkzl/20041129/101576.shtml>.

¹⁷⁰ “*Zhongyi zhiliao aizibing qiantu yuanda*.” Zhang Pingzhi. 11/29/2004. In Beijing zhoubao zazhi. Retrieved from: <http://www.china.org.cn/chinese/zhuanti/qkjc/716032.htm>.

¹⁷¹ “*Shijie weisheng zuzhi zhuanjia zai yue cheng zhongyi zhiliao feidian jingyan hen zhongyao*.” 04/08/2003. Retrieved from: <http://www.china.org.cn/chinese/2003/Apr/309004.htm>.

¹⁷² TCM doctors had long had the fame of “almond tree woods” (*xing lin*). In the ancient times TCM doctors did not charge poor patients who could not afford medical cost. Instead every cured patient planted an almond tree to express their gratefulness to the doctor. Good TCM doctors had hundreds of almond trees, representing their good skills and benevolence.

¹⁷³ Institutionalization of TCM practice and this disease-oriented approach have also changed the traditional relationship between patients and doctors in a fundamental way. TCM doctors were used to be viewed as gardeners who cultivate the body of patient, which was fundamentally different from biomedical doctors who treat their patient’s body like mechanics (Beinfield and Korn 1992).

The sharp decline in the TCM profession is in sharp contrast to the booming TCM-based *baojian* industry. In this industry there is smooth and almost seamless amalgamation of modernity and traditionalism, both Chinese and Western.

5.2 CONSUME TO BE HEALTHY

It is not clear when exactly the word *baojian* became a popular term in health cultivation and disease prevention. It is likely that the word itself originated from biomedicine¹⁷⁴ rather than TCM although its measures are always a mixed of both. In recent years, along with the revival of *yangsheng* in the society, TCM based prescriptions and remedies outweigh biomedicine in the domain of *baojian*. In the eyes of many elderly people, *baojian* is rather TCM's domain of expertise.

The rapid growth of the *baojian* industry is most likely a direct result of the sharp raise in medical costs and changes in medical care brought on by the medical reforms (See also Farquhar 2001). According to a national newspaper *Health*, sales of all *baojian* products topped 300 million Yuan nationwide in 2003, with a 50 percent increase rate over the previous year. In Wuhan, for instance, the average annual medical expense of each individual was 469.32 Yuan in 2002, of which 52.5 percent was spent on medicine and 44 percent on *baojian* products and services.¹⁷⁵ Expenditure on *baojian* products and services increased 450 percent from 2001 to 2004.¹⁷⁶ After nearly a decade, there is still no sign that the *baojian* market will not continue to grow. As popularity in one product declines there is a surge of interest in one that has been newly developed. The *Technology Daily* predicts that along with population aging in China the demand for *baojian* products will increase even faster.¹⁷⁷

Baojian marketing and advertising are integrally connected. In the 1990s TV advertisements were overwhelmed by *baojian* products. Almost all of them tried to make people believe that although they felt fine their health was, in fact, not as good as it could be, and that by consuming *baojian* products they would improve their health. Some advertisements pleaded whereas others scolded, but they all held

¹⁷⁴ Many top leaders in the Mao era had personal *baojian* doctors, such as Mao himself, who usually were well-trained biomedical doctors. This is how many ordinary people know the term *baojian*.

¹⁷⁵ *Wuhan Yearbook 2004*. Wuhan Statistical Press.

¹⁷⁶ *Ibid.*

out the promise of improved health and greater longevity. The imagery in these advertisements clearly made the point that if you did not consume a certain product you would get sick and age rapidly. The target audience of *baojian* advertising is the elderly. Among more than 3,000 different *baojian* products nationwide, more than two thirds are designed for the elderly, focusing on three main domains: improved immune function; decrease in the rate of aging; and improved brain function the enhancement of memory.¹⁷⁸ The names of those products are usually pleasant and promising, such as “*Kang Shou Le* (Healthy, Longevity, Happiness), “*Chang Shou Kang*” (Longevity and Good Health), “*Yangsheng Tang*” (Hall of *Yangsheng*), “*Ci Bai Nian*” (Grant A Hundred Years) or “*Sheng Ming He Neng*” (Nuclear Energy of Life). The connotation of these product labels is as important as what they signify in fact.

The growth of the *baojian* industry is based on five strategies to promote a commercialized idea of healthy aging: 1) playing up inherent risk factors; 2) making connections to the idea of *yangsheng*; 3) scientization; 4) emotionalization; and 5) providing the elderly people with information on self-health care that is designed to increase demand. I will look at each of these in turn.

One effective strategy used by many *baojian* companies is to play up unpreventable risk factors in everyday life. Often they use scare tactics to promote the idea that one can never be safe. Stories are circulated of unscrupulous merchants who polish moldy rice to sell as fine rice, and process ham with DDVP to preserve it longer, fatten eels by feeding them menstrual blood, and spray vegetables with harmful, carcinogenic chemicals. “The more you know, the less safe you feel,” explained Lan Ling, a 66-year-old retired female intellectual.

It is always good to know some things like this but very confusing when you know too much about it. There’s nothing left on your dining table. Nothing is safe! Many times information from different sources is contradictory.

Overwhelmed with information, many choose to be skeptical about everything they hear whereas others choose to take everything seriously. “Health-phobia syndromes” (*jiankang kongju zheng*) is now a common “disease” among many Chinese, especially the elderly. *Baojian* companies are especially enthusiastic in emphasizing these risk factors in newspaper and health magazine advertisements and in TV commercials. The idea is that since you are at risk from virtually everything the only course of action is to consume tonics and potions to protect oneself as much as possible. The elderly population is a target audience because they are believed to be more susceptible in nature, have assimilated more toxins into their bodies over sixty or seventy years of life.

¹⁷⁷ “*Baojianpin qida zaoshi*.” Shen Xiaofu. *Keji ribao*. 09/30/2004.

¹⁷⁸ “*Baojianpin zuochu digu*.” Wang Zhi. *Jiankang bao*, 01/13/2004.

Another successful strategy used by *baojian* companies is to identify their product with *yangsheng*, and this is easy to do since *baojian* literally means to protect and promote good health. It aims to nourish and buttress the body in general and to protect against harm from diseases in particular. The majority of *baojian* products claim to be firmly grounded in TCM and traditional *yangsheng* principles, using natural herb remedies or recipes handed down from hundreds or thousands years ago. Ginseng, soft-shell-turtle, pollen, honey, Chinese angelica, E-gelatin, black bone chicken, and many other things that are often referred to in TCM and *yangsheng* classics are used in a wide variety of *baojian* products. Many elderly who believe in the efficacy of *yangsheng* are persuaded to buy all sorts of products of any kind based on this association. Lian Guizhi is a 76-year-old woman, retired as a high-ranking cadre from a local sanitary and anti-epidemic station, who is a true believer in TCM. Like many other elderly, Lian's belief in TCM made her a regular consumer of *Zhongmai* (literally translated as Chinese meridian) *baojian* products. At home, from the tonics she drank, the cup she drank from, the comb she used to comb hair, the self-massage equipment she bought, to the sheets and quilt she slept under, all are *Zhongmai* products. She spent two hours every day listening to a radio program sponsored by this *baojian* company. The show introduced listeners to new products, broadcast lectures on health by medical professionals, and had a call-in program so that consumers could talk about their experiences with *Zhongmai* products. Lian enjoyed this last feature the most.

I take “*Feng Ling*” (a *Zhongmai baojian* product made of honey essence and Chinese magic fungus (*ling zhi*)) everyday. I don't believe in anything else but *Zhongmai's baojian* products. Everyone who took it said it's good. Their products are firmly based in TCM principles. It is very expensive but I am willing to spend money to protect my health. This *baojian* product is good for the digestive system, lowers high cholesterol, improves diabetes, strengthens the immune system, and increases the body's own resistance to diseases. Magic Fungus is a magic herb that could, according to TCM classics, bring the dying back to life. How could it be toxic or have side effects like other medicines (biomedicine)?

“Made of pure natural elements,” “pure TCM preparations,” “green and natural products,” “guaranteed no toxin and no side effects,” are used as powerful and persuasive advertisement refrains, and the product is often thus contrasted with “toxic” and “dangerous” biomedical drugs. Medical professionals, however, question these claims. Dr Liu, a prestigious doctor from the Hubei TCM Hospital finds that the advertisements either make her laugh or leave her speechless:

What can I say about those things? I have been a TCM doctor for more than thirty years. I know what is possible and what is not. Many advertisements are dishonest. My judgments are based on my clinical experiences. They are exaggerating for sure. It is impossible to have such magical

cures, or we doctors could all retire for good. They are playing off of a patient's hopes and fears. There is too much that is misleading going on.

Although the idea of TCM herbs having little or no toxicity has been disputed by many TCM professionals, the idea is ingrained in many people's common sense understanding. "Food and medicine share the same origin" (*yao shi tong yuan*) and "nourish the body through eating" (*chi shenme bu shenme*), are common folk beliefs that support the idea that herbal tonics are like food. As a 46-year-old male TCM doctor who works at a department director at a prestigious local TCM hospital indicated, "The popularity of *baojian* products based on TCM is rooted in the Chinese social and cultural soil. To Chinese people who grow up in this cultural environment, it is natural for them to embrace the idea of *yangsheng*." It is not surprising that *baojian* companies are able to very successfully play off of these beliefs, as well as the general idea that prevention is better than cure. As a TCM university professor commented,

Many elderly people, especially those with chronic diseases, have had to take Western medicines (biomedicine) and medicines of all sorts for many years. They think it is not good to take Western medicine for long term use. More and more people do not even want to rely on TCM herbal medicines either, although they have fewer toxins. The old Chinese saying goes "Every medicine has its own toxin (*shi yao san fen du*)." Many elderly are looking for alternative ways of living without medication. That is where these *baojian* products fit in.

The "grey hair market" (*yin fa shi chang*) has become a commercial battle ground for hundreds of *baojian* companies selling countless products. There are *baojian* products for recovery from hospitalization and surgery, reducing the symptoms of menopause, and for bone fracture or muscle injury. Other products provide more generalized benefits such as building up the immune system, building up depleted calcium, eliminating toxicity, nourishing blood and *Qi*, and improving appetite and sleep. Although medicinal, *baojian* products are not considered "medicine" and are, therefore, not associated with the negative view that many have of institutionalized medical care. As many elderly also explained, taking *baojian* products everyday, even though they are in the form of oral liquids and pills, is not like taking prescribed medicine. The idea of *baojian* makes them "feel" differently. As some of the elderly stated:

Baojian product is *baojian* product. Medicine is medicine. They are different in nature. *Baojian* product is for promoting health. You take it to prevent getting sick. Medicine is for curing diseases and fixing problems. (Male, age 76, retired worker, monthly income around 750 Yuan)

Taking prescribed medicine is a matter of responsibility and an obligation. You take them because you have to. You cannot skip it. Otherwise your problem might get worse. But taking *baojian* products is totally on your own initiative. Although skipping is not good in terms of bringing out the best outcome, it won't hurt you too much. (Male, age 72, retired government official, monthly income around 1500 Yuan)

The dilemma about the relationship between modernity and science vs. traditionalism in the development of modern TCM does not exist in *baojian* industries. *Baojian* industries are not trying to compete with biomedicine and have, in fact, effectively adopted technologies associated with biomedical research and development. Many products look very modern and the packaging makes them look like products that have been made in laboratories. Many *baojian* companies claim that their products have endured numerous scientific experiments and tests. Specific professors and medical doctors who have invented a product are shown in advertisements along with laboratory workers in white or blue uniforms, wearing glasses or goggles, holding cuvettes or looking into microscopes are shown on television commercials. Many advertisements start with phrases like “U.S. scientists have revealed...”, or “foreign researches have found...” without pointing out a specific source of information, throwing scientific and medical terms at audiences and readers who surely do not understand what they mean. Claims are made that the time-consuming traditional way of making herbal tonics¹⁷⁹ has been transformed using scientific methods of modern mass production, but that the product still retains the original quality of the herbal ingredients. Modern *baojian* products, in the form of ready-made liquids, pills, or capsules, are more convenient to use and look more trustworthy.

Another important strategy that works well in a culture that advocates filial piety is to play upon peoples emotions and sense of responsibility to sell products. This strategy is clearly directed at adult children with elderly parents. This demographic is regarded as particularly important since some working adults have the money to spend on relatively expensive *Baojian* products. To most ordinary elderly people who make less than 1,000 Yuan per month, buying *baojian* product is luxury consumption.

If I consume *baojian* product everyday, I wouldn't be able to eat meals. (Retired high school teacher, living with wife and grandson, monthly income after retirement: around 1000 Yuan)

One course of treatment costs more than a thousand Yuan and even more. No exception. Only those high income people can afford it. It is said that ‘spending money to buy health’. This may be true for those with much money, not us ordinary people. We are more interested in promoting

¹⁷⁹ The traditional way of making herb medicine is to boil mixed herbs and water in an earthen pot for hours. The process is time-consuming and labor-intensive. It also makes the whole space full of strong bitter smell of herbs.

health without spending much money. (Retired high-ranking cadre from the army, living with spouse, monthly income after retirement: 3500 Yuan)

I don't even need to talk about genuine or fake, *baojian* products are for those who live at the middle level and above. People like us, don't even think about it. Too expensive! One course of treatment would cost several thousand Yuan. How can we ordinary people afford it? (Retired factory worker, living with spouse, monthly income after retirement: 800 Yuan)

From statements like these it is easy to see how adult children with good incomes could be persuaded to buy *baojian* products for their elderly parents. Those who cannot take care of their parents in the traditional labor-intensive and time-consuming way, either due to geographic constraints or busy work schedules, are looking for alternative ways in which to express their love for and demonstrate their responsibility toward aging parents. *Baojian* companies seize the opportunity: buying expensive *baojian* products for your beloved parents. One of the most often-seen TV advertisements for “*Nao Bai Jin*” features two animated elderly couples in Hawaiian hula skirts, swinging their waists and hips along with the music. The word goes “gift to grandpa and grandma, gift to father and mother, gift to uncle and aunt, gift to teacher and leader...” It is a gift for all. Another one for “*Jing Xin*” (lit. Calm Heart) oral liquid targets women who are going through menopause. It features a young woman singing and dancing with a package of this product in her hand, “I bought *Jing Xin* for mother, to help her not to be agitated and have a good night sleep...” In the end, her husband chimes in asking, “Your mother or my mother?” Yes indeed, to the first generation who came of age under the One Child Policy, it is a question. In most *baojian* commercials the theme of filial responsibility is pervasive.

In order to promote sales, the most brilliant scheme *baojian* companies have promoted are free health lectures for the elderly. Being extremely savvy about what the elderly want, *baojian* companies provide free lectures addressing various common health problems — something that no one expects from doctors at hospitals. Medical professionals are invited to these lectures to teach the elderly people how to take good care of themselves. Having no chance to consult medical doctors in details about their specific health problems at hospitals, the elderly can learn how to practice self-care in these lectures, such as how often to test blood sugar; what kinds of foods are not suitable for patients with certain conditions; and how to read medical test results, etc. According to elderly who had attended such lectures, the invited medical experts were usually much more enthusiastic in talking with them than their own medical doctors. To those who have doubts about their doctors, these lectures also provided a chance for them to get an expert to reexamine their conditions, reread or re-explain test results, and confirm or dispute with former diagnoses or therapeutic plans.

However, these lectures are not totally free. After providing free advice and consultation the medical expert gives advice on consuming select *baojian* products. Many elderly have quickly figured this out and are not taken in, but others are convinced. Although free health information is what they want, the strong arm sales pressure puts heavy mental stress on many elderly. “*Chi ren zui ran, na ren shou duan.*” as the old Chinese saying indicates, after taking advantage of someone, it is always shameful to refuse his request. Many elderly have had unpleasant experiences with *baojian* companies’ tricks. An elderly man, age 65, who is a retired principal from a local special school for disabled children, told a story about his “embarrassing” experience at one free health lecture.

I have attended several such lectures. Sometimes, those organizers even brought us elderly out for a trip to some tourist spot or park, and gave us free lunch. To be frank, their lectures were quite interesting and useful. They did teach some scientific concepts and gave good explanations for our health problems. But the thing is they wanted you to buy their products, which made you embarrassed and uncomfortable if you didn’t. I attended one the other day which really embarrassed me. I really lost face on that day. The flyer was given by a young lady to my wife while she was doing grocery shopping. My wife thought it might be good for me so she urged me to go. She was also told that everyone who went would get some free gifts from the *baojian* company that organized this lecture. I went and found out that I was cheated. When we were sitting there, we were asked to shout slogans with the host. ‘Isn’t it (the *baojian* product) good?’ he shouted, and we shouted back, ‘Good’, waving balloons they gave us at the door. There were also people directing our actions and video taping us, which made it look like a sham. Then there were some loyal users of the product who came up to the stage to tell us how they benefited from taking it. I think they were dummies. Everyone went and got a *baojian* card which was supposed to be good for treating all kinds of pains by putting it on the spot where one felt pain. After the atmosphere was heated we were divided into groups based on who we got the flyer from. The young woman who gave my wife the flyer was in charge of all the customers she dragged in. At that time I was in my most difficult financial time of the month. I had just spent lots of money on my illness and was waiting for payday. I was the oldest one in the group so the young woman picked on me. She wanted me to take the lead to buy some products. I had no other choice! After turning her down twice I ended up giving her 50 Yuan. I told her I did not have any more money with me. But she said she would follow me home to get more! I refused. One box cost 400 Yuan! I could not afford it. In the end, I gave up. I told her that I would return the gift they gave me, and she could also keep the 50 Yuan I gave her as a deposit. I think they were not honest with us for several reasons. First, we were told that we could join sweepstakes to win microwaves, electronic juicers and other tempting stuff. But I found those who bought smaller boxes had a

better chance of winning than those who bought big boxes of their product. Second, the free *baojian* card that was said to be worth 198 Yuan was really only worth 98. They lied. I also overheard one of the guys who went on the stage to brag about the product say ‘a bunch of cheaters’ on his way out.

Baojain companies also go door to door selling their products, and many elderly find this particularly annoying. One of the most prestigious and biggest *baojian* companies, which I will call Beautiful Sunset, is also famous for bothering people at home. Almost every single elderly person with whom I spoke had the same experience: being confronted by a young sales girl where they went to exercise, in their residential compound and at the university for the aged. They were said to be “super polite and caring,” giving out fliers and free small gifts. They also offer free blood pressure measurements or blood sugar tests. Some naive elderly end up giving them their phone number, and then the real harassment begins. As they put it:

Too much, too much! They call you at home every week, ask you to attend their free health lectures. They are really polite which makes you feel embarrassed to refuse them. I went once eventually just to “save my ears.” Not surprisingly they tried to sell me some products. There was a guy who claimed to be a university professor who told us of his wonderful experiences taking the tonic. He also “bought” many of that products worth 7,000 Yuan on the spot. We all thought he was a dummy. It was too expensive. Normal people could not afford it. I didn’t buy any. They don’t get mad if you do not buy, but they keep calling you at home afterwards and invite you to join other events they have organized. (Male, age 72, retired cadre from local military institution)

Those young sales girls were very polite. Every holiday they called you at home to greet you. ‘Bobo (old uncle) or a’yi (old aunt), how are you? How’s your health been recently? Happy...to you. Please take good care of yourself. The weather is getting colder or getting hotter...’ It always makes you feel guilty to not repay their kindness. It is such a mental burden to me. I try to avoid their phone calls as much as I can. It’s really annoying.¹⁸⁰ (Female, age 61, retired government official)

Don’t even get close to those *baojian* people. Once you get close to them, they will stick on you for the rest of your life. They will tell you that you have this or that problem and need to take this or that product. No matter how good their lectures are, I don’t go. It is not because what they say is not useful. I am just afraid of getting tangled in their web. They are very troublesome and

disgusting. Anyway, there are so many such things in the society today that it is hard to avoid them all. (Male, age 71, retired college staff)

Exaggeration in claims of efficacy, along with the expense, makes many elderly skeptical of the value in *baojian* products.

I have tried quite a few *baojian* products. Some cost you a fortune but did not work as well as you expected. I think some might have positive effects but not as “magical” as they said to be. With regard to *baojian*, if you have the money to spend it is great, but you can certainly live without it. (Female, age 61, retired cadre from local education institution)

Some old doctors I know as friends told me that those *baojian* products won't do any harm, but won't do much good either. If you have enough money you may take as much as you want. They are good, high-tech stuff. But they are not as magical as the companies claim. They won't solve any fundamental health problems. After all, it is a commercial business. (Male, age 72, retired cadre from local military institution)

Those *baojian* products cause a misunderstanding of health. The high sales are based on bluffs. They might have some beneficial effects, but they cannot solve all health problems. The more they bluff the less I believe in it. (Male, age 68, retired worker)

Labeling themselves as scientific and professional health care givers, *baojian* companies pass on their ideology of healthy aging: consuming to age better, consuming to be “disease free,” spending money now to avoid spending much more money later. The elderly are confronted with a vexing problem: the *baojian* companies offer a solution to the critical problem of elderly health care, but at a price that is almost as high as the price of medical care. In either case, there is tremendous emotional as well as financial stress involved in trying to decide what to do.

In general however, the discourse on healthy aging is not a “monologue” or a lecture. Many elderly speak out, expressing their desires, needs and frustrations. Moreover, they are dynamically involved in a number of activities that are designed to promote comprehensive good health. In other words they creatively respond to the state, medical and commercial discourses in a range of different ways. In the following chapters, I will address this theme in more depth.

¹⁸⁰ Caller ID and block a certain caller are not generally available in service in many Chinese cities.

6.0 LEARN TO BE HEALTHY

In this chapter, I analyze a specific contemporary text on self-health care that targets the aging population -- Hong Zhaoguang's book *Health as Your Company-- Care for Life, Deliver Health*. Hong has been honored for launching a "conceptual revolution of health" in China by his millions of readers. The popularity of his book among the elderly reveals a new discourse on health care that is in sharp contrast with the discourse and practice of consuming to be healthy. I analyze the four reasons for Hong's fame among urban elderly today by situating his work in broad historical, cultural and social context. By doing so, my goal is to further illustrate the extent to which the health of the elderly is a pressing concern; one that has captured both national and commercial attention. Furthermore I want to show how the concept of healthy aging is elaborated upon outside the framework of the state but in terms of a public – and commercialized – discourse that is national in scale and scope.

6.1 HONG ZHAOGUANG AND HIS HEALTH TEACHING

Hong's health exhortations might be one of the most read materials in China after the *Quotations from Chairman Mao*. In the market today, there are several versions of books all claiming to be authentic collections of his health teachings, such as *To Catch the Express Train of Health; Sincere Advice on Health; Health and Happiness until 100 Years of Age*. Sales of these three versions alone exceeded 3 million copies in 2003, and that figure does not include many other versions and informally circulated copies.¹⁸¹ Although titles and publishers of his books vary, the contents are very much the same. The copy I used for my research, entitled *Health as Your Company-- Care for Life, Deliver Health* was published in 2002. It is claimed to be the first authentic version of Dr. Hong's health teachings and the

¹⁸¹ There are numerous newspaper and websites reported on Hong Zhaoguang's popularity. For instance: www.oldurchin.com/yshbj.asp?cnt_id=312; health.511511.com/media/magazine.asp?id=759&style=1; www.gdtv.gov.cn/newpage/dabenying/bttx/list.asp?NewsID=952&type=5&page=1713; www.chinapostnews.com.cn/441/tb01.htm, etc.

“best health gift for one’s self, family, and friends.” This two-hundred page book claims to consist of corrected versions of sixty-eight of Hong’s speeches and lecture notes collected, copied and circulated informally among millions of people throughout China. The words “From the Great Hall of the People to streets and communities, from the central government leaders to ordinary people, this is the revered book of health that millions of people lose no time in spreading” are printed on its cover. Hong’s books target the middle-aged, and especially the elderly, but are by no means exclusive to them. Many elderly people refer it to their younger family members, relatives and friends.

My interviewees mentioned Hong’s teachings and name countless times. People who do not remember his name correctly still can recite the ingredients of his eight-treasure soup of *yang xin* (cultivate mind and spirit). Many who have read his books and notes call him “Professor Hong” or “Dr. Hong;” the titles show respect and admiration for his authority in representing professional knowledge and modern science, although he is also highly regard because his teachings are based on “traditional” knowledge. His teachings are praised as “not only great in the domain of health, but also embodying humanity... Full of profound Chinese morality and philosophy.”¹⁸² Like Deepak Chopra and Dr. Weil in the West, many Chinese praise Dr. Hong for his guidance in positively changing their concepts of health and aging.

The informal circulation of his health teachings in the late 1990s signaled the beginning of Hong’s popularity. At the beginning of this century, in cities all over China, almost every work unit printed out Hong’s lecture notes to disseminate among its workers, especially the elderly retirees. Mrs. Qi, a 61-year-old retired high school teacher, said:

There are many channels to get his notes. Friends and relatives spared no time introducing Dr. Hong’s notes to us. I got my first copy from the parents of my daughter’s friend. Then my work unit gave me another copy. Then my husband’s work unit gave him another copy. I also introduced it to many people I know. When his book came out, my work unit bought a copy for each retiree.

Who is Hong Zhaoguang? Hong was born in 1939 in southern China and was trained in biomedicine in Shanghai in the early 1960s. Now he is a famous cardiovascular and geriatric doctor at Beijing Anzhen Hospital. It is said that Hong began thinking about health reform because he was shocked by the number of patients he treated who could easily have prevented themselves from getting sick if they were provided with good information about health and wholesome living. What could have been saved was not only suffering but, more importantly, hundreds of thousands of Yuan in health care

¹⁸² “The similarities and differences between Chinese and Japanese health concepts”. Wang Quanchu. *Health* 08/04/2004.

costs. Hong started to lecture in his hospital wards in order “to make the self suffer less, to put adult children in less trouble, and to save medical expenses” (2002: 3). His lectures soon grew quite popular among his patients and their families. People brought recorders and notebooks to write down what he said. In the following five or six years Hong gave hundreds of lectures to large audiences all over the country and every single one was to a full house. His “1 2 3 4 5”, “red, yellow, green, white, and black”, “four bests”, “three half-a-minutes”, and other teachings have become standard points of reference for millions of elderly people today.

There were many health aphorisms before Hong, so what made him so popular? Some elderly appraised and praised his book in the following way:

Dr. Hong’s book is a good book. It was so popular around the country. Everybody said it was so good that they disseminated it to everyone they knew. He teaches some common and simple scientific laws that are very beneficial to elderly people’s health.

Dr. Hong’s language is brilliant, and his examples are vivid. It is especially suited to the elderly people’s tastes.

He speaks sincerely for the elderly. He talks about most of the problems that we encounter everyday. His words can touch your heart and that’s why he is so popular.

Professor Hong uses lots of comparisons to make his points, such as once one gets sick, the medical expenses could be hundreds of thousands Yuan, but through diet therapy plus regular exercise, one can stay healthy without spending a penny. His principle is to reach the goal of health without spending much money. It is scientific and thoughtful. He also uses many persuasive examples that are very convincing.

He makes many poems and uses folktales to make his ideas easy for us to remember. It is also easy to apply. Before him people did not have good channels to get detailed health knowledge. After him, many channels and all kinds of information became available, such as health books, diet therapy books, health cultivation books, journals for elderly, etc. But none is comparable to Dr. Hong’s book. People have begun to promote preventative knowledge more than before, which should all be attributed to Dr. Hong.

These comments summarize some of the many reasons why elderly people like Mr. Hong’s teaching. In general, there are four primary reasons why he is so successful: good timing, simplicity and clear applicability of the message, scientific authority, and his admonition for social conformity. I will discuss each of these in turn.

First, Hong's health teachings arose at the right historic moment. A marked increase in the elderly population, longer average life expectancy, improvement in the average living standard, better diets, and an increasingly sedentary life style all have led to an increase in the incidence of chronic disease, especially among the elderly population. In most cases, these are diseases that one has to come to terms with and live with until death. As their peers began to suffer many elderly were motivated to think about improving their own health. The collapse of the medical system and a decrease in social and family support has meant that many elderly have had to look out for themselves, and educate themselves so as to know what to do. As one elderly man (age 73, retired government official, current principal of a local UFA) said,

After retirement, many elderly find that they do not actually know how to do *yangsheng*. What is the best way to exercise for the aged? How do you adjust yourself to live like an elderly person? What do you need eat and how do you eat? What nutrients do you need and how do you get them? How do you cook food properly? Nothing is as simple as it seems to be. When is the proper time to drink milk? How much should one drink according to one's body condition and age? Is milk good for everyone? Many medical professionals do not even know. All these things need to be learned. But where do you learn them? Nobody knew.

As the cost of medical care was increasing during the late 1990s, Hong's health recipes, which are preventative in nature, were timely. Actively taking care of one's health was a way to save money.

In a culture where food is very often regarded as having medicinal properties, Hong's teaching found a ready audience. Historically in China a "diet doctor" (*shi yi*) was viewed as superior to an "internal medical doctor" (*ji yi*), and "external medical doctor" (*shang yi*) or even veteran doctor (*shou yi*). Numerous *yangsheng* classics note how ancient TCM doctors cultivated health through careful dieting. The *Yellow Emperor's Canon of Internal Medicine*, written more than 2,500 years ago, places emphasis on eating different grains, fruits, meats, and vegetables to nourish *Qi* and *Jing* (essence). Bian Que, a famous TCM doctor of the Warring States period, also pointed out that disease should be treated with food first. Medicine was only to be used when food therapy did not work. Sun Simiao¹⁸³, a prestigious TCM doctor of the Tang dynasty, also claimed that the root of life is in food, saying those who do not know about diet therapy cannot complete their natural lives. These principles have been blended into many folk practices and are reflected in common sayings: "Coarse tea and plain rice, vegetables and tofu bless one with safety" (*cu cha dan fan, qing cai tofu bao ping an*); "when radish goes on the market, doctors go to the countryside" (*luo bo shang shi, lang zhong xia xiang*); and "eat radish in

¹⁸³ Sun Simiao's *Bei ji qian jin yao fang* has several chapters dealing with diet therapy in particular, such as old-age diet therapy and retirement diet therapy.

the summer and ginger in the winter, there is no need for a doctor to write prescription” (*dong chi luo bo xia chi jiang, bu lao yi shang kai yao fang*). Hong’s teachings draw on and make reference to these old beliefs and practices. However his explanation of why one should eat certain things is in terms of vitamins and minerals, giving what he says a scientific and modern tone that is appealing to contemporary readers. “Eating scientifically” (*ke xue yin shi*) is a constant refrain in his lectures.

Although *baojian* (commercial tonic) products share an ideological foundation with *yangsheng*, Hong is very critical of these costly and often misleadingly marketed commodities. His tone is sarcastic.

Where do they (*baojian* companies) get so many edible birds’ nests?¹⁸⁴ It was reported that they used pigskin instead. What about soft-shell-turtle essence? After making 300 boxes of soft-shell-turtle essence, the only two turtles they used were still alive!¹⁸⁵

Hong teaches a way to maintain and improve one’s health without putting in much financial investment, which is more than welcomed by the elderly, rich and poor alike. As some of his supporters have said,

Hong does not talk about medicine or tonic, but rather all about food, diet, lifestyle, and exercise, which do not need much money or any money at all.

He does not talk about how to treat diseases, but rather how to build up one’s own resistance to disease and not to get sick at all. He tells us how to live longer and healthier through exercising and improving body quality. This agrees with elderly people’s psychological requirements. He introduces many food therapies, which are not expensive but very beneficial, easy to get and nutritious. This is in line with people’s daily needs nowadays.

Dr. Hong’s largest contribution is that he tells people how to eat. Actually, what he says is the most common knowledge; nothing is really fancy. The core of his teaching is to eat scientifically -- not to blindly pursue expensive medicines, tonics or nutrients but to eat the correct things.

Also, Hong’s free advice is in sharp contrast to the costly products marketed by *baojian* and drug companies. People tend to regard this as a sign of his honesty. Li, a retired worker who said he had been tricked by *baojian* companies before, said,

¹⁸⁴ Edible bird’s nest and soft-shell-turtle have long been taken as tonics in TCM and are also the most frequently used elements in many *bao jian* products.

¹⁸⁵ “*How to live to 100 years*”. Hong Zhaoguang. 04/16/2005. Available in various websites. Retrieved from www.mca.gov.cn/artical/content/200510279565/20051118153813.html; and http://www.wuping.gov.cn/Get/y1/ysbj/210841126_3.htm; www.fx120.com/qiuyi/bjysl/shbjl/xgzxl/200503250912043548.htm.

Hong is not like the other *baojian* companies. Whenever those companies give lectures on health, all they want is to sell their products. Their products are so expensive that one session of treatment costs you thousands of Yuan. Hong's book tells us that you do not need to buy those things to stay healthy. Following him can actually save you lots of money. Hong says money should be spent on prevention, not on curing. This is especially welcomed by the lower classes. If you can spend very little to stay healthy, how could you not be happy to do so?

"Health is the center and prevention is the core. If spending one Yuan can prevent a disease from happening, why spend ten or a hundred Yuan for curing it later?" says Hong (2002: 1). Hong tells everyone that they can live to at least 100 years of age, according to the laws of nature. However, "the common phenomena in today's society is sick-in-advance, disabled-in-advance, and die-in-advance" (2002: 2). Most diseases, especially chronic diseases, are avoidable, Hong argues. He labels them as "*bu wen ming bing*"¹⁸⁶ or diseases caused by ignorance. Therefore, age is not the problem, he insists; the problem lies in ignorance of natural dynamics, abuse of physical and spiritual strength, and addiction to bad and unhealthy habits. Hong recalls one 38-year-old patient who lived on medicine and machines, spending 2,000 Yuan per day on tubes that went into his stomach and kidneys. In contrast, a 78-year-old man Hong knew lived happily and healthily without spending much money. His teachings state that ignorance leads to self-pain, family suffering, and outrageous financial burdens. "Knowledge is not only power, but also health" (2002: 154). Hong often quotes the World Health Organization: "Many do not die of disease but of ignorance" (2002: 11).

A second reason why Hong gained such popularity is because he advocates simplifying complicated medical knowledge so that it can be "understood immediately upon hearing, applicable as soon as it is understood, and efficacious right upon using" (2002: 5). He attributes the failure of professional doctors to give useful advice to their use of technical jargon. "Nobody feels at ease following instructions like consume 2200 calories per day, less than 30 percent fat, among which 8 percent should be saturated fat, 10 percent multi-unsaturated fat and 7 percent mono-unsaturated fat, and less than 300mg cholesterol," says Hong (2002: 5). His teachings are much easier to understand and appeal to elderly with little education. As Dr. Yang, a senior cardiovascular and geriatric doctor in Wuhan put it:

To Chinese elderly, the biggest problem is lack of health knowledge, especially *ke pu* (popular science) knowledge and proper health education. Each of Hong's lectures is to a full house, and most of the audience is elderly. Why is that? Hong's phenomenon reflects the fact that the

fundamental health education has been ignored by our nation for too long. This reflects the weakest link of our country's public health system—the failure of popular medical science education. People have more money now but do not know how to stay healthy. That is why people all think Hong's teachings are so good. Actually what he teaches is the most basic health knowledge that one needs. He speaks in a way that is easy for the elderly to understand.

Hong's teachings are “nothing fancy, just some common knowledge,” said many elderly readers of his books and pamphlets. Hong tells people that health cultivation can be simple.

The ways in which Hong communicates his knowledge is also a critical factor in explaining his success. One of Hong's most effective a technique is to use comparisons and analogies. His explanation for the internal genetic factors associated with arteriosclerosis is a good example. After feeding a rabbit pork fat and eggs for eight weeks, the rabbit develops arteriosclerosis. Sixteen weeks later it had coronary heart disease. However, the same food has little effect on ducks. What does this mean? Without mentioning DNA or chromosomes, Hong has made everyone understand how different genetic inheritance and different diets affect bodies differently. Readers come to understand that the same diet may cause high blood pressure for one, stomach sickness for another; diabetes for one, and cancer for another.

Hong also uses cautionary examples. The story of “Six Yuan cabbage and 60,000 Yuan medical cost” is one that he uses to show why the elderly should avoid sudden and intensive strenuous activity. An elderly man tried to save his 50-pound cabbage (worth six Yuan) from an impending snowstorm. After making a couple of trips to move his cabbage to his apartment on the third floor, he started to spit blood. The acute myocardial infarction cost him 60,000 Yuan at the hospital for a single injection of an extremely expensive drug. This story is shocking yet enlightening to many elderly Chinese who also have thrifty habits in running the household. Many readers report similar experiences, such as hurting their backs while rescuing heavy plant vases from a storm, or breaking their legs by falling while trying to save a couple Yuan cleaning their own windows.

Hong's key ideas are all written in poetic meter, as rhyming folk speech, or as common proverbs that are easy for the elderly to remember and to recite. This feature helps to spread his teachings to those who are illiterate, who have difficulty reading, or who have no access to his notes or books. For instance,

The four bests: the best doctor is one's self; the best medicine is time; the best mood is tranquility; and the best exercise is walking. (*Sige zuihao: zuihao de yisheng shi ziji; zuihao de yaowu shi shijian; zuihao de xinqing shi ningjing; zuihao de yundong shi buxing.*) (2002: 1)

¹⁸⁶ “Disease of modernization” in Chinese is “*wen ming bing*” or disease of *wen ming*. *Wen ming* usually implies good education, rich knowledge, and advanced technologies, etc. Therefore, *bu wen ming bing*, in this context

Poem of longevity: one stays beautiful by smiling three times a day; one stays young by eating until 70-80 percent of full capacity; if you ask me about the remedy to bring back youth, I will tell you that a peaceful mind is better than any medicine. (*Changshou yao: Tiantian sanxiao rongyan qiao, qibafen bao ren bulao, xiangfeng jiewen liuchunshu, danbo ningjing bi yao hao.*) (2002: 160)

This strategy is especially successful in China, where oral arts have a profound historical and cultural basis. Especially among the elderly, who came of age in the Mao era, pithy phrases and quotable admonitions are reminiscent of the political slogans of the 1950s and 60s, and are just as easy to remember.

Hong's health philosophy is also practical and directly applicable. As one elderly person stated, Hong has made a very profound summary of living laws to live by for the elderly. His suggestions are easy to try. You do not need to invest too many resources. His teachings are easy for anyone to apply, either rich or poor, either more sedate or more active. Just pay attention to the way you live and eat.

For instance, his recommendation on diet is to apply the principal of “red, yellow, green, white and black”: every day eat one to 2 *liang* (1 *liang* = 0.11 pound) of red wine or one tomato; one carrot (or yam or other yellow vegetable); green tea or dark green vegetable; oat powder or flake and black mushroom. In terms of daily routine his admonition is “three and a half minutes at getting up”: to lie in bed for half a minute after waking up; to sit for half a minute after sitting up from bed; to hang down two legs on the edge of bed for half a minute before standing up. These are both easy to remember and easy to apply in daily practice. Hong advocates walking as the best exercise for the elderly, which is especially welcomed by those who do not like more physical exercises, those who are too busy with household chores, and those who are too old or too weak to do other kinds of exercises. Any time you walk, you are actively building up your body and health, Hong points out. This simple exercise gives many elderly a sense of control over their health even if they do not do *Taichi*, dance or other things that might seem to be more explicitly forms of exercise. Mr. Rong, a 72-year-old retired intellectual who prefers a sedate lifestyle said,

I do not like doing exercise like many elderly do in parks. I like to be by myself and control the extent of my exercise. Walking is the best type of exercise for me. It is easy to control the length and to adjust the pace according to my body's condition. I walk longer when I feel energetic, and less when I feel down. I did not do any type of exercise before; I knew it was bad for my health. After discovering this new trend of working out, my wife always urges me to go out to buy this

means diseases caused by lack of all these elements.

and that for her. She deliberately leaves out a few little things, such as a branch of green onion or a piece of ginger in the morning, so that I have to go out again in the afternoon. We both know about her little trick, but we certainly enjoy it. Now I do exercise everyday, and my high blood pressure and diabetes are in better control.

A third reason why Hong's teachings are popular is that they are couched in the language of science. His identity as a well-trained Western medical doctor who has worked at a prestigious hospital enables him to speak with authority. His ideas are accepted as scientifically grounded even though at least half of what he says is based on TCM rather than biomedicine. Hong is good at blending knowledge from both systems and this fits with the way in which most elderly view medicine. Hong provides many recipes for which the ingredients, cooking procedures, and health benefits are all listed clearly with explanations in both TCM and biomedical terminologies. Based on TCM, these recipes, along with Hong's explanations, are well known to many Chinese, who firmly believe in cultivating health through diet. To name a few:

Soak black beans and soy beans with white rice vinegar for 40 days. Every day eat 100g [two spoons]. Eating this over the long term can help you to prevent arteriosclerosis, to lower high blood pressure, and to soften blood vessels.

Smash a few Chinese hawthorn, *shaji*¹⁸⁷, ginkgo leaves, *jiaogulan* grass¹⁸⁸ in the water to make tea. This is beneficial to lowering cholesterol levels and blood density, and to promoting blood circulation.

Put 150g black rice, 100g carrots, 50g raisins, 10 Chinese red dates in porridge. This is good for enriching the blood.

Many ingredients Hong suggests have long been known for their health benefits in TCM, such as red dates being good for blood, hawthorn being good for lowering blood pressure, and vinegar being good for softening blood vessels, etc. As an experienced biomedical doctor, Hong's advocacy for folk recipes adds a scientific legitimacy to these practices.

Hong's frequent references to the experience of developed countries, especially the United States, make what he says persuasive. As a symbol of advanced science and modernity, the U.S. is the best illustration of what is good. Hong tells of his experience at a Chicago company luncheon. The company boss gave awards to all retired workers who were above 65 years old and had not been sick for 10 years: a

¹⁸⁷ *Shaji* is a Chinese herb medicine.

¹⁸⁸ *Jiaogulan* grass is a Chinese herb medicine.

T-shirt, a tennis racket, and an envelope with a check in it. “How smart the American was,” says Hong. “Ten years without being sick?! Can you imagine how much money he had saved from it? Our concept is different. The sicker you are, the more people come to visit you.” says Hong. In other words people get attention when they are sick whereas they should get recognition for being healthy. “Concentrated care” or *ji zhong guan huai*, for someone’s sickness is regarded as an opportunity to express the full extent of ones concern for leaders, friends and family alike. There was even a report in a newspaper about how an old man was scared to death when many of his long-time-no-see old colleagues suddenly rushed to visit him in the hospital. After years of being ignored, the poor man suspected that he must have gotten some fatal disease and that was why people were coming to visit. Hong’s advocacy for the more “advanced” American way finds its way into the hearts of many elderly.

Also, he points out that some American medical professionals discovered scientific uses for traditional “magic” Chinese herbs. Hong tells a story about how the powerful Chinese black mushroom was discovered. “It was discovered by an American doctor accidentally,” says Hong. A Chinese American patient had dramatically lowered his cholesterol level by eating Mushu pork in Chinatown. “The doctor analyzed the composition of the dish and found the weird black mushroom that Chinese love was the key. His research led to the discovery of the magical function of black mushroom to lower blood thickness and cholesterol.” With stories such as these Hong uses the authority of science and the power of magic to make a very persuasive argument for why it is good to eat certain things.

Hong’s influence and popularity is such that his reference to the health benefits of black mushrooms caused a shortage of supply in 2002. And Hong’s teachings have also made simple fare like coarse grains and oats very popular. In sum he epitomizes the modern form of an old Chinese saying that “nourishment from medicine is not as good as nourishment from food” (*yao bu bu ru shi bu*).

The fourth reason why Hong has been so effective is that his advocacy for conformity based on having a tranquil and balanced state of mind resonates very well with the attitude that many elderly have. According to him, this is “a balance between excitement and depression, and a balance between Yin and Yang” (2002: 18). People may have developed different habits and patterns over the years, but, he argues – reassuringly -- they all share one thing in common: a balanced mind. Based on the principle of holism that is central to TCM, Hong holds that social, mental and spiritual health are crucial to the overall wellbeing of a person. This is reflected in many of his health exhortations,

Three Styles: To be happy to help others; to be happy to feel satisfied; to derive pleasure from things.

Two secrets to longevity: one is to be broad-minded, to have an amiable disposition, and to be kind-hearted with a good temper; two is to be diligent at exercising or working.

According to Hong's teachings, anger, anxiousness, excessiveness, depression, pent-up feelings, and lack of social communication lead to diseases and degeneration of health. "Personality determines one's fate. Narrow-minded and hot-tempered people cannot live to 100 years of age. They will either die of rage in their fifties or sixties, or else contract cancer or cardiovascular diseases" (2002: 120).¹⁸⁹ Hong's philosophy of comprehensive health is best illustrated in his "eight-treasure soup of *yang xin* (cultivating mind and spirit)" in the form of a traditional Chinese poem:

One slice of benevolence, two pinches of a good-heart, three potions of healthy atmosphere, four pieces of tolerance, constant thinking of filial piety, an appropriate amount of a simple mind, unlimited contribution without request for repayment. Put the above eight medicines into an anxiety-free pot to stir fry slowly, not too rash and not too anxious; then put them in a mortar of justice to abrade carefully, the finer the better; use thrice thinking as the powder, worldly-desire-free as the introductory ingredient for the medicine; make them the size of bohdi seeds, drink with the soup of harmony; drink in the morning and at night every day with the refreshing breeze and bright moon. This medicine can purify one's mind and soul and produce a sublime moral quality, help one to forget about both the self and the external world, and never to be surprised by honor or disgrace. There are six functions of this soup: to be an honest person, to be serious about things, to contribute to society, to enjoy life, to prolong life and promote longevity, and to ward off calamities and misfortunes. (Hong 2002: 125-26)

As claimed by Hong, this is "the best way to deliver the best gift of the 21st century—health" (2002: 126).

Hong promotes the idea that one needs to conform to the way things are in reality instead of trying to confront them. Therefore, if you cannot change reality, change your way of thinking about it, Hong suggests. This is especially apt in China today where everything seems to be changing. Many people have experienced some form of mental distress, but the elderly often feel the stress most of all. Hong suggests that all elderly visit three mountains: the *Babao* Mountain—the best-known site of a crematorium in Beijing; the *Jinggang* Mountain—where Mao started the Chinese revolution; and the *Putuo* Mountain—the sacred place of Buddhism. When one sees the fundamental truth of life at Babao – where the mortal body is turned into a handful of ashes eventually -- and then compares oneself with millions of people who lost their lives for the revolution, and appraises the ultimate wisdom, benevolence and tolerance of the Buddha, one shall realize the insignificance of the individual and be able to put what seem to be insurmountable problems in their proper perspective. Hong suggests that the elderly embrace

¹⁸⁹ As many Chinese believe, block of *Qi* caused by accumulated pent-up feelings smoldering in one's bosom is the cause of tumors, cancers, or blockage of blood.

Confucianism, Buddhism, and Daoism and opt for “*zhong yong zhi dao*” (the doctrine of moderation). “Adopt a correct attitude towards oneself, others and society,” Hong urges (2002: 139).

Hong’s advocacy for tolerance and conformity is, not surprisingly, embraced by the state. This is an important reason why governments and institutions at all levels spare no effort to promote his teachings and why he is so popular, especially among retired cadres. Health knowledge contests, competitions, and study events are organized all over urban China, mobilizing as many elderly as possible to study Hong’s health teachings. Underlying what he has to say about health is a social message that conforms to the state discourse on healthy aging. For example Hong explains that money, a big house, and high social status do not guarantee one’s good health or happiness. Hong claims that a famous university professor who has made tons of money, lives in a big house, and has two children studying in the United States could be the poorest person if there is no one to look after him when he is laid up in bed. He contrasts this example with that of a poor Beijing flatbed cart pusher who lives in a small house with his two children: walking his birds in the morning, singing Peking opera in the park, and playing Chinese chess on the street with his friends -- who says happiness never knocks on the door of the poor? “Treat everything with a correct attitude, and plan your life according to whatever situation you are in. One does not need money to be healthy or happy. Everyone has a different kind of happiness,” said an elderly man who had taken Hong’s teaching to heart.

Hong’s philosophy of health takes into account people’s anxieties about increasing disparities in wealth and power. “Everyone is equal in front of health,” says Hong. “Fortune, social status, and political power are all useless in front of health.” His criticism of the rich brings him an intimacy with ordinary readers. “God is the fairest one. It is the human world that is unfair,” says Hong. Those who are against the natural laws of health get sick no matter how rich they are.

How can you *da kuan* (mister moneybags) have a balanced mind? Today your heartbeat accelerates while touching a young secretary’s hand; tomorrow your blood pressure rockets while holding your secret lover; your beeper and mobile phone ring from day to night; you get excited when you make money and get depressed when you lose money. When have you ever balanced your mind? You tell me, if you don’t get a myocardial infarction, then who should get it?

A real appreciation for Hong’s sarcasm directed at the rich accurately reflects the growing hostility among the lower social classes. For those who have not reaped the advantages of the economic reforms, and those who are struggling with increasing medical costs, Hong gives hope: good health is in the hand of every one who follows the natural rule. It is a place where money loses its power and the poor have advantages over the rich.

Overall, Hong's health regime integrates Chinese medical traditions with a variety of modern elements and connects the health of the self with the overall wellbeing of the family and society. According to both Hong and the government, good health is good for the self, the family, the society and the nation as a whole.

6.2 SCIENCE AND CULT

It is necessary to examine Hong Zhaoguang's teachings in the context of China's recent history where, for at least the past ten years, there have been numerous health fads. As Nancy Chen points out, in contemporary Chinese history, health and medicine have been integral to the nation's attempt to modernize itself (2005). Since the late 1960s, Chinese society has witnessed a series of health trends or fads that mobilized hundreds of millions of people. Many of these fads were referred to as "scientific" although many proved to have no basis in science. The pervasive idea in China that good health is an achieved status, coupled with a general lack of knowledge about health among common people has produced a climate in which health fads come and go with surprising rapidity. Claims by one person after another to have found an elixir of longevity are very seductive to people eager to find a short cut or something that might just work and restore their youthful vitality.

When it comes to health, Chinese tend to be like proverbial sheep: each blindly following the next. Judith Farquhar (2001) has an interesting observation and critical analysis on health fads in China during the 1990s. She makes distinction between truth and truism and categorizes these fads to the latter. She identifies the "logic of popular information" that circulates "from one life to another (or from many to many)," and points out the "Chinese" tendency to identify individual problem within a framework provided by others (ibid: 111). "Rooster blood therapy" was a fad in the late 1960s.¹⁹⁰ Chicken blood was described as a panacea for a wide range of diseases from serious problems like a stroke to minor problems like a stiff neck. It was said that this treatment could get rid of disease, bring longevity, enrich *Qi* and improve one's looks. Hundreds of thousands of Chinese, the elderly in particular, brought roosters to local clinics, waited in line for hours to draw chicken blood, and injected it into their own blood veins. This trend was so popular that it caused a short supply of live chickens in many cities. Urbanites had to go to rural areas to get their fresh supply of blood.

¹⁹⁰ "Popular health therapies during the Cultural Revolution" (*Wenge liaofa yilan*). 12/17/2004. Retrieved from www.med8th.com/humed/5/050115wglfyl.htm; Also see www.people.com.cn/GB/shoushen/37508/3193904.html.

Obviously, this practice was unhygienic and unscientific, especially in light of today's threat of avian flu. But during its time, rooster blood therapy was thought to be "scientifically" grounded. Another fad in the late 1970's and early 1980's called "swinging arm therapy" also captured the imagination of the whole nation.¹⁹¹ It was based on *Qi Gong* and TCM principles, which were as fashionable at that time as they are now. Hundreds of people, men and women, young and old, swung their arms hundreds and thousands times a day in the belief that they could buttress their bodies and expel all diseases. Some elderly today still remember this. "The scene was quite magnificent," one said. "It was hard to not to follow the trend when everyone around you was doing it."

Many other health trends emerged in tandem with China's "Open Door" policy, when significant amounts of new information, new concepts, and new technologies started enter the country. "*Hongcha* mushroom therapy" was a popular *baojian* tonic in the 1980s.¹⁹² Introduced from the former Soviet Union, the *hongcha* mushroom was legendary as being a magic fungus that promoted longevity. It was said that more than 10 percent of people in the Caucasus Mountains had lived past 100 because of this mushroom. Echoing the long-held belief that many Chinese have in magic fungi (such as *lingzhi*) as described in *yangsheng* and TCM classics, the *hongcha* mushroom was cultivated by ordinary Chinese families and was marketed commercially in the form of bottled drinks and canned foods. It was believed to be able to bring longevity and cure various diseases, ranging from acne to micturition.¹⁹³

From the 1980s to the 1990s in succession there has emerged "stewed soda therapy," "cold water therapy," "vinegar therapy," "scarlet kafirlily fever," "hula hoop fever," "backward walking therapy," "mineral water fever," "magnetic cup fever," "*Xiang Gong* fever,"¹⁹⁴ "*Falun Gong*", and many many more. Each fad led to the creation of some new products – hula hoops, for example -- and/or increased prices for certain commodities – mineral water and vinegar, for example. Most of these fads flourished for a while and diminished quietly and rapidly, usually after some adverse effects surfaced. For instance, the hula-hoop was once viewed as trendy exercise equipment for almost every Chinese family in the early 1990s. Then there came rumors about people twisting their intestines by playing with hula-hoops after meals. It disappeared as quickly as it had become popular. "Vinegar fever" spurred the market of vinegar in the late 1990s. Women drank it to improve their body shape, skin and looks; men drank it to increase vitality; and the elderly drank it to soften blood vessels and prolong life. All of a sudden vinegar of different flavors and colors was available in the market to satisfy the demand from those who drank two

¹⁹¹ Ibid. See also www.xys.org/xys/ebooks/others/history/contemporary/culture_revolution/wengeliaofa.txt.

¹⁹² Ibid.

¹⁹³ Frequent urination caused by disease.

or more cups each day. When stomach problems, eating disorders and many other health problems associated with excessive vinegar drinking became apparent, this fad was over quickly as well.

People today might view their predecessors as ignorant and irrational. Those who are susceptible to fads have been made fun of in soap operas, comic dialogues (Chinese cross talk show), movies, and literature. However, modern people also rush to follow the trends of their times which are believed to be more modern and scientific. Today, one does not see people injecting chicken blood. Instead they go to hospitals to wash their blood with modern machines. They filter out fat, cholesterol, and other “bad” elements and then inject the “purer” blood back into their veins again. Many people have been persuaded that their bodies have accumulated so many toxins from pollution in the environment and poisoned food products that they need to take *baojian* products and toxin-excreting capsules regularly to purify themselves. These *baojian* products are advertised as being made of natural herbs and based on TCM. They are said to be safe for long-term use and produce no side effects. These modern practices, couched in the language of science and administered by means of modern technology, are believed to be far more reasonable than their predecessors.

However, the SARS epidemic in 2003 brought a turning point for the Chinese belief in modern science. The failure of biomedicine in the face of this mysterious disease made many Chinese believe that their health can only be safe guarded through the rediscovery of and reevaluation of the secrets of *baojian* in TCM. As a result of the new lack of faith in modern medicine, starting in February 2003, many Chinese communities with SARS outbreaks resorted to folk remedies that they thought could prevent the disease. Millions of Chinese stocked up on white vinegar and a Chinese herbal medicine known as *Banlangen* (made from the root of the indigo tree) to protect them from getting this lethal flu. Rampant rumors about the disease and possible effectiveness of TCM preventions led to mass purchases of these items in many communities.¹⁹⁵ The buying spree spread across the whole country, even to Xinjiang, one of the most remote areas in northwest China where no case of SARS had even been diagnosed. The shortage of supplies made people in southeast China ask friends in northeast China to bring vinegar and *Banlangen* back for them. In some places the price of vinegar increased by twenty times its starting price just overnight. Where white vinegar was sold out, brown and red vinegars were used as substitutes and were bought in large volumes.¹⁹⁶ People recalled later that almost every building smelled of vinegar. During desperate times, many Chinese abide by the principle: “*Ning ke xin qi you, bu*

¹⁹⁴ *Xiang Gong* is a type of *Qi Gong* practice that was popular in the 1990s. Not like other *Qi Gong* practices, *Xiang Gong* requires little concentration while practicing. Therefore it attracted many people.

¹⁹⁵ “*Feidian zaocheng de qi ge houyizheng.*” 07/07/2003. Retrieved from: news.sina.com.cn/c/2003-07-07/08291292004.html.

¹⁹⁶ “*SARS zhi san cheng ji.*” Retrieved from: www.hnccdc.com/sars/gd_news/sars_scj.htm.

ke xin qi wu” (better to believe it than ignore it). TCM remedies of all sorts, especially diet prescriptions recommended by senior doctors, became popular. Food recipes like this – “Prevent SARS without medicine: radish, orange peel, ginger and coriander soup” – were passed from hand to hand. Quite a few famous elderly TCM doctors prescribed herbal remedies to prevent the disease.¹⁹⁷ Even though there were some cases where people poisoned themselves by accidentally overdosing on herbal decoctions, this did not prevent some herbal medicines from becoming twenty times as expensive as they were before the outbreak of SARS.¹⁹⁸ The central government had to take administrative measures to curb the TCM herb market and to prevent hoarding and profiteering, which had not happened since prices were open to the market economy in the late 1980s.¹⁹⁹

In observing these facts, it is clear that SARS has had a great impact on China’s public health system and health education. It exposed the inadequacy of modern science and medical technologies and caused many Chinese to reevaluate disease prevention in active terms. The post-SARS era, as it is called, is characterized by an unprecedented increase in the awareness of health protection or *baojian*. Along with TCM the *baojian* market is also flourishing, and this, as I have pointed out, is a cause of concern for many. In any case, it is in this context that Hong Zhaoguang emerged and made his breakthrough.

To better understand Hong’s success, it is helpful to compare his health regimen with that of Li Hongzhi, the founder of *Falun Gong*. Most of Hong’s readership would understand and appreciate the difference between science and spirituality, and therefore not think of Hong’s teachings as comparable to the principles of *Falun Gong*. However, there are many similarities between Hong and Li. They both became popular at the turn of a century when many people were feeling the negative effects of fast-paced reform; they are both critical of social reality and moral corruption; both emphasize tolerance and stabilization of the mind; both stress self-help and self-reliance in terms of health; both are deeply rooted in TCM and traditional Chinese philosophies; and they both helped to set off a wide ranging health

¹⁹⁷ There are many reports on this issue, for instance: active.chinainfo.gov.cn/sars/ViewInfoText.jsp?inford=57615; www.cas.ac.cn/html/Dir/2003/04/09/0522.htm; health.enorth.com.cn/system/2003/04/28/000552350.shtml; and www.sh.xinhuanet.com/tbbd/zhongyi/, etc.

¹⁹⁸ “*Zhuanjia gaojie: fang feidian she yong yao, guoliang fuyong zhongyao hui dao zhi zhongdu.*” *Beijing chenbao*. 05/03/2003. Retrieved from: health.sohu.com/95/94/harticle17349495.shtml. See also www.epochtimes.com/gb/3/4/23/n303528.htm; news.xinhuanet.com/comments/2003-04/23/content_844653.htm.

¹⁹⁹ “*Xi’an yufang feidian zhongyao cai jiage baozhang, shimin biaoshi buman yaoqiu chachu.*” Retrieved from: www.satcm.gov.cn/lanmu/feidian/tcm030425xian.htm. See also “*Fang feidian yuanliao jiage mengsheng, yiyao qiye zengchan wei zengshou.*” 05/08/2003. Retrieved from: www.yn.xinhuanet.com/ynnews/zt/2003/fdy/wen/x02.htm; “*Zhengque yindao gongzhong heli shiyong zhongyao yufang feidian.*” 05/24/2003. Retrieved from: www.jnws.gov.cn/org/001/newsdetail.asp?Nid=646&Cid=27 and “*Yuanliao jia feizhang tunshi lirun, yaopin qiye duzhong fanqi kushui.*” Liu Teng. 05/28/2003. Retrieved from: past.people.com.cn/GB/jinji/32/180/20030528/1002201.html.

reform movement that has attracted many elderly in particular. The main difference between Li and Hong is that the former is seen as advocating social reform based on spiritual beliefs that are disruptive whereas Hong is seen by the government (and many people in China) as advocating health reform based on science that promotes ideals of good citizenship.

Li's *Falun Gong*, a form of *Qi Gong*, began as a form of health practice and reached its peak in the mid 1990s. With its religious and psychological elements, soon it developed into a form of meditational practice with strong religious overtones. To many ordinary practitioners, the attractiveness of *Falun Gong* mainly came from its health benefits and its psychological orientation toward the solution of personal problems. It attracted almost one billion disciples from all over the country, including people of all ages, from different backgrounds and social classes. Soon *Falun Gong* practitioners developed their own institutionalized, hierarchical system and their numbers superceded the number of communist party members in China.²⁰⁰

Out of fear that the movement might become more overtly political the government cracked down on the *Falong Gong*. Ironically this had the effect of bringing the movement to the attention of the world as well as many people in China who were not aware of it before. By labeling the *Falong Gong* a “cult” the Chinese government sought to characterize the movement as not only politically dangerous, but as the antithesis of science.

Despite the fact that Li, like Hong somewhat later, emphasized self-help and self-reliance in terms of health care and both tolerance and accommodation rather than social change, the state showed no interest in co-opting Li's *Falun Gong*. In the view of the Chinese government Li had ulterior political ambitions, was motivated by profit, played on peoples ignorance, and, above all, was advocating that people believe in things that were not scientific. A variety of images and stories about *Falun Gong* have circulated and are now accepted as true by many ordinary Chinese. Some of these stories include statements such as Li Hongzhi telling his disciples not to go to hospitals even when they were very sick; that his superstitious practices killed many people including many innocent children whose parents were cult members; that Li asked his disciples to worship him as an incarnation of the Buddha; and that he made a fortune selling his books, tapes, CDs, and portraits. The government's action against *Falun Gong* is part of a larger campaign against “false *Qi Gong*” (*wei qi gong*) and “false science” (*wei ke xue*) in the late 1990s (see Nancy Chen 2005). In this campaign the government supported *Qi Gong* practitioners who based their practice on “scientific” principles authorized by the state, but sought to outlaw *Qi Gong* masters who claimed to be able to perform miraculous cures. Li's attempt to establish himself as the

²⁰⁰ By 2002 there were about 66 million party members and the *Fanlun Gong* organization claimed that one billion people joined their organization at the peak period (around 1997-1998). See www.zhengdao.org/newsdetail.php?id=1193 and <http://www.china.org.cn/chinese/ch-yuwai/219261.htm>.

central figure of *Falun Gong* practice and his critique of modern science and medicine put him in the category of those who practiced “false science.”

Right after the crackdown against the *Falun Gong* in 1999, Hong emerged as the exact opposite of Li but oriented toward the same basic goal. Hong claimed not be interested in gaining personal fame or making money. In contrast to Li, Hong’s published lectures were given away for free and his books were very inexpensive. He preferred to be called “Dr. Hong” by his followers instead of “Master,” as Li called himself; he was genuinely concerned with people’s health, and tried to help them to save money and maintain health in all possible ways; he taught “scientific” knowledge to help people to live healthier and happier lives. An interesting contrast between the two men is that Li advocates “passive acceptance” (*ren*) in the face of diseases and hardship. According to many elderly this is completely different from Hong’s idea of accepting one’s fate in order to maintain a balanced state of mind, which also requires one to bear unpleasant feelings and be more tolerant and accepting of social reality. A key difference is that underlying Hong’s apparently passive approach is an activist program to promote wellness and self-healing. In contrast to Li, who teaches that one must suffer in order to achieve ultimate perfection, Hong’s focus is on prevention and health cultivation in order to be free from pain and suffering. Many regard this as more practical, rational and “scientific.”

Li and Hong’s different fates reflect the way in which science and scientificity are being defined and redefined in relation to Chinese politics. Following Laura Nader (1996), Donna Harraway (1997), Geoffrey Bowker and Susan Leigh Star’s (1999) insight on the politicization of science, Nancy Chen (2005) argues that science has been used as a strategy by the Chinese nation state to claim efficacy and authority, in the name of protecting ordinary people from the influences of evil (*xie*) cults and superstition (Chen 2005). As Chen points out, the regulation and institutionalization of *Qi Gong* practices in the 1990s, through the processes of secularization and medicalization, has meant that expert knowledge is authorized by the state. More importantly, expert knowledge is defined in such a way that the state can scrutinize those who claim to have it. It was in this way that Li Hongzhi and many other *Qi Gong* masters were labeled as superstitious and nonscientific. In sharp contrast, Hong’s health teachings seamlessly combine science and a belief in the “magical” properties of various kinds of “traditional” practices.

6.3 CONCEPTUAL REVOLUTION OF HEALTH

Hong's health teachings are regarded by many readers as having led to "a conceptual revolution of health" in China. This conceptual revolution involves

1. Taking a holistic view of health and body;
2. Combining a scientific and modern understanding of health with traditional health beliefs and practices;
3. Emphasizing prevention over cure; *yangsheng* through diet and exercise over medicine;
4. Emphasizing self-reliance;
5. Using materials are inexpensive and easy to get;
6. Promoting knowledge that is easy to understand, remember, and try on, especially for the elderly;
7. Complying with social reality and catering to the material and psychological needs of the population.

Thus the conceptual revolution allows for the integration of a broad range of very different kinds of activities into one's health regimen.

Hong's fame has led to the emergence of a significant number of people who are trying to do the same thing. Many come from a background that is very similar to Hong's and what they teach is almost identical, although somewhat more focused on particular medical problems.²⁰¹ In addition, these health educators have expanded on Hong's method of self-health care, adding more depth and breadth and bringing in more detailed health promoting and cultivating techniques, such as *yangsheng* methods described in the TCM classics, recipes based on TCM principles and herbal remedies, easy *Qi Gong* exercises, quick and simple self-help treatments such as self-help scraping and daily massage. Although a large proportion of these newly emerging health practices are based on TCM, it is interesting that most promoters are trained in biomedicine and many claim to bring back the latest and the most scientific and popular health practices from the West. Identification and attention by these scientifically trained medical professionals has caused a resurgence of interest in classic *yangsheng* texts.

In addition, many *baojian* and *yangsheng* magazines, newspapers, VCDs and TV programs that target the elderly population have also become popular. Book stores in many Chinese cities have large selections of self-help health care books, covering issues of diet, diet therapy, *yao shan* (food cooked with

²⁰¹ The ones that stand out are Qi Guoli, and Hu Dayi. Qi is a biomedical professor who had worked in Stanford University for six years. His lectures about health cultivation are very much like Hong's, even his language style. Hu is an authority on cardiovascular disease and a professor appointed by many prestigious hospitals and medical institutions. His lectures focus on cardiovascular diseases and various means to avoid it or improve heart condition, including scientific diet and exercise.

medical herb ingredients), exercise, meditation, medication (especially herb recipes), acupuncture and massage among other things. For instance, a popular magazine entitled the “*Family doctor: 5 Yuan serial*” teaches various methods to deal with many common elderly diseases and to control or improve chronic conditions using simple language and vivid pictures.

Many newspapers have also initiated health and *yangsheng* columns to attract readers. Hundreds of new health magazines compete in the market for sales, teaching applicable exercises, diet recipes, TCM herb remedies, TCM classics about longevity, poems of *yangsheng*, and strategies to deal with some common elderly diseases. To name just a few, they include: *Prolonging Life Abstracts (Yishou wenzhai)*, *Contemporary Elderly (Dangdai laonian)*, *China Newspaper Cutting (Zhongguo jianbao)*, *Family Doctor (Jiating yisheng)*, *Monthly Yangsheng (Yangsheng yuekan)* and *Scientific Yangsheng (Kexue yangsheng)*. These magazines contain valuable material. Some elderly people with whom I worked have even written to newspapers and magazines asking for back issues from several years ago so as to find a specific solution to a particular problem. Commenting on the increasing demand for literature on health, an editor of a health magazine said, “SARS and Hong Zhaoguang saved us.”

Prolonging Life Abstracts (Yishou wenzhai) is an example of one of these monthly health magazines. It collects newspaper articles addressing health issues and categorizes them into theme columns. The main columns include: scientific studies about longevity; celebrities’ *yangsheng*; ancient people’s *yangsheng*; collections of *yangsheng* methods in foreign countries; exercise, *Qi Gong* and massage; modern life and longevity; prevention of common elderly diseases (such as diabetes, high blood pressure, cancer, Alzheimer’s disease, etc.); TCM remedies; diet therapy and diet nourishment recipes; psychological and spiritual health; temperament and interest of health cultivation; *yangsheng* starts at the first day of life (targeted at children); and numerous stories and anecdotes about health and longevity that most people would otherwise not be aware of. In general *Prolonging Life Abstracts* reflects a very eclectic and holistic approach to health, and in part this is what makes it appealing.

Compiling complicated health teachings into poem-like passages or jingles is a common practice in these reading materials. Not only professionals, but ordinary elderly readers also love to publish their own experiences of *yanghseng* in the form of jingles submitted to newspapers and magazines. Contents range from cultivating a good morality to molding a calm state of mind, from promoting physical exercise to emphasizing spiritual wellbeing, from maintaining a balanced diet to finding suitable clothing, from adapting to seasonal changes to being aware of time shifts, and from building strong family relationships to finding harmony in community. Hong’s strategies of using numbers, colors, and rhythms are widely used in these submissions: the “three forbidden for the elderly,” “four therapies for the elderly,” “sixteen longevity measures of the ancients,” “three balances,” “nine rhythms of health,” “rhythm of cultivating the heart (mind),” “rhythm of longevity,” to name just a few. These writings also give timely warnings

and advice on the proper time for exercise at different times of a year, dress codes, seasonal diets, seasonal herb remedies, etc. In every case, the goal is to make the message easily understood and to phrase it in a catchy way so that that it can be easily memorized.

A profound result of this new health revolution led by Hong is that it has raised attention to health not only among the elderly population but also among those who are middle aged and even some among the younger generations. To a great extent, it revived the essence of *yangsheng* as defined in the TCM classics: a lifelong cultivation of health and wellbeing. Although the elderly, in general, feel a more urgent need to learn the knowledge of *yangsheng* than younger people, these health teachings instruct people that it is not wise to sacrifice one's health to earn money when one is young and then spend money to buy health back when one gets old.

6.4 CONCLUSION

For millions of Chinese, healthy aging is more about saving money on medical bills and being self-reliant than anything else and Hong Zhaoguang's health teachings provide them with the knowledge that is necessary for them to take control of their lives. Although Hong's success cannot be understood apart from the state's discourse on healthy aging and social stability, his popularity among millions of elderly readers also cannot be simply understood as a successful campaign to produce docile bodies. As an elderly person said, Dr. Hong's biggest contribution is that he has corrected decades of irrational thinking and wrong-headed quests for longevity in China by pointing out a scientific way to approach health. Hong's teachings mirror the social desire for a non-disease oriented approach to health, and a holistic way of aging and living. His emphasis on active prevention, health cultivation in every detail of life, and aging as a way of life fits directly into the tradition of *yangsheng*, and this traditions contemporary reinvention.

No evidence has yet shown that the popularity of Hong Zhaoguang's health teachings has curbed the fast growing popularity of *baojian* products. However, he does provide a yardstick for many ordinary elderly, rich and poor alike, to evaluate the voluminous, often contradictory information on health that is available today.

It is ironic that Hong says that Western societies pay more attention to prevention while Chinese people put all their energy and investments into curing diseases. Medical anthropologists in the West critique biomedicine for its reductionistic disease orientation, and for not being holistic. It is almost a commonplace to say that prevention is the primary concern of TCM. So what does Hong mean? He

means that people in China have become overly dependent on medicine as such. Hong's success is linked to his criticism of institutionalized medical care as the only place to look when seeking the means to achieve good health.

Embracing both traditional and modern elements he has reformulated key aspects of TCM that have been overlooked on account of long-term processes of medicalization and institutionalization. The true value of TCM not only lies in the possibility that it can cure diseases that biomedicine cannot, as some hope, but in redefining health care as such. It is both a means by which individual elderly gain control of their health as well as a mechanism by means of which the state regulates and controls a rapidly aging population.

7.0 THE UNIVERSITY FOR THE AGED (UFA)

Elderly education is considered an important part of healthy aging in many societies; however, approaches to learning as a senior citizen vary. In the United States, I was able to observe firsthand the role and involvement of several elderly students in different settings, which made me wonder what form of education is most appropriate for the unique features and special needs of the elderly. When I was teaching a course called *Alternative Health and Healing* at the University of Pittsburgh in 2003, before I went into the field, there were two senior women registered to audit the class. The information sheet sent to instructors by the Third Age Education program at the university noted that course requirements, such as attendance, quizzes, papers or exams, were not applicable to those senior students. These senior students were different from regular college students, and they “should” be treated differently. I always wondered what it was like for a sixty-year-old to sit and learn with dozens of young people in their earlier twenties. Did it make them feel younger or older? What brought them here? What expectations did they have for my class? While I taught the class I was doing a research project for another class I was taking. It required that I do research in a local community. I had to identify and interview some “elderly” residents – that is, those aged 65 and above – with different levels of independence. I thought these two students would be ideal examples of “totally independent” elderly participants for my project.

One day after class when they were together, I asked them their ages. Before I came to the United States, I had learned from books that Americans are very sensitive about their ages, and it is not appropriate to ask. But after living in the United States, and thinking that you should not always believe what you read in books, I decided that it would be okay. Although both women told me their ages, Mary, the quiet one became upset. She sent me an e-mail in which she wrote that she was surprised and upset to learn that the other woman was a couple of years younger than she was. She emphasized that her 65th birthday was actually two weeks away, and so she was, in fact, only 64, and not 65, as she had indicated. I then realized that I had done something that was, in fact, culturally insensitive. As an anthropologist, this mistake seemed almost unforgivable. However, I began to wonder why it was so important to not to be the oldest student in the class. Unfortunately, in the end, Mary decided she would not to do the interview with me.

The same project brought me to a senior citizen center, looking for elderly participants who were considered “semi-independent.” The center was located in a remote area of Monroeville, outside of Pittsburgh. No public transportation came to this area, so everyone had to drive. It was so quiet in the three-story building that it was difficult to believe there were activities going on inside. The quietness and slow motion in the center made even me feel senile. My appearance in the center was not welcomed. While waiting for the yoga class to end so I could find Phyllis, the woman who had made an appointment with me, I was asked politely by a worker to wait outside the building. I was told it was a building for senior citizens only. When Phyllis finally arrived, I discovered she was by no means semi-independent, at least intellectually. She had decided to start working toward a chemical engineering degree when she was forty-six, and she received that degree five years later. She had taken classes with students who were younger than her daughter. She told me that in one class the teacher asked students to form study groups to do a class project.

I was sitting at the back wondering, ‘O.K., now, let’s see who’s gonna choose me for their group.’ A boy came up to me, which surprised me. Then I found out that he was the laziest student in class! I had to push him to do his work all the time. One day when I came up with a very good idea for our group, he said to me, ‘Hey, you are really smart. I thought you might be the dumbest one in class and that’s why I chose you in the first place.’

Of course, Phyllis laughed out loud when she told me the anecdote, with much pride in her heart.

This made me think about the problems associated with having the elderly enrolled in the same institutions as young people. Does an institution that caters exclusively to the elderly make them feel more comfortable? I began to wonder if the answer to this question would be different in China. And beyond this there is the question of how education and learning is linked to healthy aging. Quite apart from what they learn, does institutionalized education promote good mental and physical health?

With a view towards answering these questions, in this chapter, I will focus on elderly education programs in urban China, so-called Universities for the Aged.

7.1 UNIVERSITY FOR THE AGED

The University for the Aged (UFA) is a non-profit and non-certificate educational program that is usually subsidized by local provincial and city governments. It is targeted at retired elderly citizens and is a place where many elderly feel they have “something to teach, something to learn, something to do, and something to be happy about” (*lao you suo jiao, lao you suo xue, lao you suo wei, lao you suo le*).

The very first UFA was built in Shandong Province in 1983. Following its lead, various provinces and cities began to set up their own educational systems for local elderly. Since the late 1990s, the development of the UFA system has accelerated due to the significant increase in the number of people who retired in their early and mid 50s. As indicated, these people want to remain active and productive members of society. The number of schools boomed from 5,000 in 1993 to 43,981 in 2004 (among which 8,251 are UFAs and 35,460 small-scale schools for the aged).²⁰² The number of enrolled students skyrocketed from 47,000 in 1993 to 4.383 million in 2004.²⁰³ On the national level, the China Association of the University for the Aged (CAUA) administers all UFAs and schools for the aged. CAUA is under the direct supervision of the China Association of the Aged (CAA) and the Ministry of Civil Affairs (MCA).

The initial motivation for setting up UFAs was, and continues to be, to meet the health needs of the elderly population. Most of the first courses offered at the UFAs directly targeted health, with such offerings as *Taichi*, *Qi Gong*, and a few meditation-style courses such as Chinese calligraphy and painting.²⁰⁴ Gradually, courses have expanded to other domains that are not directly health-related, such as literature, politics, science and technology. However, the courses are firmly rooted in how healthy aging has been understood in Chinese medical traditions, and embrace physical, mental, psychological and emotional aspects of life. Cultivating a good attitude towards aging and life in general through incessant study has become the ultimate goal of UFA programs today.

The Chinese government on each level places enormous emphasis on and support for UFAs. This makes sense since elderly count for more than 10 percent of the whole population in China, and are a dynamic social force. Echoing the state discourse on healthy aging, UFAs promote the idea that the elderly can contribute to society by continuing their education. In many UFAs, the school motto is written in a huge font and hangs at the most eye-catching place to display its aspiration, “to enrich knowledge, to mold temperament, to cultivate good health, and to live as a glowing ember.” Slogans like this are frequently recited. And many elderly with whom I spoke expressed heartfelt appreciation toward the UFAs for changing their lives.

²⁰² Report on civil affairs development 2004. Ministry of Civil Affairs of People’s Republic of China. 05/10/2005. Retrieved from; <http://www.mca.gov.cn/news/content/recent/2005510114517.html>.

²⁰³ Ibid.

²⁰⁴ Many Chinese believe that calligraphy and painting are two main means of cultivating health. Many of the well-known masters of Chinese calligraphy and painting lived very long and had very good health. In addition, Chinese calligraphy and painting are not only forms of arts, but are also meditative in nature. According to TCM, they help to cultivate Qi in the body and calm one’s mind.

7.2 UFAS IN WUHAN

The Wuhan University for the Aged—the very first UFA in the city—was established in May 1985 after several retired high-ranking cadres made a request to the city government. These cadres created the basic model for all UFAs in the city which all are directly led and supported by local government, and utilize public resources (financial, material, and spiritual supports from the society) to serve the local elderly. The retired cadres also organized the first board of directors for the UFA, using their own social and political connections to obtain support from the local government and society. Soon 13 districts, 14 military compounds and several large-scale state-owned work units in Wuhan started to set up their own residential-based UFAs. In the following 19 years, a city-district-community three-level educational system for the aged was launched. In 2002, there were 34 UFAs and more than 1,000 smaller seniors' schools. Technically, schools at all levels are modeled on the Wuhan UFA, which is under the supervision of Ministry of Civil Affairs. In 2002 about 104,407 elderly people enrolled in these schools, accounting for 11.58 percent of the entire elderly population in Wuhan.²⁰⁵

Most of the UFAs in the nation as a whole have been set up and are funded by local governments at different levels (city, district, street, community). Their development has been gradually accepted as an important criterion for evaluating local governments' political performance and administrative effectiveness. The development of UFAs has become a political and fiscal priority. Usually UFAs rely on two main sources for support: tuition collected from students, and funds pooled from government and/or other social institutions. The director of the board of a UFA sets the tuition for courses on the municipal level; therefore, tuitions is almost the same throughout a city.²⁰⁶ Due to its non-profit social-service orientation, tuition is inexpensive. For the first course one takes, 40 Yuan (approximately \$5 U.S.) is charged for an entire four-month semester; 30 Yuan is charged for the second course, and 25 Yuan is charged for additional courses after that. This measure has been taken to encourage the elderly to take more courses. This bonus does not apply to extremely popular courses such as painting, calligraphy, ballroom dancing, and English. Additionally, courses like electronic keyboard and computer courses that require equipment and utility costs are somewhat more expensive. For example, a computer course costs

²⁰⁵ “*Zhuazhu jiyu, chengshi er shang, kaituo jinqi, qiuzhen wushi.*” Report on Wuhan UFA annual meeting by Jin Zhenzhong. 02/26/2003. Retrieved from: www.wuhanua.org.cn/c02/c0202/xiaokan102/xiaokan10205.htm and www.wuhanua.org.cn/c02/c0201/benxiao/benxiao0002.htm.

²⁰⁶ For some UFAs sponsored by large-sized work units or companies, tuition is lower for those who worked there before retirement and for their spouses. Some UFAs are even totally free of charge. Some work units and companies pay for those who go to local UFAs as an extended benefit for former workers.

between 100 and 120 Yuan each semester. To most people who take courses at UFAs, the happiness they buy with 40 Yuan is said to be priceless.

Tuition is set just high enough to cover school maintenance, expenses, utilities, and teacher's salaries. Money for school renovation and the purchase of expensive teaching equipment, usually has to come from the local government. In addition to governmental subsidies, UFAs still must ask for financial support from all possible sources, including companies and work units whose retired workers attend the UFAs. In addition, UFAs seek out discounts from companies that provide school equipment. Most companies are always very supportive and generous when they know that "this is for the aged." Despite financial difficulties, many UFAs still have succeeded in equipping themselves with computer labs, electronic keyboard rooms, digital piano rooms, and sound systems in order to satisfy the needs of elderly students.

Staff and students decide which courses are provided each semester. Questionnaires and surveys are disseminated to students each semester to collect updated information. Students are asked to give comments and suggestions on courses they have taken as well as courses they are interested in. In this way, courses offered at the UFAs have expanded from the very first five or six basic courses offered in the beginning to eight departments: Politics and Culture, Chinese Calligraphy, Chinese Painting, Arts, Medicine and Health Care, Physical Culture, Household Affairs, and Science and Technology. There are 38 majors and more than 120 courses, covering almost every aspect of elderly people's interests.

The following table is a typical course list for one semester. Many of the courses are continuous in nature, which means students can take them for as long as they like and always have something new to learn. Classes like calligraphy, painting, dance, chorus, and *Taichi* are more like ongoing practice sessions where students simply get better and better over years and years of practice. Others are designed to be repetitive; that is, the same content will be repeatedly taught in a two or three year cycle so that those who forget or those who want to study all over again can pick it up at any point they choose. English, TCM, massage, acupuncture, and *yangsheng* courses are like this. To elderly students who might be concerned with memory loss as they age, this is the best way to reinforce their knowledge and deepen their understanding of course materials. The variety of courses offered and the design of the courses both guarantee that one can never exhaust the possibility of learning more and learning something new.

FIGURE 7.1: Course List of the Wuhan University for the Aged (Spring 2004)

Department	Major	Courses
Politics & Culture	Philosophy	Theoretical Research on Chinese Socialism
	Political Economics	Socialist Market Economy Finance and Stock Modern Technology
	Law	Basic Theory of Law
	Literature	Writing Classical Chinese Poetry Arts of Film and Television
	History	Modern Global History Contemporary Global History Ancient Chinese History Modern Chinese History Contemporary Chinese History
	Geography	Local Geography (Wuhan) Cultures of Travel
	Foreign Language	English (basic and medium levels) Japanese French
Chinese Calligraphy	Chinese Painting	Chinese Flower-and-Bird Painting Chinese Landscape Painting Chinese Figure Painting
Chinese Painting	Calligraphy	<i>Kai</i> Calligraphy <i>Xing</i> Calligraphy <i>Cao</i> Calligraphy <i>Li</i> Calligraphy <i>Zhuan</i> Calligraphy
	Mounting Arts	Mounting Arts
Arts	Vocal Music	Chorus
	Instruments	Electronic Keyboard Piano <i>Er Hu</i> (two-stringed bowed instrument) <i>Jing Hu</i> (similar instrument with a higher register)
	Chinese Opera	Peking Opera <i>Qing Yi</i> (young female roles in Peking opera) <i>Lao Sheng & Lao Dan</i> (elder roles in Peking opera)
	Dance	Folk Dancing Basic Training for Folk Dancing Health-Promoting Dancing
	Cat Walk	Fashion Show Cat Walk

FIGURE 7.1 (CONTINUE): Course List of the Wuhan University for the Aged (Spring 2004)

Department	Major	Courses
Medicine & Health Care	Chinese Medicine	Health Basic Knowledge of TCM and Cultivation of <i>Huang Di Nei Jing</i> (TCM Classics) Traditional Medical Language Acupuncture and Massage Traditional Chinese Herbal Medicine (Collecting, Processing, Distinguishing) Food and Diet Therapy Prescriptions for Mind and Body Health
	Western Medicine	Western Internal Medicine Prevention of Cardiovascular and Cerebral Diseases
Physical Culture	Martial Arts	<i>Taichi</i> Fist <i>Taichi</i> Fan <i>Taichi</i> Sword WuDang Sword Mulan Double Swords
	Gymnastics	Body Shaping Croquet Balling
	Physical Dancing	Standard Ballroom Dancing Popular Local Ballroom Dancing
	Chess	Chinese Chess
Household Management	Domestic Electronics Maintenance	Domestic Electronics Maintenance
	Photography	Photography
	Gardening	Gardening
	Tailoring	Cut Up (Tailor) Fashion and Dressing
	Cooking	Cooking
Science & Technology	Computer	Basic Knowledge of Computer <i>Wu-bi</i> Input Typing (Chinese language input) Internet On-line Stock Graphing
Senior College of Arts	Literature	Classical Chinese Poetry Research and Writing Aesthetics of Literary and Artistic Creation
	Chinese Painting	Chinese Painting Research and Creation
	Calligraphy	Chinese calligraphy Research and Creation
	Photography	Photography Research and Creation

Courses can satisfy various needs and are designed to be suitable for different ages, physical conditions, and psychological demands. The departments with the most students enrolled are the Department of Politics and Culture, the Department of Arts, and the Department of Medicine and Health Care. The popularity of these particular departments reflects the specific needs of elderly students. However, modern and trendy elements are reflected in the establishment of new courses as well. For instance, after hearing requests from many students, English started to be offered in the 1990s. The popularity of studying English in China surged after China joined the World Trade Organization and initiated closer contact with foreign countries. Many elderly certainly did not want to be left behind. Thousands of grey-haired students crowd into UFAs to study English today. The number of people taking English courses is so large that many UFAs have had to enlarge their class capacity, expanding from normally 40 students per class to 70 even 80 students. Other UFAs started offering classes three times a day at different times. Even so, some students still have to wait until the next semester and rush to register earlier. The ongoing popularity of courses like English reflects social trends as well as the desire of many elderly to keep up with social developments.

“Cat Walk” is another example of how UFAs adapt to trends. It is one of the most popular art courses among elderly women because it is “modern” yet still represents the “*jing shen mian mao*” (spiritual outlook) of a “traditional,” elderly Chinese women. What one sees in this course is by no means skinny women in trendy clothes strutting down the cat walk like fashion models. Rather it is more like a modified combination of dance, drama, and fashion walk. Women who take this class usually are relatively younger because high heels are required and class training is more physically demanding than many other dance classes. Instead of displaying different clothing as professional models are required to do, elderly women train physical form and practice the cat walk as a form of self presentation, showing off their comportment and stylish motility. Students are expected to focus on how they walk and pose and the “*yi yi*” (spiritual connotation and significance) they express through their performances.



Figure 7.2. Cat Walk Show in Late Qing Costumes.

Annual Theatrical Festival at the Hubei Junqu UFA. 09/21/2004.

Although all UFAs in Wuhan provide non-certificate educational programs for the aged, the Department of Medicine and Health Care also offers students a certificate to praise and honor their efforts in studying TCM. This program is offered in cooperation with the Hubei College of TCM and the Medical School of the Wuhan University which also offers a three-year Elderly Health Maintaining and Promoting program particularly designed for the elderly. Graduates from this program are able to write prescriptions and provide simple treatments for themselves and other patients (usually their friends or family members). This certificate is not a real degree but rather an honor given to the elderly as a sign of accomplishment.

UFAs are designed to reduce stress, and the course work is not meant to put pressure on the elderly. As a result, there are no prerequisites, no quizzes, no exams, and no grades. Study is completely according to one's own initiative. UFAs are the most relaxed schools one could ever imagine. However, students at UFAs are also incredibly focused and hardworking. Students organize their own study groups and common interest clubs and practice together outside of class. They sign in on attendance sheets every time they go to class, although attendance is not required. Teachers are sincerely admired and respected by students. Students listen with rapt attention, take notes carefully, and practice earnestly. At UFAs, there are many touching stories about how eager elderly students are to study. One old man with poor eyesight brings a telescope to class to see the blackboard. An old woman brings her ill husband to the UFA each week on her tricycle so he can take courses. With this level of dedication many teachers regard the elderly as ideal students.

Besides classes with face-to-face teaching, there are many other forms of activities that elderly students can participate in at UFAs. Lectures and talks on various health issues and other topics are regularly scheduled. Medical professionals provide free diagnoses, consultations, and other medical services. Hundreds of exhibitions and theatrical festivals of all sorts are organized for and by students every year, providing them with many chances to show their works to others. Paintings, calligraphic works, photographs, poems, dances, choruses, and other demonstrations of skill are the highlights of these shows. Sometimes elderly students also go to elementary schools and middle schools to exhibit their skills to the young children. This is both a form of recreation as well as a moral lesson for the youth. In addition, some elderly organize semi-formal group exercises in local communities, teaching one another dances and health practices they have learned. Elderly medical students set up “street clinics” and provide free diagnosis and medical consultation to passers by.

UFAs also cooperate with TV and radio stations to set up visual educational programs for those elderly who cannot come to school due to poor health. Courses include geriatrics, foot massage for the aged, nutrition and food-therapy for the aged, and psychology of the aged. UFAs also have their own newspapers, journals, and websites, providing opportunities for students to express their opinions and thoughts. These elderly try to use their actions to show the whole society how to age gracefully and how fully life can be lived, even as a senior citizen. Many refer to themselves as “*Tui er bu xiu*” (retired from work but not retired from the society) and see themselves as social pioneers, breaking new ground on the frontier of life and setting an example for the whole nation to follow.

7.3 WHO WORKS AT UFAS

Theoretically, all UFAs function under the municipal government. A vice mayor is assigned to supervise the operation of the whole system city wide, and a few special administrative personnel examine school proceedings. In reality, however, course arrangement, teacher recruiting, student enrollment, and other school activities are all managed at the local level. The majority of staff members working at UFAs are elderly volunteers (usually retired cadres and intellectuals) who are not paid at all or are paid modest compensation for transportation and meals (less than 200-300 Yuan per month). Many of them hold several posts simultaneously: principal and handyman, or director and sanitation worker. They administer school operations as well as clean classrooms at the end of the day.

Zhou is a 74-year-old local UFA principal. The person who helped me to get in touch with him warned me in advance that Zhou was very “*zheng tong*” (orthodox and conservative). His way of walking with his back straight and arms swinging revealed that he had served the army for many years, and his loud voice identified him as a high-ranked leader earlier in his career. During the 2½ hours we talked, Zhou poured tea for me several times, which made me embarrassed because of his age.²⁰⁷ He said he does this everyday. He joked that he is both the principal and the handy-man man at school because he is both in charge of making administrative decisions as well as pouring water for teachers, cleaning blackboards, and sweeping floors. He talked about the school as though he were talking about his own child. This UFA, with more than 1,000 students, had actually been initiated and established by Zhou and three other elderly volunteers. Zhou told me that he had worked in this UFA for 18 years but never taken a penny from the school. He said,

Nobody would even believe me if I told them so. If you told the foreigners about it, they would not understand at all. This is not an issue about money. We do not come here to make a fortune. I have a retirement pension which is enough for me to have a comfortable life. People like me were from poor families when we were little, and our lifelong motto is ‘to serve the people.’ It feels very natural to serve those elderly comrades just as I did before. If I got paid, on the contrary, I would feel weird. Besides, the school has no money to pay us. The school budget is already too tight every year; how can I have the nerve to put the money into my own pocket? I’d rather take nothing and maintain my good reputation. I feel nobler in this way.

Zhou looked much younger than his real age, which he attributed to his 18 years of work at the UFA. “I never thought about being ‘old’. I have so many things to do; how could I have time to think about ‘old’? The way I am living now makes me feel not old at all. I am still full of vim and vigor. My wife summarized my life at the UFA with four words, ‘connecting old friends, making new friends, learning new knowledge, and gaining praises and honors from the public’.” Zhou concluded, “To face one’s life with a positive and optimistic attitude and to help others as much as one can helps to sublimate one’s spirit as well as improve one’s own health.”

People like Zhou are not rare at UFAs. They all define their work as something that “is offered as a tribute” (*feng xian*); something which is morally superior and ethically noble. Teachers at UFAs feel the same. Teachers are paid very low salaries, ranging from 25-50 Yuan according to their professional ranks.²⁰⁸ It is hard to imagine that anybody does it for money since it is easy to make more by doing

²⁰⁷ In Chinese custom it is usually the younger person who pours tea for the older one.

²⁰⁸ It is very interesting that the teachers get paid according to their own professional ranks at their work places. That is, full professors get 50 Yuan per class session, associate professors get 45 Yuan, assistant professors get 40 Yuan, and graduate students get 20-30 Yuan.

almost anything else. Quite a few teachers even refuse to be paid at all, because getting money from the UFA is like an insult. As one of them said, “Coming to teach at the UFA every Thursday and being with all my elder friends is like a holiday for me, so please do not slap me in the face with money!”

The job of teaching is demanding in many ways. As a UFA director said, “a teacher at a UFA must have a high level of knowledge and teaching ability with a low requirement for payment.” One class session usually lasts 100 minutes. The ten minutes break in between classes is even busier for teachers because they are always surrounded by curious students who ask many questions and do not want to let them go after class. Most teachers are themselves retired intellectuals from universities or retired professionals with particular expertise.²⁰⁹ These teachers say that to teach the elderly is even more difficult than teaching young children. The same material needs to be repeated many times. Teachers have to slow down in order to let the old students digest the information thoroughly. In some cases the content of a whole UFA course is equivalent to what a young person could master in a week.

Teachers also need to fully consider their elderly students’ self-esteem when they teach. As Zhou told me, when they planned to hire a computer teacher for the newly established course, some students asked him not to hire anyone like their children! At home their children would rush and get exasperated at how long it took them to learn seemingly basic things. “How come you are so stupid?” they would say to their parents. The school ended up hiring an elderly teacher who had learned to use a computer himself, so he fully understood the difficulties elderly students face when it comes to modern technology.

7.4 WHO GOES TO UFAS

During the 20 years of development of UFAs, the average age of students has gradually decreased, mainly due to early retirement. Therefore, age is no longer listed on school admission brochures as a criterion for enrollment. Officially, UFAs are still “for the aged.” In the 2004 spring term, 50.5 percent of those who enrolled at Wuhan UFA were younger than 60, and 24 percent of those were younger than 50. That is, although most students are between 50 and 70 (about 74.7 percent), people around their mid- or late forties are not uncommon.

Women usually account for 70 percent of all students, if not more. Some classes, such as dance and catwalk, are particularly designed for women. “Men are lazy” or “Men are shy” is how many women

²⁰⁹ Sometimes schools enlist the services of young graduate students or medical professionals.

explained the gender discrepancy. The director of the Wuhan UFA speculated that “It might be because elderly men had very active social lives when they were at work and just want to relax after retirement.”

It seems there are several reasons for this relative imbalance in gender representation. First, gender cohort support is important for Chinese women to deal with various familial and social situations (Wolf 1968). Elderly women especially rely on their own gender cohort for emotional support more than elderly men, who look down on the relationship as one that is “*popo mama*” (old-womanish). UFAs are a good place where these kinds of cohort relationships can be established. Thus, elderly women usually have more incentive to go to UFAs than do elderly men. Besides, elderly men are often considered to be not as open as elderly women, and they are usually thought to be more conservative, old-fashioned, and to care too much about “face” to risk making a mistake in public when learning something new. In contrast, many elderly women are more eager to learn new things and to keep up with social trends.

More importantly, elderly women, who were bound by the double burden of career and family responsibilities before retirement, usually feel deeply relaxed and free after retiring.²¹⁰ Many are indeed happy when they finally have spare time to do the things they have always wanted to do. To these elderly women, retirement brings a new way of living, a life that they can more fully control. Many older women students say they actually looked forward to and started planning life after retirement months and even years in advance. Learning some new skills – such as dancing or cooking, dressing or taking care of their health at UFAs – makes them feel more integrated into society. Elderly men, in contrast, say they often feel unsure how to conduct themselves with so much free time. Their retirements, rather than being viewed as liberating, are often accompanied by a deep sense of loss.

This is only natural as the continuity theory of aging states that there is a universal shift among old men from more active to more passive orientations. Women usually enjoy more authority, fewer restrictions and more opportunity for achievement and recognition as they age (Keith 1983). Cross cultural studies find out that women and men usually experience different changes in the level of activity and amount of authority in old age. As men approach old age, they withdrawal from the public sphere; while women’s authority in the domestic domain allows them to continue or expand their experience and expertise with age.

However, this functional approach fails to explain an important dimension of the aging experience of Chinese women. As a direct consequence of the long standing state’s discourse of gender equality, Chinese women, especially in urban areas, have been involved in both domestic and public spheres. Attention to both career and family, has “doubled the burden” for most women. With compartmentalized but less dichotomized roles in their early and middle age, Chinese women also

²¹⁰ The great majority of women who go to UFAs are retired career women.

demonstrate a tendency to continue with this pattern in old age. This extension of themselves often involves a sustained orientation out of the home and is not linked to their authority in the domestic sphere.

Rather than retreating into the domestic sphere after retirement, many elderly women continue to engage in public life as they did earlier. The sense of loss they would otherwise experience as they retreat from one public sphere – work – is compensated for by their engagement in a new public sphere that they create for themselves. Therefore, women students tend to consider UFAs as a direct extension of their earlier public activities, while men students usually think of UFAs as providing a social environment that is very different from what they experienced before retirement.

Another characteristic of UFA students is the high proportion of retired cadres. For instance, at the Wuhan UFA in 2002, about 64 percent of students identified themselves as “old cadres (*lao ganbu*),” among which about 86 percent are CCP members.²¹¹ Many of them like to be called “*lao ganbu*”, which gives them an identity that is different from other ordinary elderly. A person who refers to him or herself as a cadre did not necessarily occupy a position of great authority before retirement. Some supervised only a few people or were in charge of a small department. Being an “old cadre” usually means that one complies with the Communist Party on major issues, has a fairly decent social status, is moderately well educated, and enjoys relatively generous retirement pensions and other benefits. Most of them are CCP members. In a society with a seniority-based promotion system, as pre-reform China had, a significant number of today’s urban elderly are retired cadres.²¹²

This distinct feature helps explain the strong political tone of many UFA activities. As the activity theory of aging illustrates, people seek continuity in their patterns of interaction as they age (Kerns 1980; Myerhoff and Simic 1978; Counts and Counts 1985; Marshall 1985). This is certainly the case at UFAs. Every year, the International Labor Day, the CCP Founding Day, and the National Day, and important anniversaries of great leaders and political events are celebrated without exception. Some courses, such as many courses offered by the department of politics and culture, are particularly designed for those old cadres who still want to “keep up with the (political) situation” (*gen shang xingshi*) and keep the life style they had before they retired from work. Regular study sessions of current political events such as important party leaders’ speeches, party meeting reports, and international politics are routine in those courses.

The generation that came of age in the Mao era is very familiar with mass political movements. Many old cadres consider themselves sincere supporters and defenders of the CCP and the nation state.

²¹¹ Data from Wuhan UFA census report, 2002.

²¹² There are about 200,000 retirees in Wuhan are CCP members. Data from Wuhan government website, retrieved from: http://www.wh.gov.cn:8080/publish/zwpd_6/ztlm_54/bcdyxjxjyhd_339/2005-12-1660544.html.

In this way, they identify themselves as a distinct generation committed to revolutionary goals. These elderly students' engagement with such political activities is familiar and makes them feel comfortable. It also makes them feel as though what they are doing is significant. In fact, to many of these students "yiyi" is the key to justifying everything they do. The word *yiyi* is composed of two different characters with the same pronunciation: the first *yi* represents "meaning," "intention," "desire"; and the second *yi* means "justice" and "righteousness." *Yiyi* has a spiritual connotation of significance that is profound, usually something with a higher purpose or higher good. It is a word that is used extensively in all kinds of contexts: from elementary school children's essay topics to national athletics' gold medal; from helping disabled people cross the street to the launch of a spaceship. In the simplest terms, *yiyi* indicates that something should have a larger significance and deeper meaning. Therefore the purpose of doing it is not to satisfy individual desire or pleasure, but for the ultimate good of the people. The term *yiyi* usually evokes a complex set of moral, ethical and political meanings. Used by the elderly to refer to their activities it provides a means by which to define what they are doing as meaningful and important.

We should acknowledge that these politicized activities of elderly students are in fact something beyond politics. It is not simply continuing or repeating what these people did in their youth; neither should it be merely understood as a consequence of "brainwashing" by the state political ideology. Many of these activities reflect modern elements and have interwoven a rather complex view of the past, the present, and the future. I watched a "fashion show" entitled "A Hundred year history of China's weddings" choreographed by the elderly students themselves. This was a typical show that had a significance that they called "yiyi." Ultimately it was this "yiyi" that won them a gold medal in the Annual Theatrical Festival of all UFAs in Wuhan in 2004. In the show, performers demonstrated marriage customs in different times: the feudal times (a young couple died for their forbidden love and turned into butterflies); the Republican period (young couple in May Fourth style clothing devoted their love to the wakening of the Chinese); and modern times (young couple in western style wedding gown and suit). All these "young couples" were played by elderly men and women. The audience did not focus on their steps but rather the *yiyi* expressed through their performances. The show was meant to illustrate the improvements in love and married life brought on by the communist revolution and the reform. Similarly, the CCP's agenda of individual love submitting to the bigger revolutionary goal of the nation was also expressed clearly. However, the exhibition of Western style wedding dresses in a very positive way and as an improvement — even though they were regarded as "capitalistic" and "bourgeois" in the past—also reflects how these "modernizations" in daily life have been perceived and appreciated by these elderly students.

After watching the show, I voiced my appreciation but pointed out that their own era was missing. I suggested that they should add some Mao era wedding customs into their show. The performers were

very excited about the idea. Ironically they found that it was really difficult to find the yellow-greenish military uniforms that they wore when they got married. No stores rent those “out-of-date” costumes, and you can no longer buy them. After I left China, however, I heard that they finally got their costumes and that the modified performance was even a bigger success.

7.5 WHY GO TO A UFA

In responding to the question of why he goes to the UFA, one old man responded by saying:

There is an old Confucian saying: ‘One should be satisfied with learning something in the morning even if one is going to die that night,’ This is a portrait of us. We are too eager to know what anxiety is, and we are too busy to notice that old age is approaching. As long as we can learn something when we are still alive, there will be no big problem to see Karl Marx the next day.

Echoing the state discourse on healthy aging, many elderly students feel that studying at UFAs has three benefits: it benefits the self, the family, and the society as a whole. The school motto is an admonition for students “to enrich knowledge, to mould temperament, to cultivate good health, and to live as a glowing ember.” Many explain that they attend the UFA so as to achieve these goals and live up to these ideals.

Courses at UFAs are all health related in one way or another. The courses reflect the way health has been understood in TCM and Chinese philosophy more broadly. Rooted in a symbiotic view of the mind and body, healthy aging requires a healthy physical body, a healthy state of mind, and a healthy attitude toward life. The design of the courses not only gives full attention to physical wellbeing; they also provide knowledge such as how to deal with disease and pain with a positive attitude and how to banish distracting unhealthy thoughts from one’s mind.

Students’ choices of courses are based on personal interests as well as specific health needs. For instance, computer and electric keyboard courses might not appear to be health-related, yet many students say both courses help the aged to move their fingers frequently, which is thought to be an effective way to prevent brain atrophy and Alzheimer’s disease. People taking Chinese painting, calligraphy, or Peking Opera discuss how they have learned to cultivate *Qi*. A woman who gave up cat walking to take a dance course said she has problems with lumbar vertebra or cervical vertebra that do not permit her to wear high heels. “Dancing has helped me to improve my condition. Although I still love to cat walk, I think dancing is better for my health.” There are courses which help to temper the mind and promote

spirituality; there are courses meant to be intellectually challenging; there are courses directly targeted at improving physical health in general; and there are also courses that focus on particular health problems.

UFAs help many elderly make a smooth transition to a life that is very different from life before retirement. On the one hand, taking courses at specific times every week helps many elderly to schedule their time more effectively. To study and practice with others and be expected by others to show up at every class provides positive motivation. On the other hand, several courses, such as political economics, philosophy and theoretical research on Chinese Socialism, give many students²¹³ a sense of continuing with the life they had before. Engaging with something the retired men and women cadres were familiar with and did for decades helps many of them maintain a sense of integrity.

The social engagement provided by the UFAs is another factor cited by many elderly as critical for healthy aging. Staying at home and retreating from society is thought to be bad for the health. One can easily become narrow-minded, dispirited, listless and inert if one's ties to the outside world are broken. UFAs are places where the aged can keep up with social trends and make new friends. Those with common interests get together and become friends, and then this friendship often extends into life outside of school.

UFAs also provide the elderly with a larger social network that they can turn to when they need help or support beyond what their family can provide. Feeling emotionally needed compensates for the loss many aged feel being separated from their adult children. As Mr. Zou (age 77, retired high-ranking cadre from the Hubei Telecommunication Office, CCP member) said,

Being with the others makes us feel happier and more substantial in life. Among people of the same age, we always have endless words to say to each other. I always look forward to meeting with my friends in the next class session even if we have just finished this one. We depend on each other emotionally. If someone misses a few classes, the others would all worry about him or her. If we run into each other on the street, even if we do not remember each other's names, we still feel very intimate. The most important thing in this relationship is non-utilitarian. It is not like establishing a working relationship for the purpose of begging for help from the others. It is purer. The happiness we have gained here is priceless. I have to say UFA is indeed a paradise for the aged.

As students pointed out, UFAs have managed to weaken the sense of hierarchy that often characterizes social relationships in Chinese society. A few retired high-ranking officials said they actually did not have many true friends before retirement, and some even did not have anybody to talk

with. “Foreigners cannot understand this at all,” Mr. Wang said. Wang is a 74-year-old man, CCP member, who retired as a high-ranking cadre from local government.

In the West, a retired president is just an ordinary little old man. But in China a retired officer would not easily get down from his high horse. An officer is always an officer, even when he is retired. UFAs are places where people from different backgrounds merge with each other. Everybody who studies here is just a student, and we are equal to each other. Group activity helps to dilute our social differentiation and political hierarchy. Every judgment is based on one’s professional skills instead of political ranking. The former high ranked officers ask for advice from the most ordinary people who are more skilled at painting. Those who are high ranked accept criticism of their work. Can you imagine this before at work? The sense of equality makes me feel so free and comfortable. I had very few friends before retiring from my position, but now I have tons of friends. To be with these frank friends who like to do the same things, to communicate and share my experiences and emotions with them, makes me feel so at peace. This is very beneficial to one’s health, isn’t it?

Studying at UFAs also helps many elderly communicate better with their own families. Some take the same courses that their grandchildren take so that they can have something in common. Mrs. Sui, a 66-year-old retired cadre from local electric company, said that she took English so that next time when she urged her 8-year-old grandson to study English harder, he would not dare to say: “You don’t even know one English word.” She said, “Now I can have a competition with my grandson. We will see who can learn English better and faster. Kids love this way of studying.” By knowing something about what their grandchildren are learning, grandparents can help them with their work. Mrs. Zhao, a 57-year-old retired worker from a local boat factory, who took the electronic keyboard course said by learning it herself, she could supervise her granddaughter practice sessions. “Before learning it myself, all I could say was ‘practice, practice more’. Now I can tell whether she is slack at practicing,” she laughed.

Other elderly take computer courses at UFAs in order to communicate with their children. Nowadays using computers, setting up web cameras, or sending e-mails are thought to be better ways of communicating with children who live far away from home. A woman learned to use the Internet to do visual-talk with her son in the United States. She said before learning it, every time her son called from abroad she was so anxious that she forgot what she intended to say. Now she writes down her thoughts in e-mails and never worries about forgetting things or the high price of international phone calls. Mrs. Tang, a 65-year-old retired office clerk, said that once before taking classes she had to call her daughter back home from work because she saw the computer screen flashing but was too scared to turn it off for

²¹³ Especially elderly men since most students who take these kinds of courses are men.

fear of breaking it. Now she has learned not only how to turn the computer on and off, but also how to use a mouse. She was very proud, and explained:

My daughter spent half an hour trying to teach me how to use a mouse. I don't know whether it was because my teacher was my daughter or something else, but I was so nervous that I could not position my fingers to double click correctly. She was getting impatient, which made me even more nervous, and we had to give up in the end. But at UFA, everybody is the same, so you do not feel you are particularly stupid or slow. When the nervousness was gone, I learned to double click in one minute. Now I can even play Mahjong with people on line!

Many people go to UFAs to fulfill the dreams they had when they were younger. Many elderly did not have the chance to get a higher education when they were young due to years of war and political revolution. For the majority of them, the highest education they had received was middle school or some vocational training. High education was not emphasized nor encouraged. College education was almost unimaginable to most of the families back then. Education is now highly valued and studying at UFAs provide "compensation". Many students said they missed the best chance of study, either due to family financial constraints or political movements.

Those who came of age in the Mao era had to make many sacrifices, giving themselves up to the "great cause of socialist revolution and socialist construction. (*shehui zhuyi weida geming yu jianshe*)," or to their family needs. Passion for non-practical hobbies was out of the question. Mrs. Zheng, age 61, a retired cadre of a local factory, told me about her experiences when she was at school in the 1960s.

At that time my family was very poor. There were five of us who needed to go to school. Although both of my parents had jobs we still hardly made ends meet. My parents were struggling with our tuition and fees for school. They wanted all of us to have an education, boys and girls. But they could not afford it so they borrowed money from the work unit and friends. I was admitted to the best high school of the area but my mother persuaded me to give it up because she could not afford paying for it. So I chose to go to a nearby secondary modern school instead, so that I could get some compensation (food stamps) from the school. Also I was able to come home during breaks to cook for my other siblings. I still remember diving through a hole in the wall to get home quicker to put the rice pot on the stove, so that when everybody got home the rice would be ready. Personal preference was out of the question. I did not even think about it back then.

Mrs. Li, age 58, a retired government official, said her dream was to study geological prospecting.

I was always interested in traveling around to look for mineral deposits. It was very exciting in my eyes. But I did not get a chance to make my own choice. I graduated from high school in 1966, the beginning of the Cultural Revolution. *Gaokao* (national test for college admission) was canceled. Everything was in chaos and nobody knew what was going to happen. My classmates and I were allocated to work units by upper authorities. The standard to choose who goes where was mainly on individual performance at school and especially family background (*jiating chushen*). I was assigned to the local government as a typist. It was an honor back then. Typewriting was an important job and required high loyalty. I was chosen because my family had a 'clear' history (meaning good class) for three generations. I did not even think too much about my own dream. I knew that I was envied by many of my friends who did not get such a good position. My career afterwards was nothing like what I thought it would do. At that time, young people all wanted to be *xianjin* (advanced). 'To go to the place where the country needs you the most' (*dao zuguo zuixuyao de defang qu*) was our motto. How many people would end up doing the things they dreamed of?

However, like many others of her age, Mrs. Li did not foresee the importance of higher education. This became a serious impediment to her advancement. Some elderly students said that without a college diploma they were ineligible for promotion. "Everything is about diploma now. We missed the time." Use of the term "University" in *University for the Aged* is no accident; it reflects many elderly people's yearning for higher education.

UFA is a place where the elderly learn the things they were really interested in when they were young but did not have the time or opportunity to do. As they finally get time and energy to pick these back up, UFAs are the best place for them to find people with the same interests and to further improve their skills. Many people begin their stories about their courses with the words "I have always loved it since I was little." Mrs. Zheng, mentioned above, studies *erhu*, a two-string Chinese instrument, at UFA .

I always wanted to master an instrument, not as a profession, but a hobby. I admired those I saw in movies who could play piano or violin. I did not have chance to practice and my family did not have extra money to buy me one anyway. I had a photo taken on the Yangtze River Bridge, holding an accordion I borrowed from a friend, pretending that I was playing it (laugh). It was almost forty years ago, and I was still in two braids. Life was hard back then. That was just a dream.

Mrs. Zhang (age 59, CCP member, retired cadre of a local construction company, SOE) takes dance classes at UFA. She said most of her classmates and she had done such things when they were young.

When I was at school and at work, I was an active member of artistic performance, dancing, singing, drama, and things like that. Some of my friends at work asked me how come I did not become a professional performer (laugh). Of course, our level of performance was not close to professional. Very few could be admitted to professional schools for arts. I just liked it a lot. But I did not want to be a professional. Many of my classmates are like me. We joined amateur art ensembles of some sort when we were young. Anyway, performing is just a hobby, not a career when we were young. What we do here (UFA) is just like what we did when we were in those amateur art ensembles. It reminds me so much of those old golden days. Now, when we are old, our hobby becomes our career (laugh). We were quite busy performing everywhere in the city, for all kinds of occasions. We are so happy about it.



Figure 7.3. UFA Performance.

Annual UFA Theatrical Festival organized by the Wuhan Civil Branch of Government. 08/19/2004.

Note: Center stage shows five national heroes and heroines of pre-1949 CCP revolution. Red flags and sunflowers are typical symbols of devotion to the CCP. The red banner on the back of the stage says: “Celebrate the 55th anniversary of the establishment of China.”

UFAs are also places where some elderly experience nostalgia. Although interest in the CCP has declined in society in general, political enthusiasm for the party line is alive and well in the UFAs.

Political slogans are written in English and hung on bulletin boards; most of the songs students sing are from the Mao era or else contemporary songs devoted to the Party or the nation; the music people choose

to dance to was popular in the 1950 and 1960s. To a young person who grew up in the reform era, much of this enthusiasm appears amusing and out of date. Although the songs and music contain political messages, that is not the primary reason they are listened to now. As Mrs. Zhang (the same one as above) said, these old melodies are more attractive to her generation than the “talking and mumbling style” modern songs young people love. (See Figure 7.3)

In *Some of us: Chinese women growing up in the Mao Era* (Zhong, Wang, & Bai 2001), the authors call into question the “total negation” of the Mao Era by telling the personal stories of a number of women. These stories “refute the perception that individuals were ‘brainwashed’ by a state discourse that tightly controlled the subjectivity of the individual” (Fry 2005: 1974). As the editors point out, in both China and the United States, memories of the Cultural Revolution have largely been dominated by certain groups of people whose narratives fit right into the “legitimate” framework of representing it as the “dark age.” Ironically, even working within the framework, quite a few people still have a lot of things that they feel particularly memorable and happy for when they think back on those times. Some elderly told me stories of their funny and childish fights with other “revolutionary teams;” others laughed over their silly behavior and concluded with “I really don’t understand how people were so blind and stupid back then.” Even those who were in abject poverty and starved during the “Three-year-Natural-Disaster” (*sannian ziran zaihai*) recalled the happy hours they had with friends and siblings when they went to fields to hunt for frogs for dinner. The point is not that there is always a bright side to any dark image; rather, it is a fact that people’s memory of certain things or times is always multifaceted. Many students in dance class, choral class, and drama class that I talked with recalled their “golden days” in schools and work units when they performed in public. They still remembered the details of their costumes or funny mistakes they made on stage.

In a similar vein, in *Streetlife China* Michael Dutton examines nostalgia reflected in the modern commercialization of the Mao badge. In an interesting and intriguing chapter he writes about the multiplicity of identities that existed beneath the ideology of “oneness” (1998: 239), as well as the way in which things from the past, such as the Mao badge, take on new meaning in the present. This applies to the elderly now as well. To understand the elderly students’ enthusiasm for the Mao-era music and devotion to revolutionary dance is to understand these things in their historical contexts. To many elderly students music and dance invokes a mixture of nostalgic feelings for youth, the enthusiasm and passion of the old days, and the glory of the revolution. In other words it invokes feelings and attitudes that cannot simply be explained on the basis of propaganda.

Finally UFAs provide a stage where the elderly can perform and thereby express themselves in public. Every year UFAs organize hundreds of theatric festivals, contests and exhibitions, either within the system itself or at the upper municipal and provincial levels. UFA students have become the new

vital force for government-organized activities.²¹⁴ Many students consider joining these activities and getting a chance to show their work as the most enjoyable part of their experiences at UFAs. Elderly women students are especially thought to be competitive and eager to show off. A government officer who has organized many of these activities found old women were quite funny, recalling that:

Those grannies are so enthusiastic about performing in front of others. They are so excited about putting on makeup and dressing in bright green and red costumes. Even though nobody can tell who is who on the stage from a distance, these elderly women all rush to stand in the front row.

In fact, as makeup and colorful dresses are generally thought to be inappropriate for the elderly to wear in daily life, many elderly women are eager to get a chance to try on costumes that they would never put on in real life, such as a modified military uniform with a green mini skirt, red long stockings and a red barrette, or a close-fitting top with a long skirt with a high slit down the side. They are very serious about putting on makeup, although very few have first-hand experience. Despite the fact that no one can see their faces clearly once they are on stage, the women strive for perfection in every detail. Another thing they love is to have themselves photographed. They pose dramatically and organize their group into all kinds of different configurations. Once the photographs are developed they spend hours pouring over them and commenting on each other's expressions. To these women the point seems to be to show off, but in a way that does not have any negative connotations (see Figure 7.4). As Mrs. Ma, (age 64, retired elementary school teacher) from a dancing class said,

I am really into these performances. I love to get a chance to display myself. I think if there were no such opportunity, many of us would not continue our study at UFA, at least not as enthusiastically as we do now. After learning for a while, we all want to show our accomplishments. I think I am good at it, so I want the others to think I am good at it as well. I am sure that every one of us thinks in this way, or we would not be so competitive with each other in class. I think giving us elderly students a chance to show ourselves is the key to such activities. It does not matter whom you show your work to. Even performing on the street, we would be happy to do it. Have you ever seen those old women dancing *Yangge* (a folk dance style of northern China) or playing waist drums on the streets? They are so vigorous and happy. No matter how busy we are at home, we love to go out and perform for others.

²¹⁴ In previous years these government organized activities mobilized workers from large state-owned enterprises. However, struggling in the market for survival leaves many state-owned enterprises with little energy and resources for such activities. Meanwhile, booming private and joint enterprise firms are not as enthusiastic about these kinds of activities. UFAs, however, are very eager to get involved. Above 90 percent of those who join these government-initiated theatrical festivals and large-scale health-promoting activities and competitions are from



Figure 7.4. Off-Stage Group Photo with Make-Up and Self-Made Costumes On.

Annual UFA Theatrical Festival organized by the Wuhan Civil branch of government. 08/19/2004.

These women's enthusiasm for make-up, bright colored costumes are completely the opposite of what was required of women during the Maoist era. I asked Mrs. Zheng (mentioned above: age 61, a retired cadre of a local factory, CCP member) why she did not dress in such bright color or wear make-up in daily life, but only on stage. She answered:

People would call me '*lao yaojing*' (old evil spirit, in a seductive way). (Laugh). Those bright colors are just for the stage. When we were young, we really loved bright colors, but it was not available at that time. Everybody wore grey and dark colors. Oh, we loved bright colors. How could young people not love bright colors? But that was the trend back then. Everyone should be '*jianku pusu*' (hard work and plain living). We were all afraid of being accused of being not '*jianku pusu*'. I remember that when I wore a pair of square-head cloth shoes I was afraid of people saying that I was paying attention to my looks and not '*jianku pusu*'. (Most people wore round-head cloth shoes at that time). At that time, everyone wanted to be *xianjin* (advanced), no one wanted to be *luohou* (behind). What I dreamed of at that time was to own a green military uniform. That was so fashionable back then. I felt that I was so *shenqi* (dignified, proud, impressive) in it, with a belt tightly around the waist. But it was so popular and in short supply

UFAs. In part this is because the elderly have more free time. However, they are also familiar with socialist-style performances, and find these activities to be very appealing.

that I could not get one. So I had one made for myself using a piece of cloth with the same color. Nowadays it is different. Young women dare to wear anything on the street. Some of them are really *bu wenming* (no culture, meaning slutty). Some friends said to me that I should wear some brighter colors, but I am just used to dull colors. I think I look great in red and orange, but I only wear them on stage when I perform. If I wore bright color (in daily life), I would feel very uncomfortable. Our generation is like this, really *kelian* (pitiful). When we loved bright color, we did not have a chance to wear them; now when we are old, it is too late to wear them anymore.

It is true that even during the Mao era women had their own fashion and trend, such as the green military uniform everyone dreamed of. And quite like many of the fashion trends today the green military uniform represented a socially desirable identity. Within the ideological framework of *jianku pusu*, hard work and plain living, this fashion was quite different from the meaning of fashion as we understand today: something unique and outstanding. Anything that was out of the framework (such as “individualization” of cloth shoes) could be easily labeled as scandalous, decadent, and bourgeois—meaning: politically incorrect. The gender ideology then required women not to pay much attention to their appearance; instead, they should cultivate their inner beauties: to be unisex or androgynous work force devoted to state (Brownell and Wasserstrom 2002 Yang 1999; Honig and Hershatter 1988). The awakening of individualism in the reform era impacted these elderly women in its own way. Some feminine elements such as perms are accepted whereas make-up is not. Although a large proportion of older women still “prefer” wearing dull colors in daily life, they use the staged performances as a means by which to play out their fantasies. The emphasis on *yiyi*, although very different from what it was in the Maoist era, nevertheless underscores the seriousness of their purpose and the significance that self-representation has.

UFAs are very enthusiastic about organizing such activities for their students. Medals and certificates of merit, prizes and banners won at competitions and contests are displayed at schools to encourage students. Even though the UFAs are not able to cover all of the costs, many elderly are willing to pay out-of-pocket for costumes they rent and for transportation fees. “Money is not the issue,” one student said. “It’s an honor to be a part of it (to represent the school in competitions). The spiritual reward is the real pay off.”

7.6 THE RED MOUNTAIN UNIVERSITY FOR THE AGED

The Red Mountain UFA (RMUFA) is a district level UFA. In the early 1990s when the local government moved to a new location, its old office building was donated to the RMUFA. Adjacent to the building are two fenced playgrounds for those who take croquet courses. Croquet is exclusively a sport for the elderly in China and is played differently than it is in Europe. Because of its “slowness,” croquet is one of the most popular sport courses at UFAs. Elderly men and women are often seen in colorful team shirts, with huge numbers written on pieces of paper clipped to their chests, playing in the yards. A blackboard hanging on the wall records their scores.

On the other side of the playing grounds there are several apartment buildings. Clothes hanging out of windows wave in the wind like flags. The entrance to the school is connected to a very narrow alley, leading to a small grocery market on the other end. Smart peddlers always put their fresh vegetables on one side of the alley to compete for customers. Schedules for classes are designed in a way to make grocery shopping convenient for students after class since many of them are in charge of daily family grocery shopping and cooking. Morning classes are from 8:30 to 10:30 a.m., and afternoon classes are from 2:30 to 4:30 p.m. After classes are dismissed, elderly students always crowd into the grocery market to finish their day of study by bargaining with vendors.

The school motto can be seen as students walk into the building. Below it there are many certificates of merit, banners, and photos of awards hanging to display students' accomplishments in various competitions. Twelve classrooms are regularly used for daily teaching. Normally about 1,000 students register for courses every semester. There are more than 50 courses offered on a regular basis each term, running from Monday through Friday. About one-third of the students take more than one course each term. On the corridors of each floor, there are all kinds of flowers and plants lined up in row. These are projects on display from the gardening classes and are often used as subjects by students in the photography classes.

On the walls along the pathways outside of the classrooms, outstanding students' work is hung in frames, to demonstrate the high level of skill that a student could possibly come to master. Several big hard boards lean against the walls, displaying articles students wrote for school journals, photos of recent school activities, and slogans they have written for big school events. “Study for the revolution! Teach for the revolution!;” “It is never too late to learn!;” “The University for the Aged can enrich our lives.” Slogans like these are written in both English and Chinese, showcasing the work from students in English classes. Grammar and spelling mistakes are common, and more often these sentences do not make much sense or sound funny in English. Nobody bothers to point the mistakes out. Surrounded by these large-

font slogans punctuated with huge exclamation marks, it seemed like I was caught in a time warp and had been transported back to the Cultural Revolution period.

Each floor of the building has a table with two thermos bottles on it, providing warm water for students and teachers to drink during class breaks. Unlike today, when young people buy cold bottled water in stores, most elderly still prefer drinking warm water even in the summer, as it is believed to be good for their health. Almost every student brings a little glass jar to class, usually an empty food jar—a typical Chinese style of “recycling.” Chinese dates, chrysanthemums, Chinese wolfberries, sliced ginseng, and other TCM herbs are usually floating in these jars, changing according to different seasons. Everyone has their own pet theories about the herbs and tonics they drink.

I took *Yangsheng for the Aged in TCM* for one year at the RMUFA in 2004. *Yangsheng for the Aged in Western Medicine* was another one I intended to take, but it was canceled at the last minute due to insufficient student enrollment.²¹⁵ The school director told me this was not the first time they had canceled that course. “Cultivating health is indeed a Chinese thing,” he said. The class I was able to take met once a week, two hours each time. There were 48 students who took the course with me, 41 of whom were women. Most of the students were between 65 and 70 years of age. Male students usually occupied the left corner of the classroom. Women students were much more active participants.

After completing three years of study in the course one is awarded an honors certificate. Some of the students had already been classmates for years, and others just picked it up from the middle like I did. The whole program is divided into several parts relatively independent from each other rather than building upon each other, so that students would feel comfortable picking it up at any point. Although basic TCM principles and concepts taught at the beginning of the program were a crucial foundation of further study, nobody found it too difficult to start in the middle. Much of the knowledge such as *Qi*, meridians, and organ systems are rather common knowledge shared by people who grew up in this culture. A few students were taking this course for the second time. “The old people need to repeat many times in order to digest the materials thoroughly. Taking it again helps us remember it and to understand it better,” several students claimed. The course itself was very interesting and students who repeated it said they were not bored. Course content was nicely laid out in such a way that almost everyone could understand the lessons and practice them easily in daily life. Aiming at teaching the elderly the Dao of *yangsheng*, this course built in lots of “common knowledge about living.”

Teacher Lu was a retired TCM professor from the TCM University of Hubei Province. He was certainly a character who was good at explaining the profound in simple terms. When he got excited, he would recite some TCM classic texts like chanting Buddhist scriptures. His teaching was so interesting

that it was always fun to sit in his class. He would often bring some equipment to do experiments for students in order to make his points more scientific. One experiment he did was to inject ginseng fluid into a white mouse and put it into an air-tight jar to show that it could live longer than another one without a ginseng injection. “Ginseng can strengthen the body and increase *Qi* in the body,” he concluded. “It really works!” The students all seemed very excited by the results. Although ginseng has long been believed to be beneficial to human health for thousands of years, for students in the class this was probably the first time they actually saw how it worked in the body. Students always found these kinds of examples very persuasive.

Another thing which made Lu a good teacher was that he always tried to avoid using biomedical terminology. He said the language of biomedicine is “too pale” to express the complexities of diseases and their symptoms. It was not hard to understand what he meant when one looked at twenty categories of different kinds of coughs Lu listed in class: yang type, yin type, cold type, hot type, weak type, and strong type, just to name a few. We also learned that coughs can also be categorized by different sounds: long or short, with phlegm or without phlegm, loud or quiet. They can also be classified based on correlated symptoms: blush or not, sweaty hands or not, running nose or not, etc. No wonder it is difficult to find corresponding biomedical terms. To those who cough (as many elderly students do), surprisingly it is not as complicated as it sounds at all. One can easily find the specific type that matches all the symptoms one has.

Lu gave out lots of TCM herbal prescriptions along with dietary recommendations for treating some common health problems among many elderly (such as high blood pressure, high cholesterol, diabetes, insomnia, constipation). He would base these prescriptions on an evaluation of body type, the nature of disease, and the symptoms. Lu also told students how to distinguish different herbs and how to boil them in different ways to get the best effects. This information would be difficult to get at a drug store or hospital. Lu’s analysis of the causes of various diseases also taught many elderly how to live healthier lives. Daily habits, diet, and mental status were all part of his prescriptions. Lu’s teaching displayed how many things there are that one can do to cultivate one’s health, and how easy it is to apply principles of healthy living. Lu said that TCM tells us that human beings are composed of both form (physical body or *xing*) and spirit (emotion and essence or *shen*). *Yangsheng* gives emphasis on fine-tuning one’s spirit, unlike Western medical doctors who only pay attention to the form. “Western medical doctors are no different from veterinarians,” Lu said, and all the students laughed and nodded along.

²¹⁵ Usually, at least 20 students are needed to hold a class. The school has to consider whether tuition collected for a course is enough to cover teacher’s salary and other necessary expenses.

Granny Lian was a 76-year-old woman, retired as a high-ranking cadre from a local sanitary and anti-epidemic station, who was taking the *Yangsheng* course for the second time. Her choice of taking this course was based on her “blind faith” in TCM, she claimed.

Ever since I was a child I only took TCM medicines whenever I got sick. I have had the dream of studying TCM since I was little. Coming to the UFA I can fulfill my childhood dream. I always feel Western medicine is more toxic. *Yangsheng* is absolutely a TCM specialty.

Many elderly students share the same view. Lian took very nice notes and she always brought all her notebooks from the previous class to add new things to it. “The Chinese always say skills come from repeated practice. I have written down everything the teacher said, including those spontaneous thoughts he had, so there are always new things I can add.” She felt that the course was very practical, and explained:

It is easy for the elderly to accept and practice. After retiring from work, many elderly found they did not actually know how to do *yangsheng*. What is the best way of exercising for the aged? What is the best way to live as an elderly person? What is the best way to eat and how does one eat healthfully? What nutrients do you need and how does one get them? How does one cook properly? How does one pair up different foods to get the best result? Everyone needs to learn. For instance, Wuhan people love to make pork bone lotus root soup. It is assumed that it is good for the elderly in particular, because it replenishes lots of calcium (because of bones). It is not. First there is too much fat in the soup. Second, lotus root has too many carbohydrates. Substitute lotus root with radish. It promotes the flow of *Qi* in the body and is much lower in carbohydrates. After taking the course, I feel I have a much healthier and more scientific way of living, and I can explain to people the why of what I do.

Many elderly students cook for their families, no wonder they often said that “one learns and the whole family benefits.”

Acupuncture Points Massage for the Aged was another TCM course I took. This course was divided into three parts: foot and hand massage, ear massage and massage in general, one per term. Teacher Fan was a 28-year-old man who was a TCM massage instructor at the TCM University of Hubei Province. He was one of the most beloved teachers. His class was usually packed with 70 students, and some had to wait until the next term and register early in order to get in.

Fan taught at six different UFAs in the city. One of the main reasons he did this was so he could have contact with lots of “weird diseases,” which is “indeed beneficial” to his own career as a TCM practitioner. Old grannies and grandpas would always surround him, asking for prescriptions and recipes. Students brought their hospital prescriptions, medical test results and X-ray films to Fan asking for his

advice. “Many of the elderly come here for the purpose of improving their own health conditions as well as serving others,” Fan said.

After classes I always have tons of students asking for prescriptions. Most are for cultivating health in general or treating chronic diseases. Nowadays doctors at hospitals are quite indifferent and unconcerned. Doctors are always impatient and rush everything. “Next!” The doctor yells for the next patient before you even warm up the seat. As soon as you arrive at their desks, they would give you examination sheets, “go and get this and that done.” Then you start running around to look for those laboratories all over the hospital. Young patient never get enough time to express themselves, so for the elderly it is even worse

To be a teacher at a UFA, one has to have a good attitude towards the elderly. The old people love to communicate. They can go on and on for more than ten minutes without explaining their problems clearly. At hospitals, they would be scolded or ignored by doctors. The lack of psychological comfort they experience in hospitals is what brings them here to talk with me. This is also an important reason that they love TCM. It is very personalized and humane in nature. Many of my students have always been interested in TCM but did not engage in it due to the limits on their time before retirement. After retiring they love to come to class to learn it. They are very serious about studying, take good notes, raise questions, and consult with teachers; in general, they are much better than my students at the university (laughs).

Through two years of teaching at UFAs, I have accumulated lots of clinical experiences and teaching experiences. I love to share my knowledge with the elderly students. Also, I have established good relationships and deep trust with them. They all call me ‘Teacher Fan’ although some of them are old enough to be my grandparents. Sometimes, when they get sick, they call me at home asking for advice. “I won’t listen to my doctor. I will do whatever you tell me to do.”

Fan said the main purpose of teaching the elderly is to equip them with some basic means of self-health cultivation. Through one to two years of study, even students with really bad memory are able to memorize some important acupuncture and massage points that they can apply on themselves and family members. Fan explained:

I do not expect them to master all the knowledge I teach. This would be unrealistic for the elderly. The aim of my teaching is not to train them as TCM professionals. In the end, it is for us teachers to teach them so they can have some fun and gain some recreational capital. Elderly students are like little kids. Once they have learned something, they love to show off to others. I

have taught them how to diagnose health conditions through reading palms. Now they are everywhere in the schools reading palms for students from other classes.

Fan's class was full of playful elements. He related profound medical theories to popular TV series and common experiences. He summarized complicated concepts by using folk rhythms. He always used live models – students – to illustrate acupuncture points and drew the points on their bodies with a ballpoint pen. I assumed that people would hate to have pen marks on their skin, but surprisingly, men rushed to be his models. Elderly women, often too shy to expose their bodies in front others, also felt being models was an excellent experience. “You are the luckiest one today,” they always commented to the model with a jealous tone. “You have got all the points right on your body.”



Figure 7.5. Acupuncture Class.
Red Mountain UFA. 11/29/2004.

English courses are one of the new “modern” courses that have gained popularity over the last few years. Caught in China’s new upsurge of interest in English, Wuhan, like many other big cities, aims to develop itself into an international metropolitan city. Thousands of grey-haired students crowd into UFAs to study English. The textbooks they use include *200 Daily dialogues in English* and *100 English dialogues for Wuhan citizens*. These are introductory English textbooks written particularly for the elderly. English songs, such as “Jingle Bells” and “My Heart Will Go On” from the movie *Titanic*, are also popular teaching materials. In theatrical festivals and karaoke contests at UFAs, these “exotic” songs are always big hits.

The students’ serious attitude towards study has completely changed my view of UFAs as merely playgrounds for the aged. Teacher Li was an old woman in her late 70s, a retired English teacher at a

local middle school. She told me that she came here to contribute her last few years to her “elderly friends.” The majority of her students were women in their fifties, sixties and seventies. She noted that the way they learn best was by following the teacher as she recited words and sentences again and again. The loudest students were typically old grannies with high-pitched voices and the worst pronunciation, which led the whole class to pronounce words incorrectly! It is a common practice among students of all ages to write Chinese words underneath every single English word to represent its pronunciation. This is not allowed among young students in middle schools because the students cannot learn the correct way to speak by doing so. But the elderly students told me that they knew how to pronounce a Chinese footnote with “an English flavor.” What they mean is that they use Chinese words to note the proper English inflection. “Just raise the tone at the end,” they told me. One former student produced a 200-page brochure in which all English sentences and words in text books were “translated” into their corresponding Chinese pronunciations. This is now circulated among students in the class. “It is difficult for the aged to learn in the way that young people do,” students said.

For many in the English class the main purpose was not to master a foreign language. Some come because their children are abroad; some come because their grandchildren are studying English; some come because they always admired those who could speak a foreign language fluently; some come because they wanted to pick up what they had learned when they were young but was interrupted by political movements; and some come because they wanted to challenge themselves. For instance, Mrs. Qi, a 61-year-old retired high school teacher, was taking English class at UFA. She had learned some Russian in school when she was little. Due to China’s deteriorated relationship with the former Soviet Union in the early 1960s, Russian class was canceled. She had not had a chance to study any foreign language ever since.

I always admire people who can speak a foreign language fluently. My aunt who was a concubine of my father before the revolution can speak very good English. Even now she sometimes listens to radio programs broadcasted by foreign stations. My mother who was not educated was discriminated against in the family. When I was little, I always wanted to learn how to speak another language. Now I have the chance. I do not expect to speak it that good, just want to learn a little bit about it. So when people talk about something in English, I might be able to catch a couple of words.

Many students were satisfied with knowing a few common phrases, or even just being familiar with what they referred to as the “English flavor.” Fading memory is an accepted condition and taken for granted by teachers and students. Usually only four sentences are taught in each class session. Even so, very few can remember all of them in the next session.

Not easily frustrated by their slow progress, elderly students seek out every possible opportunity to practice their language skills. A woman student told me about her encounter with a foreigner at a shop. “I said ‘How do you do?’ to him as I learned from class. The guy was shocked at first, then he quickly responded in English. I didn’t get it and was scared so I said ‘no, no, no’ and ran out of the shop.” She laughed at herself but still felt proud that she had accomplished something by “speaking” with a foreigner in English. My mother is the same. Ever since she has learned some English at a UFA, she has been very eager to practice it with me. I don’t remember how many times she has asked about the response to “How do you do?”. She says phrases in English that Chinese parents would rarely say to their children, such as “How do you do?” and “Thank you very much.” This is done not so much to convey the correct meaning in context but to practice the language. She always asks for correction of her pronunciation. Many times I have had to help her to find the best representative Chinese words for some English pronunciations. “Why does your English sound so different from my teacher’s?” she always asks. “Yours must be too ‘English’,” she concluded. Sometimes my father laughs at her showing off her English and she always says to me with pride, “Your dad does not even understand a word I say.”

Students told me that UFAs have changed their lives in various significant ways. “Going to school helps me to spend my time in a more efficient and healthier way, a way that is better than playing Mahjong from morning to night;” “Taking a dancing course has helped me to lose weight;” “I take four courses a semester. I am even busier than when I was working. How can I feel bored?” “All of the people I know say that I look younger and more vigorous than before;” “I have learned the way to dress myself more beautifully and walk in a more lively way.” These are just a small sample of the comments UFA students made in response to my questioning of how the courses have changed their lives. In a very significant way UFAs are places where many elderly rebuild themselves and self-consciously strive to become what an ideal elderly person is meant to be.

7.7 CONCLUSION

In terms of Counts and Counts’ (1985) distinction between the “active elderly” and the “decrepit old,” the elderly students at UFAs undeniably belong in the first category. Although those who go to UFAs account for only about 11 percent of the whole elderly population, to a great extent these elderly play a significant role by representing an ideal of healthy aging. Also, they represent the model elderly citizen and fit very neatly into the propaganda of the state.

In an environment where many old students turn into “*xiao X*” (little X) when compared to others who are much older, they still love to hear someone commenting that they look much younger than their actual age. Compliments on their vigorous state of mind and on their younger looks never failed to be a good conversation starter. Unlike Western elderly, who are usually secretive about their ages, ordinarily elderly Chinese students at UFAs would freely tell me their actual age. More often than not it was the oldest ones who were proudest to state their age. “I never feel old” but “I am old” were never contradictory statements for these students. Instead, it is a special way they try to tell the others that being old and living as an old person can be two different things. “*Lao*” or “old” is not inherently problematic; rather it is an accomplishment. Many attribute it to their active way of living. The elderly always have something to teach, something to learn, something to do, and something to be happy for. This motto was frequently cited as a way for an elderly person to stay young.

These elderly students make it very difficult if not impossible to use functional ability as the exclusive basis to define the stages of aging stages. Adaptation theory, disengagement theory, or modernization theory that are based on the indexicality of functional ability are not very applicable. In the context of UFAs old age is a negotiated category as people reinterpret the culturally and socially recognized signs of aging (Kirkpatrick 1985). Passage over life’s course is not inexorable but rather culturally and socially contingent. People should be viewed as strategizing, struggling, and negotiating or making their way through the “career” of the whole life course (Marshall 1985). UFAs, places where people learn about being and becoming old, have created a new space for individuals to negotiate their identities. Adapting Clark and Anderson’s (1967) “five adaptive tasks” for the aged -- but without applying their functional analysis of these tasks – one can say that the elderly students take an active role in recognizing, redefining, substituting, reassessing, and reintegrating themselves into the dynamic process of aging. In many respects the UFAs are the institutionalized antitheses of elderly disengagement. As one student put it in a poem she wrote:

White hair represents my vigor when I turn eighty,
Age cannot obstruct my enthusiasm for study.
Why talk about the sun setting and the dusk coming?
Isn’t it still red and shining?”

8.0 HEALTH PRACTICES IN DAILY LIFE

“The human body is like a water bottle. At the beginning it was full, but after years of wear and tear the water level decreases. With careful cultivation and care it can be filled up again.”

----An elderly exerciser, Mr. Jiang

Many visitors to Chinese cities are amazed by the scene of hundreds of thousands of elderly doing all sorts of exercises together in large, organized groups: *Taichi*, folk dances, sword dance, martial arts, fan dances and rhythmic waist drum dance, among many other varieties. The scene is quite different from what one usually sees in the United States, where people occasionally run on the streets or exercise at gyms. After seeing dynamic scenes of elderly exercise routines being performed, several American friends said “When I get old, I want to retire in China.”

In this chapter, I will examine several different forms of elderly exercise. The variety of these activities reveals the diverse health beliefs and needs of an elderly population. More importantly, they bring to light a shared understanding to *yangsheng*.

8.1 ELDERLY EXERCISE IN WUHAN: THE OVERALL PICTURE

Public and spontaneous group health practices only became popular in Wuhan after 2000. Now it has spread throughout the city. It is difficult to calculate exactly how many such groups there are. However, according to the report from the Office of Wuhan Elderly Committee 2004, more than 40 percent of nearly 1 million people over 60 take part in some kind of exercise regularly. And there are more than 1,979 customary morning exercise spots.²¹⁶ The real number, however, is most likely much higher since

this statistic only includes exercise spots with a capacity of 50 people or more. Small groups of less than 20 are very common and can be found all over the city, in front of apartment buildings, on little playgrounds within residential communities, and on backstreets. According to a local government report published in June 2004, more than 700,000 people take part in some kind of exercise every day, at all hours of the day and night.²¹⁷

As a part of the municipal government's political agenda, eleven new parks, nine new theme parks, and ten new green squares have been built in the city to satisfy the health needs of the growing elderly population.²¹⁸ These parks and squares have become the symbol of local authorities' political achievements and an indication of their high concern for the elderly. In 1997, the City Congress proposed a plan to make all city parks free to exercisers. As of the end of 2004, 96.96 percent of all parks can be used at no cost.²¹⁹ The number of elderly exercisers is so great that the city weather reporters give a morning-exercise index (*chen lian zhi shu*) in their forecasts, indicating what to wear and what to prepare for the next day.

Since 2002, in response to the nation's call for a universal body-building project, provincial and municipal government organizations such as the Wuhan Sports Commission have erected thousands of pieces of exercise equipment in public squares, parks and in all 883 residential community centers in the city. This equipment is a necessary component of the elderly welfare facilities in each community, and is an important part of the "Wuhan Starlight Project"²²⁰ that is aimed at building up a community based old-age-care system to facilitate and gradually substitute for the traditional family-based old-age-care system. This equipment is non-electronic and is designed for people at different ages and with different strengths and physical conditions. The idea of using "scientifically designed" gymnastic equipment to work out is fairly new. However, countless people can be seen regularly using brightly colored red, yellow and blue devices which resemble equipment that one might find in a U.S. physical therapy clinic. Operational

²¹⁶ "Wuhan laoren xingfu shenghuo lanpishu." Published by the Office of Wuhan Elderly Committee and *Changjiang ribao*. 10/21/2004. Retrieved from: www.wh.gov.cn:8080/publish/smpd_60/lrfw_124/xgxw_125/3290.html.

²¹⁷ "Guanyu Wuhanshi quanmin jianshen yundong caoan". Report from the eleventh meeting of the Standing Committee of the Wuhan People's Congress. Li Kuanyao. 06/24/2004.

²¹⁸ "Mianfei gongyuan: Weimin xin jucuo." *Changjiang ribao* 11/18/2004. Retrieved from: www.cnhan.com/gb/content/2004-11/18/content_399250.htm.

²¹⁹ Ibid.

²²⁰ "Starlight Project" or "Xingguang Jihua" is a citywide project that has been carried on in all residential communities since 2002. The project is structured around the "three room one field and one center" plan, which means elderly day-care room, recreation room, health-protection room, outdoor activity field, and resident service center. For more details reference to www.whfz.gov.cn/Article_Show.asp?ArticleID=134066.

instructions as well as warnings for people with certain physical conditions are clearly and prominently displayed. Heart rate charts, exercise duration guidelines and consistency charts corresponding to different ages and sexes are also put up providing information for those who seek “scientific” and technical information.

The most popular pieces of equipment are the *Taichi* Gentle-Pushing Machine, the Outdoor Roaming Machine, the Waist Wriggling Machine, the Springing Leg-Press Machine, and the Upper Limb Tracing Machine. The equipment is designed to combine elements of TCM with principles of modern physical therapy and physical education. For instance, the *Taichi* Gentle-Pushing Machine is about four feet tall, with four wheels, two on each side, each slightly bigger than a regular steering wheel. The way to work it is to stand in the gait of horse—the most basic pose of *Taichi* and *Qi Gong* practice, with knees slightly bent forward and hips sinking—and to spin the wheels slowly and rhythmically with one’s arms moving in opposite directions. As its instruction indicates, this modified *Taichi* apparatus aims to build up upper arm muscles, waist and wrist flexibility. There is other equipment to help improve leg muscles, waist and hip flexibility, back muscles and other parts of the body. Unlike most western style apparatus, none of these Chinese machines is physically demanding. One can easily use machines like the Outdoor Roaming Machine or the Waist Wriggling Machine while chatting with others. Elderly as well as children love to explore this equipment, which they said “bring lots of fun to regular exercise.”



Figure 8.1. Public Exercise Equipment.

Note: (Left): *Taichi* Gentle-Pushing Machine; (Right upper): exercise field at Yangtze River Flat Square; (Right lower): Cobblestone field.

Another newly established exercise device with Chinese characteristics is the cobblestone paved walking field or path. Walking on rough surfaces, especially a cobblestone surface, with bare feet is a natural foot massage that is seen as beneficial to the body as a whole. It has become so popular in recent years that even CNN reported on the idea in a report broadcast on July 18, 2005. Based on the belief that the foot is a microcosm of the body with thousands of acupuncture points connecting to all the organ systems, walking on cobblestones is believed by many ordinary people to be beneficial in promoting blood circulation, increasing body elasticity, improving one's appetite and sleep, and generating overall good health, especially for the elderly.

In most general terms the advantage of modern exercise equipment – including cobblestone paths -- is that people do not need to worry about whether the way they exercise is correct. Design makes it impossible to exercise improperly. This equipment gives users a sense of being in control of what they do and how they do it, guaranteeing a “scientific” and modern approach to good health.

8.2 ELDERLY EXERCISE ON THE MULTI-COMMUNITY LEVEL

Yangtze River Flat Square is the city's biggest and most successful recreational health project. Along the Yangtze River, adjacent to the business district of Hankou, this newly established square is 3.4 kilometers long and 120 hectares large. Its size will be doubled in the third and last phase of the project, which is scheduled for completion in 2006. The goal is to construct the largest recreational "urban park" in the world, bigger than the 44-hectare Tiananmen Square in Beijing. Already there are swimming pools, night bars, dance clubs, outdoor dance halls, cafes, florists and pet markets, sidewalk carts, food kiosks and cooling drink stands along the main promenade. Since construction started in 2001, the square has become a symbol of Wuhan and attracts more than 20,000 visitors everyday, the majority of whom are local elderly exercisers. In September 2005, Yangtze River Flat Square was assessed as the "National Excellent Exercise Park" along with only 12 others in China.²²¹

Doing exercise and playing around in the square have become part of a daily routine for many elderly in the last few years. From 5 a.m. until midnight, people go there to walk their dogs and birds, fly kites, take an after-meal stroll, play with children, go on dates, chat with friends and neighbors, do exercises, dance, whip top,²²² play badminton, or just hang out. In the morning the square is dominated by elderly people doing health-promoting activities. All sorts of informal and semi-formal social groups, ranging in size from five or ten to large groups of several hundred engage in mass-drill *Taichi* fist, *Taichi* fan, *Taichi* sword, sword dance, folk dance, *Qi Gong*, and many other forms of routinized exercise. Many bring their grocery baskets with them, prepared to shop afterwards. Since exercise is regarded as simply a part of their daily routine, many dress in their regular clothes and do not put on a special exercise outfit. Each group usually has a sound system of some sort to play music that goes along with the exercises. Group activities are normally free for anyone who wants to join in. Members contribute a few Yuan each month to reimburse the cost of batteries and other incidental expenses.

Besides formal exercises, one can also observe the elderly doing a great variety of self-help exercises, many of which seem bizarre to those who do not understand the underlying *yangsheng* principles. For instance, the "wash face and ear massage exercise" involves passing one's hands over one's face, eyes, and neck, massaging, rubbing and kneading for ten minutes or longer. This is believed to improve blood circulation at the distal end of nerves, improve facial muscles and eyesight, and generate general health by massaging hundreds of pressure points in and on the ear. The "combing hair

²²¹ "Wuhan Jiangtan jianshenqu huo quanguo youxiu jiang." 09/24/2005. Sports network of Hubei. Retrieved from: <http://www.cnhubei.com/200509/ca877672.htm>.

exercise” involves using one’s fingers to comb through one’s hair and to scratch one’s scalp, thus massaging several important acupuncture points on the skull. This is believed to be good for preventing aging, stroke, high-blood pressure, vertigo and cardiopalmus. The “ear plug and pluck exercise” involves plugging one’s ears with one’s two middle fingers and suddenly pulling them out to make a popping sound. This is believed to improve hearing in particular and *Qi* circulation in general. The “nod head or cervix exercise” involves rotating one’s neck in all directions, making chin and ears touch the chest and shoulders. It is believed to be good for improving cervical spondylosis and stiff shoulders. The “tap teeth exercise” involves tapping one’s upper and lower teeth lightly together to make a clicking sound while looking into the distance with one’s eyes wide open. This is an exercise to generate body fluids [*jin ye*], particularly saliva, which in TCM and *yangsheng* has long been believed to be directly related to the body’s *Yin Yang* balance, and to blood and *Qi* circulation. In TCM, a deficiency of *Jin* (*Yang* in nature) or *Ye* (*Yin* in nature) is the primary cause of disease; therefore, generating *Jin Ye* through tapping teeth becomes a crucial activity of *yangsheng*, especially for the aged whose natural ability to generate *Yin* and *Yang* is thought to be in decline. The “pat and bump tree exercise” involves standing in front of a tree, using different parts of hands, arms, shoulders, back, and hips to bump, bang, touch, knock, stab, and knead the tree trunk. This is a general massage of the whole body especially beneficial to the tips of the fingers and toes which in *yangsheng* classics are identified as the starting points and terminal points of all twelve main meridians in the body. The “clap exercise” involves lapping all parts of one’s body with both palms. It has a similar effect to “bump tree exercise”. It also helps to stimulate internal organs and muscles. The “body swing exercise” involves standing straight with both arms naturally dropping, and swinging the body back and forth keeping both feet still. This is said to have the same benefits as various *Taichi* practices, in particular improving balance and calming one’s mind. Most people keep track of how many repetitions they do, often preferring multiples of 9 such as 81 and 108. This belief is rooted in the Chinese predilection for the number nine that is closely associated with longevity, especially in the Taoist tradition.

Many forms of exercise can become performances that attract the attention of people in the park. An exercise that always draws a crowd is “ground calligraphy,” or *dishu*, a locally invented unique form of exercise that combines art and *Qi Gong*. The brush is usually made by the writer himself, and consists of a long bamboo or plastic stick with a big sponge shaped like a paint brush. Instead of using Chinese ink and rice paper, a ground calligrapher uses water as ink and the pavement as paper. The impermanence of such art is considered by practitioners to be friendly to the environment because as water dries, it fades ways.

²²² This is a top that can be spun by whipping it with a string. It was a toy popular among small children back in the

Unlike most exercises where women predominate, ground calligraphy is an activity popular among elderly men. This exercise is so creative in nature that I met at least seven different men who all proudly claimed that they were the true inventor of this form of exercise. The Yangtze River Flat Square, with its flat marble and cement pavement is perfect for this activity. So-called “Brush Zhang,” 74, retired worker from a small local factory, comes here every day with his wife. Zhang loves to copy from Chairman Mao’s writings and appears to be quite skilled. The crowd always gives him compliments such as “Whoa, exactly the same as Chairman Mao’s!!” Because he is hard of hearing, Zhang is always absorbed in his own world, never paying attention to onlookers. His wife, also in her seventies, sits quietly by the side to keep him company. She sells home made ground calligraphy brushes and is very proud of her handy work. Each brush is made from a range of inexpensive or recycled items of everyday use: discarded wine bottle caps, carefully hand-cut sponge heads, and hollow plastic sticks to hold water inside. These are beautifully decorated with stained paper. She charges five to eight Yuan for brushes of different sizes. She told me in detail about how she cut big chunks of sponge and then trimmed them into the right shape with small scissors; how she modified the sticks into a hollow water holder to make it easier for the writer to finish a longer work without having to stop and wet the sponge. There are many other elderly selling similar brushes, but Mrs. Zhang proudly proclaimed: “Mine are much more beautiful than the others.”

Brush Kong is also in his mid-70s. He retired from a local water company fifteen years ago. He has beautiful silver hair and a healthy sanguine complexion. Living all by himself after his wife died at a middle age, Kong said he comes to the square from 6 to 11 p.m. everyday as long as it is not raining. He also goes to other parks in different districts of the city to promulgate this form of art exercise. He always sets up a small stand for his brushes, to which he pays no attention once he starts writing. He keeps a couple of practice brushes near by for those who are attracted by his work and want to give it a try. He told me he invented this form of art with two other elderly men six years ago in 1998. “At that time people watching us writing on the ground said that we were psychos (*shen jing bing*). But now there are more and more people doing this.” Kong certainly enjoys the crowd. As he put it, “the more they watch me, the more excited I get.” He also knows lots of stunts and gimmicks to attract attention, such as writing with both hands, writing backwards or writing conversely, which always arouses hearty applause among the onlookers. Kong said the purpose of ground calligraphy is not to train for calligraphy writing but rather to exercise the body.

It has the same principle as *Qi Gong* practice. It is a special form of *Taichi*. You have to channel *Qi* in order to write on the ground. Before starting, inhale deeply into *Dantian* (an acupuncture

1960s and 1970s. The trend came back in recent years.

point) and after finishing, exhale. Also the center of gravity of the body is lower than usual and the gesture of writing is like doing a horse stand with knees bending forward. Also, when writing on the ground, one always writes from up to down, therefore walking backwards, which is good for one's health.

As Brush Kong told me this he twisted his body and feet in a way as if he was doing *Taichi*. “Before I started ground calligraphy, the form of exercise I did was walking forwards and backwards. Ground calligraphy gives me the same quality of exercise with more fun.”



Figure 8.2. Ground Calligraphy.
Yangtze River Flat Park. 07/19/2004.

Parents like to bring their kids to watch and get them interested in calligraphy. Conversely Kong feels that it is his responsibility to promote calligraphy among the younger generation. As he explained:

I have loved calligraphy since I was five years old. Doing this (ground calligraphy) is also for the purpose of carrying forward the Chinese culture of calligraphy. People are into computers and English nowadays. Who is into calligraphy any more? As I am writing it here in public, more and more people watch and they might get interested in doing it themselves.

Kong often stops to teach basic calligraphy to young children in the crowd. Sometimes people come to him asking for guidance. In this way he has made quite a few friends and taken on a few young apprentices. Although traditional calligraphers regard ground calligraphy as a real art, to Kong and his fellow artists it is an excellent means to gain public recognition and an opportunity for social communication, as well as a good way to exercise the mind and body.

In multi-community spots like the Yangtze River Flat Square, one can observe large exercise groups composed of hundreds of people of different ages, ranging from five-year-old children to 70-year-old elderly. Near dusk everyday huge speakers are set up on the riverbank for various large dance groups, most of whom are women. Not only elderly women, but many young and middle-aged women also join these groups after work. Styles of dance vary from one group to the next, but they all involve some combination of modern stretching exercises, modified disco and swing, Chinese setting-up exercise (usually to radio music), and folk dances from all over the world. Dance combines physical stretches with rhythmic, graceful movement and the folk dances introduce an exotic, foreign element.

Younger women typically prefer fast paced, modern dance, whereas those who are older tend to like classical and folk type dances. The music selected for dances crosses the spectrum from Michael Jackson and the Back Street Boys, to Tibetan, Turkish and Indian folk music. Every day these groups attract hundreds of people to who come to watch their performance, and many onlookers eventually join in. The same dances are repeated every night and everyone learns by imitating others who are more skillful. Beginners usually start at the periphery or at the back of a group, trying to catch up while more experienced dancers dance in the front or center. Other smaller exercise groups follow a similar pattern. Ballroom dancing, traditional folk dances, and some other locally invented dances are the most popular exercises at night.

Shiyang Cemetery Park, a martyr memorial named after a national hero who lost his life in the 1919 revolution, is another popular place for exercise. However, the scenario in the Shiyang Cemetery Park is a little bit different from that in the Yangtze River Flat Square in terms of the age profile of the exercisers. Instead of people of all ages, here the great majority are elderly. The layout of the park is in accord with *fengshui* (geomancy) principles, giving the park a grand and harmonious atmosphere. Facing a main business street in the Wuchang District, this park backs on to Hongshan Mountain. It is one of the best landscaped places in the city, with hundreds of thousands of trees, including a few ancient trees that are thousands of years old. There is a torii²²³ in the front with the name of the cemetery echoed on it. Behind this is a flight of hundreds of stairs leading to a square halfway up the mountain. Shi Yang's

²²³ Usually made of stone, torii are gate-like structures used to mark a place or honor a good deed by engraving characters on the top of the arch.

statue, monument and tomb are located in the square. Shadowed mountain trails link the cemetery to a Tang (A.D. 826) Buddhist temple named *Baotong* Temple. An 800-year-old and seven-storey pagoda is on the top of the mountain. This 45.6 meter tall, extremely narrow pagoda has become a popular exercise spot for some adventurous elderly. In order to climb up and down, one has to crawl using both arms and legs. Many elderly routinely schedule exercise in the cemetery park, walks on the trails, and climbs up the mountain.

Every morning, the mountain is awakened by hundreds of people who come here to start their day by exercising. There is a big outdoor ballroom at a corner of the park, attracting hundreds of men and women every morning and night. Tickets to get in are cheap – 0.5 Yuan for the morning and 1 Yuan for the night. The morning session lasts two hours and the night one for up to 3-1/2 hours. For those who are not acquainted with dance steps, open spaces close by in the park are also convenient for them to learn from teachers or volunteers. A significant proportion of the dancers are elderly. Wearing high heels, colorful long skirts, ties and ironed shirts, and sporting special hairdos, elderly couples dress up as if going out for grand occasion. The music played is usually popular music from the former Soviet Union.

Dancer Li is 58 and retired early from a railway station on account of a minor disability caused by a fire. Because he was injured in this accident at work, his work unit covers his medical expenditures. Li said that because the station is not doing well, he is one of the few people in the station who can still enjoy this benefit. He spends more time in the park than at home. Each morning for more than nine years Li has ridden his bicycle for twenty minutes to the park everyday. He joins morning ballroom dance and rides back home for lunch. Then in the afternoon he comes again to catch some afternoon activities and the night ballroom dancing afterwards. Li's wife, 55, retired from a strict government office, spends most of her day in a stock market across the street from the park, watching the quotations while doing *Taichi* in the hall with many other amateur elderly traders.²²⁴ "The Stock Market is her home, and the park is mine," said Li.

Li volunteers to teach people ballroom dance every morning. He is an expert at complicated and new styles such as "rabbit dance," "big cat," "small cat," "single fly," and "double fly." "I am addicted to ballroom dancing and I know every single step of every single dance," Li says with pride at his accomplishment. One day in the park, when he saw that I had caught a cold, Li told me:

You young people need to exercise more. Look at me. I have never caught a cold since I started dancing nine years ago. Those who do not dance do not understand me. They say "Why do you go to the park on a rainy day?" They do not understand it at all. Even if I do not dance in really

²²⁴ Since young people usually do not have time to sit and watch the stock market all day, trading stocks has become a hobby for many elderly who have free time. The stock market is not only a place where the elderly trade stocks, but also where they socialize and exercise.

bad weather, I still have to go out. I am completely different from what I was when I first retired. I was in my late 40s, and constantly in a bad mood. I shut myself up at home every day, which made me feel even worse. My wife tried to talk me into playing mahjong with her but I never liked it. Then my wife got tired of me and told me, “Get something to do. You are not allowed to stay at home all day long.” I am a good man, never smoke, never drink, and never gamble. So I chose ballroom dance. I fell in love with it soon. It is easier than many other exercises. To practice *Taichi* you have to learn how to do it right. If you do it wrong it is no different from doing some normal exercises. But dance is different; it is freer. No matter how you dance, you benefit from it. My body is so strong now that I never catch a cold or get sick even after being caught in the rain. I even stopped taking high blood pressure pills after I had been dancing for a couple of years. I am much healthier than many younger men.

Folkloric dance groups are always the most eye-catching groups in the park both due to the astonishing size of these groups and the style of dancing. Most of those who participate are elderly women. Among various types of dances, waist drum is the most representative one. This is a traditional form of dance that originated in rural north China. A cylindrical-shaped red painted drum is tied on the left side of one’s waist by a couple of red silk ribbons that hang around the neck and cross the right shoulder. Dozens of women play the drums together, beating it with two wooden sticks decorated with red silk ribbons on the ends. They change team dance drill formation while beating out rhythms.

Although seemingly simple, there are many nuances to beating the drums and different ways to make different sounds and rhythms. Xiujuan Chen is the leader of one of the larger drum teams in the park, which contains more than fifty retired women. Chen, like many other members of the group, is in her early 60s. She had a job in a small local factory when she was in her thirties but her health was not good enough to let her keep up with it, so she chose to *neitui* (internal retirement)²²⁵ in her late thirties and stayed at home most of the time ever since, although she did do odd jobs for awhile. Her work unit still pays her a small amount of money as salary, but health insurance is trickier. Chen told me that if she chose to have treatment in the appointed hospital which has a special connection with her work unit, she could get the most of her medical expenses covered. However, the hospital is good at certain treatments but not all. Therefore, Chen and her family had to transfer to other hospitals for special surgeries or treatments when it was considered to be the best for her condition. She had to cover the cost on her own. Luckily, Chen’s husband has a relatively high paying job, and both of her children have good jobs of their own in two different Special Economic Zones in southern China, so she does not need to worry too much

²²⁵ *Neitui*, or internal retirement is to retire earlier than the official retirement age (50 for woman worker). By doing so, the person still belongs to the work unit, have a reduced salary (usually 75%-80%) paid until he/she reaches the retirement age.

about money. Her health is the biggest concern of her family, said Chen. “They did not want me to do odd jobs to support myself. They said it was not worthy the time and energy. They said my first priority is to build up my body. And I found this (waist drum beating)!” She practices twice a day, 6:00-7:30am and 6:30pm-8:00pm. Chen’s waist drum practice did not spare her from illness completely. She still suffers from her stomach problem and high blood pressure. In the past two years, and was hospitalized for high blood pressure and had two surgeries for gall-stone and ovary removal. Chen has her own opinion,

This (waist drum) is something I really enjoy. Nobody expects exercise to be a cure-all, but I still feel that it has done me some good. At least I do not catch colds as often as I used to. Besides, I had many old sisters (*lao jiemei*) from the group call me or visit me when I was ill. They also gave me many recipes, folk prescriptions, and advice on my condition. We care for each other a lot.

Both of my children work and live far away, and my husband usually has *yingchou* (social whirl) at night. After my children left us for work, I had nothing to do at home. Nobody needed me cooking for them anymore. I felt much *wuliao* (emptiness). Waist drum gives me a good way to kill time. My children and my husband highly encourage me to continue with this practice. They thought it is good for me, both for my body and for my mood. I think so too. Sometimes I travel to my children’s homes and for a while, but I missed my group activities a lot. Too bad I cannot travel with my drum; otherwise I could have joined the local groups there. (laugh)”



Figure 8.3. Waist Drum Practices and Performances.

Note: the upper two and lower right photos were local waist drum groups performances, taken at the Second National Millions Women’s Health Building Demonstration Grand Meeting (*Di er jie quanguo yi wan funv jianshen zhanshi dahui*) held in Wuhan on 05/17/2004. The lower left one is a daily practice photo taken at Shiyang Cemetery Park on 11/26/2004)

Chen told me that many team members played waist drums when they were teenagers as part of the political rallies. Even today, Chen’s team has been invited to play on some big occasions such as local sports competitions and important government meetings. This provides strong motivation to practice hard. The group members chose Chen as the leader because of her dedication. She has now been promoted to playing the lead drum, standing in front of the group and controlling the changes in rhythm and tempo. She told me proudly that she and her teammates have invented lots of formations and movements that are “truly beautiful and fun.” Marching forward, backing up, and bending knees: “it is always quite a workout for us,” said Chen. She and her teammates are always happy to have onlookers. However, in order to avoid interfering with other group activities, Chen’s group has had to choose to come to the park in the early afternoon when most elderly exercisers are at home taking naps. Even so, Chen and her colleagues still manage to perform on the streets or in big shopping malls at night, where they always attract many onlookers. “We old people love gay life. That’s why we all love waist drum. It is always full of life which makes us full of life.”

It is very easy to form informal exercise groups. Just a small tape recorder and a few enthusiastic participants are all that is needed. In the morning, elderly women come to the park bringing a plastic bag with them, holding all the equipments they need for the day: dance shoes, silk fans, silk handkerchiefs, bamboo chopsticks, bamboo clippers,²²⁶ *Taichi* beating-balls,²²⁷ and/or *Taichi* sticks.²²⁸ Different props go with different kinds of songs. Minority dances such as Tibetan, Mongolia, Uigur, Miao, and Bai styles are very popular because of the exotic music and unique dance equipment. Each group has a fixed schedule for learning new dances and for rehearsals. For many elderly, with their fading memory, it always takes a lot of repetition to remember all the movements. Therefore, the groups usually allow one or two months to learn a new dance and the steps and movements are taught at a pace that everyone is comfortable with.

Liu Bing, a member of a folk dance group, is a retired nurse in her early sixties. She talks very fast and loud, and is always resolute and decisive, fitting right into the stereotype of a nurse in China. Although she is actually not very talented at dancing, her enthusiasm still has resulted in her being the co-leader of the group. “Dancing is a good way to kill time and exercise the body,” said Liu. She always comes with an elderly man whom she calls “*lao gong*” (husband). I learned later on that “*lao gong*” is “old (*lao*) *Gong*,” not Liu’s husband. He just happens to have “Gong” as his last name.

Gong and Liu live at two different ends of the Wuchang district, far from each other. Gong divorced a few years ago and lives with his 90-year-old father. Gong and Liu got to know each other through ballroom dancing in the park and decided to meet there every day. Their daily routine is to meet at the front gate of the park at seven o’clock, practice separately (Liu dances and “*lao gong*” does some *Taichi* on his own) for about 90 minutes, then they climb the mountain and pagoda together. At noon Gong goes home to cook for his old father and Liu goes home to take a nap. At night they go to the ballroom to dance together in the park. “A day easily passes in this way,” said Liu.

Liu certainly enjoys calling Gong “*lao gong*”, despite the confusion it might cause. Liu told her sister practitioners in the group that she has constant conflicts with her husband because he has affairs with another woman. Liu wants to divorce him. She considers her marriage to this man from a “poor peasant family” and “warlord” in earlier days a big mistake. Liu loves to boast of the wealth of her family

²²⁶ Bamboo clippers are made of two small pieces of bamboo, linked by a silk fabric. To play it one needs to hold one set on each hand, clip the two pieces to make liquid sounds. They are often used in Mongolian type of dances.

²²⁷ A *Taichi* beating ball is a hollow rubber ball with a string and a handle on one end. To use it one needs to hold the handle and swing the ball to hit certain parts of the body, dancing along with the music. It is based on TCM principles including massage, acupuncture points, meridians and Qi.

²²⁸ A *Taichi* stick is a bamboo or plastic stick decorated with colorful silk strings or stick-on paper. To play it one needs to twist the stick with one hand and to hit certain parts of the body with the ends of the stick. The basic principles behind it are the same as *Taichi* beating balls but the stick is easier to control than the balls.

in her grandfather's generation, recalling the luxury furnishings and concubines that her grandfather owned. Despite the fact that she was thought to have "married up" during the Mao era, Liu concludes now that she "married down". Like many other elderly I have met, "wise" decisions made in earlier days always turned out to be regrettable ones today. Nostalgia for grand old days, which was a taboo in earlier times, is now admirable. Other group members spend hours plotting dozens of ways for Liu to revenge her cheating husband, especially when Liu claims that she will put them into action. Sharing her personal life with others is another reason why Liu refused to join the elderly women's folkloric dance group around her own neighborhood. "I hate to gossip with them. They don't have *ceng ci*." *Ceng ci*, literally translated as "level", usually implies one's education, culture, and sense of appropriate. Gossiping around the neighborhood is especially considered to be no "*ceng ci*", an excuse many elderly women employed to explain why they choose or refuse certain social groups. Joining a group in a multi-community spot can help them avoid troubles that might be caused by gossips in their own residential areas. Although what people normally talk about in multi-community exercise spots is not much different from gossip and small talks they would have in their own communities, a person has more freedom to choose whether she wants to engage or keep a distance in the former occasion. This is why many elderly who are "only interested in exercise, not gossip" favor multi-community exercise spots. Also, instead of referring to a specific person who is impossible to avoid when talking with neighbors, at a place further away from home and with people that are not closely related in their networks, these chit-chats are always less probing. This is especially "beneficial" for the elderly population, who usually live in a neighborhood where they or their spouses worked together with their neighbors. A woman like Liu can easily find comfort and support from other women without jeopardizing her family's reputation. For those who seek local groups for a safe comfort, "old sisters" from the same exercise group are never niggardly of care, sympathy, and advice.

Besides dances, traditional exercises are favored by many elderly. After the government's crackdown on pseudoscientific *Qi Gong* in the early 1990s (see Nancy Chen 2005), and especially following the crack down of *Falun Gong* in the late 1990s, group practice of non-mainstream *Qi Gong* has become a taboo. *Taichi*, which is similar to *Qi Gong* in many respects, is not viewed as politically problematic and is openly practiced. In the park there are five organized *Taichi* groups and many individuals practice on their own. Practitioners prefer professional *Taichi* uniforms—the traditional silk mandarin coat. Many have practiced for many years. Group practitioners have tape recorders to play soothing music as they practice. Many elderly start out learning with the aid of easily available *Taichi* VCDs.²²⁹

Many practitioners explained that they would not feel right if they did not practice *Taichi* every day. “Even if it rains, is windy, or snows, it does not matter. Just as long as it is not raining knives, I come here to practice.” In the park there are five organized *Taichi* groups and many scattered individuals who practice on their own. These practitioners prefer professional *Taichi* uniforms—the traditional silk mandarin coat. Many have practiced for many years. Group practitioners have recorders to play soothing music that goes along with their practices. Some explained that they “would feel very uncomfortable if he ceased doing *Taichi* for even just one day.” “We are addicted to *Taichi*,” said one of them. Among practitioners, there are numerous legends in circulation of how *Taichi* can cure fatal diseases, or how it has changed someone’s life completely. Many of the most persuasive stories are said to be based on the real life experience of someone who the story teller knows. These miracles encourage many to keep up and give hope to those who were desperate with their conditions.

After practicing *Taichi* fist on their own, a group of elderly men gather together under a thousand-year-old pagoda tree to do some pushing hands—a traditional form of *Taichi* practice. Among them there are a few martial arts aces. “Little Meng” – who is only in his mid-fifties, hence the name -- is one of them. Meng is in his mid-50s, a department director at a local factory. He lives with his wife, daughter and his elder parents in an apartment nearby. He comes to the pagoda every morning at 6:30 a.m., and after an hour of practice he is full of energy and ready to go to work. On weekends Meng stays until 10:30 to join in pushing hands, sometimes with monks from the *Baotong* Temple.

Meng says he is one of the few people to have experienced the magic power of *Taichi*. He started in his early 40s, after being diagnosed with a serious atrophic gastritis that might have led to stomach cancer. He said that *Taichi* cured him and dramatically improved his appetite. Since then he has never stopped practicing. In talking about *Taichi* he likes to use medical and chemical terminologies such as “polypeptide” he found in books or the Internet to explain how and why *Taichi* works. He thinks this makes it more “scientific.” “I like to do research on *Taichi*. I am very much interested in revealing its mystery,” said Meng. Every practitioner seems to have a whole set of explanations for how and why *Taichi* works. When asked many would go into great detail on the intricacies of *Qi*, Yin Yang, Five-phase, meridians, and other TCM theories. However they would often use scientific terminology to makes sense of the supernatural aspects of *Taichi* practice. However, as almost everyone explained, it is impossible to know everything, even after years of practice and study. Indeed, Meng pointed to the tip of his little finger, indicating that that was all he really knew. “Coming to know the secret of *Taichi* is beyond the experience of a single life time.”

²²⁹ VCD is video compact disk that is popular in China. It is a lower version of DVD.

For some practitioners, exercising in the park is simply a way of life as well as a way to deal with the hardships of life. “Engineer Wu,” as he is known in the park, is in his early 70s. He is thin yet very energetic, a retired senior engineer from a large old SOE that is in the process of “transferring ownership.” Wu has lived by himself the last six years since the death of his wife from cancer. His two daughters work in southern China and come back to visit him occasionally. Engineer Wu spends most of the day in the park, either doing exercises or chatting with people about the current political situation—the part he enjoys the most. He is one of the few intellectuals I met who was very open about his criticisms of the CCP and the state policies. Medical reform and skyrocketing medical costs are pet topics for him and many other elderly exercisers in the park. They pass around juicy stories, venting their frustration with the reforms; this is also an important part of their daily exercise. Wu felt very regretted about his earlier “smart” decision on transferring to a SOE instead of staying in the college he taught as a teacher before.²³⁰ “I should have stayed in university. My friends who stayed make lots of money now. My salary is not even count for the odds they make.” Wu has a 30 Yuan monthly quota from his insurance package. While higher than any ordinary workers in his former work unit, it is “not enough to cover treatment for a common cold.” Wu has been afflicted with lumbar pain for more than 20 years but rarely seeks medical treatment. Financial constraints prevent him from seeking institutional health care.

Many people told me that people at my age should seek professional help for such problems. They also said that I should have regular body checkups. I thought about it, but never took any action. Everything is too expensive now. As long as one doesn’t feel really uncomfortable and sick, one would not go to a hospital nowadays. One small visit is going to cost you several hundred Yuan. I am scared of being paralyzed someday. What if I was laid up? Nobody can look after me.

Out of fear that his lumbar pain would develop into leg paralysis Wu took up *Taichi* six years ago. Since then it has become his way of life.

Everyone in the park knows “Codger Xiao,” a very small and gnarled 86-year-old man. Xiao lives all by himself after the death of his wife many years ago. I asked him why he did not choose to live with his two adult children and their families. Xiao seemed unwilling to go into detail, and just answered, “I can live by myself. Anyway, we have very different living habits. We wouldn’t get along.” Every morning Codger Xiao comes to his special spot in the park, dressed in his bright red martial arts uniform, carrying a few pieces of woven paper and a long wooden stick that looks like a mop with some bright yellow stripes bound to one end. He looks very much like the Monkey King of the Chinese legend. He is

²³⁰ During the early stage of economic reform, working at SOE was a smart choice because of good pension and other benefits. Since the late 1990s, high education institutions become more profitable than most SOEs. Therefore,

called “the codger of Wuhan” because of an exercise routine he invented called “Tendon Dragging Gong” (*La Jing Gong*). As Codger Xiao explains,

Once every single tendon of the body is stretched out completely, every disease is stretched away. Chinese talk about stretching and relaxing tendons to stimulate blood circulation and activate subsidiary meridians (*shu jing huo luo*). My Tendon Dragging Gong does this.



Figure 8. 4. Codger Xiao and His Tendon Dragging Gong
(Shiyang Cemetery Park 11/26/2004)

Codger Xiao started practicing this *gong* – which is very much like yoga -- when he was 64 years old. After more than 20 years of practice he has developed amazing flexibility. He can do many postures that are beyond anyone’s imagination. His age makes the feats even more impressive and adds a mysterious aura to his ability. Codger Xiao can sit on the end of a brick with his arms and legs parallel and straighten up to point at the sky. He can support himself on two hands with his legs extended straight out in front. He can perform a perfect split and then rotate his trunk back and forth. Although Codger Xiao has amazing flexibility and strength he does not look like someone who is an expert in martial arts. He is so bony and dried up that on windy days everyone jokes that he will be blown away. When he is

the smart choice Wu made before turned out to be a bad decision in the long run.

not practicing, he walks just like an ordinary 80-year-old man with a crooked back and a feeble and unsteady gait.

Codger Xiao is a legend in this park and his photos have been in several local newspapers. He is also very fond of being photographed. One day as I was videotaping in the park for my research, Codger Xiao made his most difficult poses for me all the while smiling for the camera. “Did you get it?” he asked me many times during the whole process. After I was done, he wanted to review the performance for himself. This was the first time he had seen himself in action and his face broadened into a grin, showing his missing front teeth. “Aren’t you going to write down my full name for your report?” he asked. “Xiao Lianqing,” -- he wrote down all the characters to make sure that I would have an accurate record.

By this time a small group had gathered around us and tried to get Codger Xiao to continue. “Do this one!” or “Do that one!” people. “You are going to be famous in the U.S.,” they said. Codger Xiao grumbled with a twinkle in his eye: “You little bastards (*xiao tuzaizi*) are mocking me.” This caused everyone to laugh. Although seemingly insignificant, this illustration is a good example of how one old man has constructed his life around a principle of health, and how health is part of, rather than distinct from, the basic conditions of everyday social life. People in the park care about Codger Xiao and respect him as a father figure listening to what he says as if they were his children.

A martial arts and *Taichi* group engages in sword and broadsword exercises around Codger Xiao, surrounding him while he practices his Tendon Dragging Gong in the center of their circle. Together they form a striking contrast, Codger Xiao sitting still in the center, sword players moving fast on the periphery. Codger Xiao coaches many others in the park, including Engineer Wu. After finishing their own daily exercises, many come to Codger Xiao to do some tendon dragging on the woven paper he sets up for practice. After a couple of months many elderly develop remarkable flexibility and can also do impressive postures. No one seems too concerned about figuring out how and why this invented Tendon Dragging Gong works. “Of course it works,” people say. With a living example like Codger Xiao, there is no doubt about it.

When I asked many elderly why and how a particular exercise routine was beneficial they seemed to be confused by the question. “Of course it’s beneficial,” many answered, looking confused. Very few could provide very comprehensive answers. They said things like: “It works on me,” “If it’s not working, I would not have been doing it everyday for years,” “It certainly must have some scientific basis,” “Everyone else is doing it so it must work,” “The newspaper said it is good for old people’s health.” What I was hoping to hear were detailed explanations for why *Taichi* is better than or different from dance, or exactly what the physiological effect of ground calligraphy is, as different from some other form of exercise.

Gradually I came to the realization that many elderly simply believe in the efficacy of what they do, and use examples rather than theory as proof. “After all, moving around (*huo dong*) is good for one’s health,” is a truism and needs no theoretical explanation. Being able to climb up stairs with more ease, being able to carry heavier things, feeling less pain in the knees and back, having a better sleep and a better appetite, experiencing longer intervals between asthma attacks, or developing a better mental attitude and feeling more energetic are direct indications that whatever you are doing is working.

8.3 ELDERLY EXERISE ON THE COMMUNITY LEVEL

Wujiawan Rest Home (*gan xiu suo*) is an example of the hundreds of residential compounds built for retired personnel in Wuhan. There are 18 apartment buildings with more than 200 families, many of whom were former employees of a local chemical factory. Many people who live here have known each other for a long time.

Fourteen elderly women from the community organized a folk dance group. It holds activities every other night from 7 to 9 p.m. at a small playground in the rest home. A small tape recorder is all the equipment they use. “Teacher Cai,” a woman in her early 60s, is in charge of all the group activities, including teaching new dances, rehearsing for performances and arranging timetables for the group. Cai is called a “dance hound” because she spends all her time, aside from eating and sleeping, dancing. She takes dance classes at a nearby University for the Aged. She also learns new dances every morning in *Shiyang* Cemetery Park. On the nights when there is no group activity in the rest home, Cai goes to another community-based dance group to practice. Her husband does all the chores so that Cai has nothing to hold her back from dancing.

A retired nurse, Cai is short in stature with high cheekbones. “There’s not much to say about my craziness about dance. It exercises the body, moulds the temperament, and edifies the mind,” she explained. Cai has loved dance since she was a little girl. During her years of working as a nurse, there was not much time to keep up with her hobby. “I dreamed of becoming a professional dancer when I was young, and did not expect that I would end up being a nurse,” she laughed. “Now I can finally enjoy what I really enjoy.” Years of dancing have improved her complexion as well as her spiritual state, she told me.

I had such waxen skin tone before, due to my stomach problems. After all these years of dance, my appetite is much better. I eat more than you could imagine. I think it’s because I consume lots of energy by dancing more than six hours a day. Also, my sleep is much better due to lots of

physical exertion during the day. I am happy and relaxed. Every morning when I wake up I know exactly what I will do for the day. It makes me feel so good.

Cai is very enthusiastic about organizing her group to attend public performances and competitions. Her enthusiasm makes her partners feel guilty when they skip a session for no good reason. Everyone is expected to show up to rehearsal every single time. If one does not, Cai walks up to her building and starts shouting. “Sometimes I feel a little bit embarrassed when everyone in the rest home can hear her yelling my name,” a woman said. “But it is unfair to blame one for her enthusiasm, isn’t it? Anyway, it is good for us in a way too. It forces us to exercise regularly.” Cai never charges any fee for group activity, except a couple of Yuan for batteries every month. Her generosity also makes her immune from any blame.

Wen Xuan, a 67-year-old woman, is another member of Cai’s group. Retired as a local government official and loyal CCP member, Wen is serious about everything she does, saying that it is part of her nature. As an activist for the group, Wen feels a responsibility to attend every session. She described her life after retirement as “super busy.” “I am even busier than when I was at work,” she laughed. “Being busy is a good thing for the aged,” said Wen.

I didn’t expect that I would not have enough time to do all the things I need and want to do. I was worrying about having nothing to occupy my time after retiring. But, actually, time runs even faster. Every time my friends from work complained about having nothing to do to kill so much free time, I complained that I needed even more time!!

Wen takes three different classes at the University for the Aged every week: folk dance, cat walk, and English. On certain days of the week when she needs to go to school, Wen does not have much time to relax before joining the dance group downstairs in the playground at 7 p.m. Even when she feels exhausted, sometimes she still goes.

My husband told me that this is not my job. I don’t have to go if I am really tired. But I just feel that I should. Teacher Cai would not be happy if I did not show up. And if I missed a session, I might need more time to catch up with the others. Some new dances I like so much that I don’t want to miss anything.

Every time after practicing, Wen spends a couple of hours writing down every single movement and step in her notebook. She has already accumulated four notebooks. “This helps me recall what I have learned when I practice alone at home. I am getting older, and it is hard to remember.”

Wen also likes Flamenco and some Latin style dances, but she does not like the idea of “dancing with a man.” Although not common, it is not unheard of for women say that ballroom dancing eventually leads to divorce. “What’s the point of doing exercise to break up a family? Exercise should

be a good thing not only for you personally but for the whole family,” said Wen. Folk dance, done exclusively by women, seems to be regarded as less risky and, at least by some older women, as more appropriate.

Wen joined an amateur art ensemble during the Cultural Revolution when she was young, and, like Cai, has always been very interested in folk dancing, especially minority dances. She has collections of dance VCDs and CDs at home. She watches these to learn new techniques. Every morning after breakfast Wen puts in a disk and dances to the instructions of a professional teacher “My husband always laughs at me, calling me a dance addict,” Wen said.

But it’s good exercise for me. I enjoy it very much. I gained lots of weight after retiring and people said I was like a balloon, all blown up. The most obvious benefit from dancing is that I am much thinner now. And my health is better than before too. A couple of years before retiring, I had problems going downstairs because I could not bend my knees easily. I was only 50-something at that time. But now after all these exercises and dancing, I am in much better shape. I run up and down several times every day with no difficulty at all. I remember that once when I stopped dancing for two weeks due to some family events, both my lumbar and cervical spondylosis recurred. Soon after I began dancing again those problems went away. People all say that I am really energetic and look younger than my age.

Wen loves the way she looks now and has also started to wear some colors and styles that she used to feel embarrassed to wear at work (Also see “old people’s disco” in Susan Brownell 1995).

I have always loved red. But when I was at work I felt it was inappropriate to wear such a bright color. People would think that I was ‘*lao lai qiao*’ (being old in age but young in behavior in a negative way). I used to tell my daughter to wear more red while she still can. She only likes black as many other young people do. Now I wear whatever I like.... I have several red shirts. I even wear jeans. They make one’s complexion look refreshed and radiant. People all say that I know how to dress younger.

The same positive change has happened to Wen’s family. When there is no group activity, Wen and her husband usually go out for a long walk after dinner, hand in hand. Wen told me that when she was younger she “was not so romantic at all.” “You never know. As we both have grown older, we hold hands when we go out. I have bought him a long stem rose on every Valentine’s Day for three years. Of course he doesn’t know why. He is ‘*tu bao zi*’ (bumpkin), too slow at those modern things,” she laughed.

Many women also enjoy the competitive aspect of performing, as well as the chance to demonstrate their talents. All the women in the dance group love to show off, or, as they say, “*zhanshi ziji*” (display ourselves). They represent their rest home at various performances and competitions

organized by and for local communities like their own. These performing opportunities often result in many internal conflicts. Who participates and in what position are all issues that need to be delicately and diplomatically worked out. To outsiders these conflicts might seem silly and funny, but these women are very serious about what they do. They rehearse diligently until the day before the actual performance; they rent colorful costumes and recruit young people—usually their daughters—to put on their make up; and they invite onlookers from the compound to supervise their rehearsals, picking out every single detail that is not considered perfect.

Although they can get very competitive in performances, this does not prevent them from being good friends. Dancing together every week makes them very close, and their relationships extend into other dimensions of their lives. Thus a dance group is a tremendous source of social support, especially when one encounters hardships in life, such as a fight with spouse, serious disease, or the loss of a spouse. In fact, joining in such a group always implies that one is also obligated to contribute emotional support for other group members. This support seems to be especially important when a member or a member's spouse is sick. These "old sisters" – as they often refer to themselves -- organize visits to the hospital or home for those who are bed ridden and need encouragement.

8.4 YANGSHENG ON AN INDIVIDUAL LEVEL

While some elderly enjoy public and group exercise, others prefer exercising on their own. Jin Jixian is 69, a retired middle school principal. He lives with his wife and his 10-year-old grandson in a small, two-bedroom apartment made available to him by his former work unit. Jin's son was divorced six years ago, leaving his only son for his old parents to look after.

Jin has had problems with his knees for years, a mysterious malady that no doctor has ever been able to satisfactorily diagnose. "I guess it's just the consequence of aging," said Jin. "Every body function is wearing down. You should pay attention to your body when you are still young," Jin warned.

All problems of old age are the accumulation of minor problems when one was young. You don't feel them when you are young, but when you get older, they all come out. There's not much you can do to reverse the aging process except careful *yangsheng*.

Jin is very open to different ideas. He has tried many self-health-care methods, such as self-acupuncture and massage. Jin also practices various styles of *Qi Gong* including *Taichi*, Eight-step

Healthy Promoting Exercise (*Ba Duan Jin*),²³¹ and Five-Animal-Play (*Wu Qin Xi*).²³² The slow motions of these *Qi Gong* are described by his wife as “searching for gastropod shells in the river.” In any case, Jin explained, “I do not expect them [these exercises] to cure my problem. I just want to improve my health in general and keep diseases as far away as possible.” Jin has learned all the exercises on his own by watching countless VCDs and reading books. He does not like group practice.

It’s freer to practice on one’s own. I don’t like to do exercise with others in which you always feel responsible to keep up and stay in step. I can control the time and pace of the exercise.

Besides, I have many household responsibilities that require me to be at home most of the day.

Jin is ardent in telling people how to practice *Qi Gong*. His vivid lectures and demonstration of postures can last for hours. During his lectures, his wife sometimes jumps out of the kitchen to interrupt, “Cut it out, old man. You always go on and on for hours regardless of whether or not people are interested.” “Don’t listen to him,” Jin’s wife warned me.

The old man is too superstitious about those things. *Taichi* and some other *Qi Gong* are reliable because of their long history. They are the treasures of our culture. But others, I seriously doubt them.

She referred specifically to several plastic bags of all colors hanging on the wall—Jin’s collection of mysterious herbs. Jin’s wife tells many humorous anecdotes about her husband. One time he bought a mysterious root from a Tibetan herb dealer on the street, who claimed that it was magical. Another time he came home from a trip to some remote mountains with a collection of medicinal bugs and worms. After talking Jin out of using those magical drugs, they have ended up hanging on the wall for years. Jin claims that some are indeed magically effective; such as the Tibetan tuber called “snake lotus” he bought from a herb dealer. It cured his toothache in minutes.

Jin’s brother-in-law is a TCM pharmacist and Jin always turns to him for professional advice on using his collection of mysterious drugs. Although Jin’s wife is skeptical of herbs and animal products

²³¹ Eight-Step Health Promoting Exercise, or *Ba Duan Jin*, is an exercise that was developed in the Song Dynasty (A.D.960-1279). It consists of eight steps, requiring one to be concise and moderate in physical strength. Every single movement targets some specific internal organ and counter acts the effect of various diseases. Practitioners claim that it cleans the meridians and improves blood circulation and the flow of *Qi*. It also adjusts the functions of organ systems. It is a popular *Qi Gong* exercise among elderly people. To practice, one does not need much space. It is suitable for both indoor and outdoor practice. Time for practice is adjustable, ranging from five to 15 minutes for the whole set of eight steps.

²³² Five-Animal-Play or *Wu Qin Xi* is a health promoting exercise that was developed about 2000 years ago in the Eastern Han Dynasty by a famous TCM doctor named Hua Tuo. It is one of the oldest health promoting exercises in China. It imitates the movements of five different animals, namely, bear, tiger, deer, monkey, and crane. These animals symbolize longevity so imitating their movements is thought to promote long life. It is also based on the five-phase theory of TCM and relates to the five organ systems of the human body.

she does believe in “scientifically proven” modern machines such as *Ha* Magnet Five-Phase Acupuncture Needles—a set of rubber suckers based on TCM five-phase principles that can be used as self administer a forms of acupuncture and moxibustion. She also believes that commercial drugs based on TCM principles can be effective since they have been subject to scientific tests and have been prepared with modern technology.

The skyrocketing medical cost that is “10 or even 20 times higher than before” scares people like Jin away from doctors’ clinics and from hospitals. Jin’s wife believes that Jin’s “superstitious belief” in folk remedies and health promoting products is deeply rooted in his fear of getting sick and the high cost of medical care. “Our biggest problem is the cost of medicine,” said Jin. Although “much better off than many other families,” their 60 Yuan a month insurance allotment is not nearly enough to cover the cost of hospital treatment. “Now I feel much pressure on me. As long as I am not sick, I am *very happy*. Being disease free is happiness for the elderly. I mean, as long as I can move freely by myself, I am satisfied.” Jin also distrusts hospitals. “The real problem is that some of the medicines you get from hospitals do not work at all,” he said. Underlying his distrust is the issue of control. Jin’s faith in folk medicine is probably a function of the extent to which it puts him in control of his health choices.

This is certainly the case with *Taichi*. As he pointed out,

They (practices) have improved both my body and mind. It is not only the simple movements of limbs, but also the movements of the internal organs. Sometimes I feel the breath of balance inside me and I can feel the flow of *Qi*. Every morning after doing these exercises, I feel energetic. I am in a good mood to start the day. This helps to keep diseases away.

Nine years after retirement, Jin’s has adapted to the life-style of the elderly.

After retiring, I had much trouble adapting to the new lifestyle. At work I was always extremely busy. Suddenly everything was gone. I felt that family life was very boring. My heart was in the air, and I couldn’t calm down. I wanted to do something, but nothing interested me. Exercise changed my life. Every day after getting up at 6 a.m., I sit on the bed to do some self massage: combing hair and scalp with fingers 108 times to massage the points on the head; rubbing, pressing and pulling ears with both hands 108 times to massage all the ear points; then doing cervical exercises by moving my neck 20 times in each direction; and massaging both feet and hands for 20 minutes or so. Then I get up to do some *Taichi* and Eight-Step Health Promoting Exercises. I play a CD both for the purpose of calming my mind and controlling the time. Usually it takes an hour to finish all the sets of exercises, exactly the length of one disk. I do all sorts of *Taichi*, Twenty-Four Postures, Forty-Eight Postures, and Eighty-Eight Postures. I do them in rotation everyday. After exercise and breakfast, I read some newspapers that I subscribe

to keep up with current events. This was a habit I cultivated when I was at work. Then I go out to do daily grocery shopping and come back home to cook lunch for my family. My wife's main responsibility is our grandson, and I do most of the chores. In the afternoon I usually take a nap for about an hour. Then I read some books or go out to watch people playing Chinese chess on the street. I come back home to cook dinner around five. At night, I watch TV for a while, especially the CCTV news. Sometimes I study VCDs to learn some new exercises. I like to experiment with different types of exercises because different ones have different effects and advantages for health. About 10:30 p.m. I practice the night version of Eight-Step Health Promoting Exercises for a while before going to bed at eleven.

Jin truly believes that the secret of longevity lies in action. He has also started to learn some ballroom dancing by watching a VCD. "I never danced my whole life, even when I was dating my wife. Now that we are old, we have started to dance," Jin laughed aloud. The humor of this statement is in its irony, but underlying the irony is a powerful message – those who are old can stay young by engaging in activities that are associated with youthfulness.

Although he exercises alone, Jin understands the importance of social interaction for health. "The aged can develop autism if they rarely come into contact with other people," he explained. "Isolation also causes many problems for the aged and their families." Chatting with people and reading newspapers are Jin's way of socializing. Jin used to enjoy meeting with his old colleagues when they would go to pick up their pensions from the work unit office. However, a direct deposit system changed all that.

Before this direct deposit thing we had a get-together every month on the day we got our cash payment. We got to see lots of people we knew from work and to learn how our work unit was developing. But now our money is all automatically put in our bank accounts. No one feels like going back to the work unit just for the sake of socializing. So now lots of old friends don't see each other until they are dying.

Although Jin has fewer friends from his days at work, he has reconnected with old friends from his childhood. Every month Jin and his friends gather under the Yangtze Bridge which is conveniently located near the center of the city. Jin gets permission from his wife and grandson, and gives them money to go to McDonald's for lunch since he is not able to cook for them. In the playground designed for elderly people under the bridge, Jin and his pals play Chinese chess, Mahjong, bridge and Ping Pong. Spending one Yuan to buy a pot of refillable tea, then going Dutch for takeout lunch, these elderly men can "play" together for a whole day. "It won't be a burden for anyone. Everybody loves it." Jin and his pals who grew up playing marbles and *piepie* (a local toy made of cigarette packets), are now playing

Chinese chess and bridge together 50 years later. The continuity is significant, and emotionally satisfying to each one of them for how they share experiences the process of getting older.

Mr. Wang firmly believes that the secret to good health and longevity lies in serenity. Wang is 78 and is a well-known Chinese painter in the area. He has published an album of his paintings and has won several awards on different levels. One of his paintings, dedicated to the return of Hong Kong to the PRC in 1997 was sent for display to a Hong Kong art exhibition. Wang is tall and slim, calm and serene inside and out. He retired 18 years ago as high-ranking government official and lives with his wife and his daughter's family in a three-bedroom apartment. Because of his prestige, Wang is often invited to teach Chinese painting as a substitute teacher at a local UFA. He does not want to teach regularly because it does not suit what he refers to as his "free nature."

Wang spends most of his day painting: three to four hours in the morning and three hours at night. When he is not painting in the afternoon, he loves to play Chinese chess on the Internet. Wang never feels that continuous painting for hours is physically exhausting. "How can you feel tired when you are doing the thing that you really enjoy? Sometimes I can't even put down my brush when it's time for lunch." He loves to combine modern technology with his hobby. He uses a digital camera to take photos and design his composition on the computer, before painting the scene.

I have always been interested in Chinese painting since I was little. I simply did not have time to explore it when I was at work. But my earlier knowledge and interest helped me to master painting skills very quickly.

"I can stay at home for a whole week without going out at all," he claimed. "I know it's bad (for health) because I don't work out. But I try to make up for it whenever I can." Wang has a few problems that many elderly have such as high blood pressure, but he "completely forget(s) about these once (he) start(s) painting."

People always say that painting can cure disease, which I truly believe. When I have some minor problems such as a cold, headache, etc., painting helps me to conquer them. When I am painting, I am so focused that I forget about everything else. Painting is surely good for my health. I had high blood pressure and sleep problems before, now they are both improved. Diseases are like that, once you forget about them, you are fine. Many diseases are psychological.

To Wang, the key to good health involves doing much more than satisfying basic needs such as eating and clothing or mere medical condition as in the old days. As Wang said, the elderly people's requirements and concepts are different.

Aging is unavoidable and it is nature's law, such as the wearing down of organ functions, or atrophy of eyesight. Aging cannot be avoided but life can be prolonged. The key is to have a

hobby that can cultivate a good spiritual attitude. Now I have time to do the things that I really enjoy. Others appreciate my work, which makes me enjoy what I do even more. Whenever I hold my paint brush, I feel deeply relaxed. This is what Chinese have always believed. *Qi Gong* involves ‘forgetting the form [*wang xing*]’. Focusing on the mind can make the problem of physical form (the body) go away. Many diseases are caused by imbalance which, in turn, is caused by anxiety and stress. Imbalance can be avoided by engaging in *yangsheng*. I like Chinese painting. It edifies my mood and mind; makes me calm and relaxed. When I feel relaxed, how could my spiritual attitude not be good? How could I not have good health?

Calmness is good for body adjustment and mental balance. When one no longer has work to do it is easy to beat loose ends. Chinese painting is beneficial in terms of adjusting to a new life style of retirement. The key is that painting helps one to concentrate on the mind (*zhuan xin*). Once you enter a state of serenity, you will forget all about pressures and worries, forget all about fame and wealth, forget all about unfairness and dissatisfactions in life. Being transcendent and detached from the things of the world is the key to longevity.

8.5 CONCLUSION

Whatever motivated the elderly described in this chapter to start exercising, whatever expectations they have for how they will benefit from it, and whatever form of exercise they end up doing, “play (*wan*)” is the word that they always use to describe their activities. “Go to the park to play for a while,” “play *Taichi*,” “play sword,” or “dance for a lark,” “paint for a lark.” I do not think it is at all accidental that many elderly use this terminology. To do something playfully means to do it out of genuine enjoyment rather than out of a sense of obligation. They engage in exercise to stay healthy, but they choose to do a particular kind of exercise because it reflects both their personal preference and their broader orientation toward life. One stays healthy so as to continue enjoying life; a life that is based on and reflects good health – this is what *yangsheng* is all about.

9.0 CONCLUSION

9.1 BODY, STATE AND TCM

Although it is a biological entity the body is, in fact, a cultural construct implicated in social processes and historical change (Eichberg 1998). It is an entity through which individuals perceive, internalize and/or resist the political agenda of the nation-state (Puri 1999; Chen, Clark, Gottschang and Jeffery 2001; Farquhar 2002). To view the social world from the vantage of the body is to gain purchase on the social forces that shape private experience and understand how mundane everyday practices are implicated in the reinterpretation of historical ideologies and meanings. Drawing upon interviews with elderly people who have actively sought alternatives to institutionalized health care, my research seeks to establish what their specific, personal experience is with being an elderly person in urban China. These experiences, on the one hand, mirror the ways in which social desires come to be part of physiological experience on the level of private life (Turner 1985); and, on the other hand, reflect how the body becomes the vehicle through which individual makes sense of social reality (Douglas 1966, 1970; Blacking 1977; Comaroff 1985, Turner 1985, Kleinman 1986).

Concepts of health and healthcare are a primary means by which the body and, therefore, the identity of a person can be shaped. The modern innovation of *yangsheng* reflects the way in which various forms and articulations of power intersect on the site of individual body. Part two and part three of this dissertation showed a high level of conformity between the state's discourse on healthy aging and elderly people's perceptions and experiences of it. The popularity of Hong Zhaoguang's health teachings, the UFA programs that epitomize the ideal mode of healthy aging, and the elderly people's enthusiasm in a broad range of self-care practices based on the idea of *yangsheng*, all conform with the state's agenda for transforming old-age care. As it has been demonstrated, many elderly have internalized a sense of responsibility to take care of their own health and not be a burden on society and their families. However, most people are not aware of the extent to which the state has succeeded in producing a discourse to

which they conform and a set of disciplinary practices that produce docile, healthy bodies. The use of *yangsheng* plays a significant role in such a process. Responsibility is shifted to the individual by the state in the name of tradition and traditional practices concerned with achieving longevity. It represents the power of tradition, or, more accurately, the power associated with the invention of tradition.

The groups of elderly I presented in this dissertation are unique yet representative in many ways. The ways they think, behave, express, and communicate are fused with different political cultures and social orientations they have lived through at different points in contemporary Chinese history. As a generation that has experienced rapid and dramatic social transformation it is not surprising that their bodies have been and will continue to be marked by various different and changing configurations of power. In China the body has often been analogized to the social organization of the state (Kleinman 1986). Brownell (1995) also argues that the Chinese body is one of “fluid boundaries,” permeable and highly malleable, which is never entirely the individual’s own, but has powerful claims made upon it by the family and the state. For the elderly who came of age in the Maoist era there is a powerful sense of personal responsibility to the state. This is reflected in how they regard their bodies. However, rapid modernization and the growth of the market economy is changing the ways and means by which they pursue health. In some ways, as we have seen, the cohort I have studied is experiencing aging at a point of time when market forces and a powerful state discourse are intersecting to produce a unique form of body discipline.

In this sense, it is important to notice that the form of power manifest in the state discourse promotes self-discipline and conformity, but also provides agency and pleasure. The pleasure not only comes from the fact that the healthy elderly take great pride in maintaining their health, but also from a sense of control over various social situations and relations that are closely linked and dependent on the condition of the body. In other words, in being able to control their own bodies by means of *yangsheng* practices, the elderly are able to interpret and negotiate the complex meanings associated with being an elderly person in their social networks. Thus, even though the state discourse on healthy aging is covert, in the sense of transferring responsibility for old age care from the state to the individual and the family, the effect of this discursive form of power is not inherently negative in its consequences. It is important to understand the extent to which the agency manifest in elderly health practices exists within a field of power defined by the state, and that this field of power is not characterized by domination and coercion but by an accommodation of congruent interests at multiple levels – individual, family, community and state.

In *Appetites: Food and Sex in Postsocialist China*, Judith Farquhar (2002) has convincingly shown that bodily desires and experiences are infused with power, both institutionalized as well as cultural. Historical ideologies and meanings reside in the body and shape people’s perceptions of

appetites and pleasure, and the body also responds to such molding and shaping. As Farquhar argues, the body is “a structure of dispositions, (which) is at once a kind of placement in a world that was always already in a state of play, a tendency to act, and a limited series of potentials that might be realized in action” (2002: 9). According to her, modern TCM is an especially fruitful site to cultivate enjoyment and achieve positive health. As she states, “(a) regime of herbal treatment, especially if it begins to provide symptom relief and new feelings of control over recalcitrant daily experience, can even encourage an aesthetics of habitus with its own elaborate technology of self-transformation” (ibid: 27). Seeking help from TCM is understood as fulfilling wants rather than needs, through which a sense of pleasure can be cultivated and the body repositioned in history and society. This is true in terms of appetites for food and sex, as Farquhar points out, as well as a desire for good health and longevity. Through *yangsheng* people can achieve a desired state of being, they can also negotiate their status and identity and reposition themselves in society.

Although *yangsheng* is cultural, the Chinese body need not and should not be viewed as exotic and inherently different from the body that is implicated in biomedicine (Farquhar 2002). A broadly defined body “is as active for biomedicine as it is for TCM” (ibid: 25), and all bodies are exposed to historical ideological discourses. In this sense, the discourse of TCM – which is a hegemonic system unto itself -- only manifests different configurations of biopower. As I have shown in the dissertation, *yangsheng* is a modern invention – a reinvention of tradition -- which integrates various forms of power that impinge on the body, and incorporates various sources of information about the body. In fact TCM itself is a synthetic and pluralistic. In *Chinese medicine in contemporary China: Plurality and synthesis* (2002) Volker Scheid is critical of the notion of “medicine as a cultural system” being used to study medical practice in societies like China. As he puts it, “Chinese medicine is not a system in the conventional structural sense of the term, but an ongoing process” (2002: 268). Scheid differentiates between “a durable paradigmatic core” and a “soft coating” (2002: 5) that exist in the structure of Chinese medical practice, acknowledging its intrinsic diversity and plurality that has formed through thousands of years of development and amalgamation. By “durable paradigmatic core” he means the basic paradigm that “supplies the fundamental causal nexus necessary to explain the occurrence of illness” (2002: 5). This is what makes a medical system integrated and unique and endure through time. “Soft coating,” on the other hand, refers to therapeutic knowledge that is flexible in nature and subject to frequent modification over time. It is this nature that enables a medical system to adjust itself to adapt to different conditions in various societies (2002: 7-8). This distinction explains how even antagonistic ideas can be synchronized and synthesized in a medical system. Mainly focusing on this so-called “soft coating” of medical knowledge, Scheid connects the development of Chinese medical practice with changing sociopolitical factors through time. Providing rich cases Scheid argues that the actual therapeutic efficacy

of medicine with respect to illness is not as significant as its validity in social life (2002: 12). Fully recognizing the role of current local and global conditions which enabled modern adaptation of Chinese medicine as well as the agency of modern practitioners in continuing the vitality of this living tradition, Schied attempts to break down the essentialism that has dominated the study of Chinese medicine as something intrinsically different from biomedicine. His study of “soft coating” sheds light on our understanding of the rather smooth transformation of traditional *yangsheng* ideologies and methods into more modern or “scientific” terms, and the reason why it can be perceived as traditional and scientific simultaneously. Scheid’s framework also helps to explain how a health regime with a thousand year old history can be incorporated into the public health agenda of a modern state.

Scheid’s study mainly takes the perspective of policy makers and professional practitioners of TCM. Even the analysis of the patient’s role is focused on the clinical encounter with physicians. In many ways my study of medical discourse and practice on the level of common people compliments his study of institutionalized practice. Little attention has been given to the daily practice of TCM beyond the domain of institutionalized medicine by people who are not necessarily “patients.” Looking at health from the vantage point of individuals who are trying to stay healthy so as to not become patients completely changes the way in which we should look at the relationship between TCM and biomedicine. In this sense, there is enormous value in studying health cultivation among elderly people based on their interpretations and modifications of ancient *yangsheng* ideologies and practices. We have to notice that it is not only the nation state and commercial interests who have tried to shape a specific understanding of *yangsheng* for their own agendas; individuals also play a significant role in conforming, challenging, and resisting discourses to create their own “soft-coated” version of modern *yangsheng*.

To those who live in a pluralistic medical environment, health choice is not a question of either or one kind as against another kind of medicine but in many cases a question of combining elements of both. In the end the question is based on pragmatism and a sense of what really works. Therefore, although basic principals and ontology of TCM and biomedicine are very different from one another, people combine elements of each in creative and meaningful ways. Many elderly people I have interviewed took biomedicine together with practicing *yangsheng*. Many combined information about health that is based on *yangsheng* on the one hand and nutrition and physical therapy on the other. They have shown very little “confusion” and “conflict” in using knowledge from both domains. *Yangsheng* is also a way in which the elderly resist various negative features of medicalization, especially institutionalization, which is largely representative of biomedicine. As a self-care health regime, more often than not *yangsheng* is practiced as a supplementary regimen which counter acts some of the negative features of biomedicine: the toxic side-effect of many drugs, the invasiveness of many therapies, the alienation one experiences when treatment is directed at the disease rather than at the person as a whole, and, most significantly, its

expense. In managing chronic diseases and other health problems, many elderly viewed being-off medication as a big accomplishment and attributed this to *yangsheng*

Specific therapeutic measures along with preventative life styles constitute the behavioral norms of a system of health care (Scheid 2002: 11). The true value of *yangsheng* does not lie in its effectiveness in curing certain diseases, but in the non-institutionalized and non-medicalized aspects of health care. Although it is possible to speak of a pluralistic medical environment, when analyzing self-health care, one must accept the fact that what the elderly are doing is working with a definition of health that draws on ideas that come from so many different sources that the only meaningful way to speak of it is in terms of the personal experiences of individuals who integrate knowledge into their understanding of what it means to be a healthy person.

In the context of contemporary China health care should be understood as a broad way of thinking and living that is defined not in terms of medicine but in direct opposition to formal, institutionalized medical care. Moreover, even though illness and disease afflict individual bodies, health care is an activity that is inherently social. As I have shown in these chapters, health and health care define the way in which the elderly interact with the state and local government, how they respond to economic change and changes in family organization, as well as how they respond to the contingencies of everyday life. As Elizabeth Fee (1983) argues, to appreciate the significance of this encompassing concept of health we need to expand our understanding of health and see it not as the absence of disease but as the extent of control one has over one's own body -- the ability to decide when, whether, and how to maintain physical and mental integrity. Health choice is a choice that both affects and is affected by other aspects of life and involves a consideration of the family, social relations, and one's own position in the society.

Self-perception and self-identification are often affected by health beliefs, choices, behaviors and outcomes. An analysis of *yangsheng* makes this very clear since it involves health practices broadly defined, including embodied ways of responding to social problems, hardships, and difficult interpersonal relations. Most fundamentally *yangsheng* enables the elderly to negotiate the terms of their own health outside a framework of medicalized care. This is especially meaningful to the elderly who are shifting and adjusting to their new social roles as retired citizens. Perhaps most significantly *yangsheng* is preventative and thus provides the elderly with a proactive strategy to promote good health. This not only helps them avoid hospitalization; it also redefines the very meaning of health – something that can be cultivated as a means to an end, rather than something which must be reactively protected and restored when lost.

For a large number of elderly *yangsheng* has been a very effective. As evidenced by UFAs in particular it has the potential for revolutionizing old age care. A central feature of *yangsheng* is that while

it directly involves physical exercise it has a strong psychosocial component as well. In part the power of *yangsheng* to provide the basis for health care lies in the ineffable way in which it is thought to work, and the way in which the elderly explain how and why it works. Many elderly with whom I spoke used themselves and their friends as living proof of the effectiveness of *yangsheng*. When a man or woman of eighty says that he or she is full of energy as a consequence of eating a healthy diet, doing *Taichi*, dancing and going for long walks in the park, it is very easy to believe. Beyond this, however, many elderly believe in the magical and mystical power of various *yangsheng* practices, even if they cannot fully explain the theory behind what they are doing. In fact it is precisely because the fact that *yangsheng* cannot be fully explained and rationalized that it has power. In a world where grounded, scientific knowledge does not and cannot provide all of the answers to health, that which is unknown and unknowable has significant persuasive force, particularly when its effects are physically embodied as less stiff knees, a more limber back or simply more energy. Many of my informants simply responded to my questions with rhetorical questions: “If it does not work, why I am still doing it? How come everyone else is doing it?” “If it does not work, why has it been passed down from generation to generation for thousands of years?”

However, it is also important to point out that by highlighting the positive effects of *yangsheng* I do not mean to characterize it as a panacea or cure-all. There are elderly who are so sick that they must be hospitalized and are unable to engage in *yangsheng*. There are also elderly people who do not go out to exercise or socialize at all. There are elderly who are so preoccupied with making ends meet that they cannot do anything else. There are elderly who do not believe in TCM or *yangsheng* and only have faith in modern biomedicine. And there are elderly people who have tried *yangsheng* remedies but thought they were ineffective. Moreover, as I have pointed out, *yangsheng* takes on different characteristics depending on whether one is talking about individual health choices concerning what foods to eat and what exercises to do or if one is looking at the booming industry of increasingly expensive *baojian* products. In many ways the popularization of *baojian* products reflects the broader dynamics of *yangsheng*: As the cost of health care increases, those who can afford tonics made from exotic ingredients will use them so as to prevent illness. In other words, the commercialization of *yangsheng* is simply a market response to the generalized concern for self-health care. It is interesting to note that those who are relatively more well off tend to think that the *baojian* boom reflects “a new health consciousness” in China, whereas those who have been negatively affected by the reforms are more skeptical of *baojian* products and see personalized *yangsheng* as a strategic and practical response to economic problems.

9.2 THE FUTURE OF OLD-AGE CARE IN CHINA

The Chinese state has long played a decisive role in shaping individual life. On the one hand it is very likely that the nation state will continue to reinforce the ideological emphasis on filial piety and cultural and social value in supporting family based old-age care. It is likely to strengthen the law to place responsibility on adult children to take care of their aging parents. These measures will go hand in hand with the process of improving social and community old-age care facilities and institutions. Consequently there is likely to be wider availability and social acceptance of non-family based old-age care methods. On the other hand, the elderly will continue to be called upon to take up responsibility for themselves, maintaining good health and independency as much as they can. *Yangsheng*, as an effective means through which the aging body can be transformed into an active, independent, and useful social body, is likely to continue to be promoted and modified both by the state, by commercial interests and by the elderly themselves.

Elderly health care will probably continue to be a central concern of the family. As experiences in more advanced aging societies such as Japan have indicated, it is predictable that along with further industrialization, population dynamics, and changes in family structure, the health condition of the elderly will become a more crucial indicator of choices of resources investment, living arrangement, and labor distribution within a family. In Charlotte Ikels' (2004) recent edited volume *Filial Piety: Practice and discourse in contemporary East Asia*, the contributors have illustrated that both the socio-cultural basis and motivations for sustaining the traditional old-age care patterns are changing throughout Asia. Six case studies in rural and urban China (Wang, Miller, Jing, Zhang, Ikels and Whyte) in particular showed a consistent trend of diminishing family. Whyte's chapter on urban old-age care, in particular, is based on data collected in the mid 1990s before the healthcare reforms. As identified by Whyte and other authors as well, reliable pension system and urban healthcare system in urban areas played a significant role in maintaining the independent status of the elderly and balancing intergenerational relationship within the family. Although the economic condition as well as the government policy has changed, Whyte's study indicates the beginning of the trend toward greater independence and family responsibility. The double duties of the adult child generation, their responsibility to their own families and careers and their responsibilities for their aged parents, creates a dilemma. Shrinking family size makes it more difficult for sharing old-age care responsibilities with siblings and close relatives. Collective old-age support among several adult children, for example "meal rotation" (Jing 2004) or "rotating residence" (Miller 2004), will not continue to be an option in urban areas in a couple of decades due to the One-Child Policy.

Considering the difficulties in family-based old-age care, adult children are usually very supportive to their elderly parents' *yangsheng* activities. The importance of such activities not only lies in its effectiveness in strengthening the body. As important, from the perspective of the younger generations, is the socialization involved. Instead of being isolated, lonely and bored elderly parents are exercising and developing new and important social networks. Although in the eyes of some younger people I have talked to, their elderly parents' enthusiasms in group performance in public or study in UFA are "quite funny," they all encouraged and/or supported these activities financially. Those whose parents did not wish to participate often expressed their disappointment and worry. As one young person said,

It's good for them to have something to occupy their later lives and force them to remain active in society. I don't think what my mother learned from UFA can compare to real education in college, but she is an elderly person so further education is not the purpose. The main point is to give them some meaning to hang on to, some means to know what is going on in the world, and some fun to enjoy their lives.

Maintaining good health and remaining independent and self-reliant are practical concerns of both generations. Some elderly consider looking after themselves as a responsibility to the state and the collectivity. Others see it as for the good of their own families and their adult children and their families. Although there are some significant differences between those who are relatively wealthy as against those who are relatively poor, bad health is *the* factor that can deeply drain a family's resources. Serious illness can mean financial ruin, both personal as well as familial. To take care of one's health is, therefore, an important way to contribute to the financial security of one's children and their future children. I have met quite a few elderly who, instead of receiving care from their adult children, were caregivers for their own very old parents and relatives. Others, instead of receiving financial support from their children, gave support to their own children who lost their jobs and could not afford living on their own. A sense of responsibility for future generations motivates many relatively young elderly to look after themselves. If they did fall ill a number of elderly I knew tried to hide the fact from their children, or tried to get help from other relatives. Mrs. Qi is 61 years of age, a retired high school teacher. She lives with her husband and her 84 year old aunt in Wuhan while her only daughter works in Guangzhou in southern China. She said,

I have made up my mind. I will move to a retirement home when I cannot take care of myself. It's not like the old society, when everyone had five or six children and they didn't have much pressure from work either. Now, everyone has only one child. If you force your child to give up a career for your own sake, what a great loss that would be! In this society, even standing still

for a few months is unaffordable, so how could you stop? I think one should feel happy when one knows that his/her children are happy and successful somewhere. We must transform our concepts.

The elderly people's yearning for independence is also the theme of Eric Miller's research. Focusing on intergenerational relationships -- especially the power relation between the parent and child generations -- in his study of rural elderly people in the 1990s Miller argues that coresidence with adult children is not always preferred by the aged. Neither does it guarantee a happy old age. Prolonging independence is "a strategy that maximizes the right of parents to claim support from their children when they most need it" (2004: 30). Many elderly people I have met did view their adult children as the last resort if they ran out of other options. In the end the majority of them might end up depending on their children for care. However, it is doubtful that these people's preference for independence was a strategy formulated in anticipation of a future arrangement of living and caring. The reasons they gave for wanting independence all pointed to a tendency to break down the "normal" cycle of intergenerational reciprocity. To borrow Miller's own word, "(s)uccessful aging in China...require(s) the aged to find ways to maintain family support, find alternatives to family support, or to revise their ideas of successful aging" (2004:18). The urban elderly are redefining the structure and re-interpreting the meaning of filial piety and old-age care in China. They are actively seeking for and creating alternatives for themselves, not only in terms of the care they need when independence is no longer feasible, but also in terms of what they do and can do to make their aging more successful

9.3 THE CHINA CASE AND THE AGING STUDIES

"Being old" is a culturally and socially defined experience. These elderly people showed us that aging is something that can be managed and negotiated, and not necessarily a medicalized problem. In the context of modern public health and institutionalized medicine, health care for the elderly is widely perceived as an issue that primarily involves those individuals who are over 65 or 70, or those whose health problems are directly linked to degenerative processes. From this perspective, the only thing that can be "negotiated" is good/bad health or the perception that one is either young or old. However, people age throughout the course of their lives, and it is important to both define "being old" in terms that are relevant to the context in which people think and live, and also recognize that people do not fit neatly into two opposite categories--old and young. Therefore, this anthropological study of aging aims to provide a culturally defined perspective to examine how one's identity and sense of self can be negotiated through

the managing and controlling of the body and health, rather than the negotiation of good/bad health or young/old age per se. By focusing on a group that might be called the “young-old,” this research provides an important corrective to the literature in public health that tends to presume the universality of what are in fact arbitrary categorizations. By examining how people are actively involved in managing their health in terms of *yangsheng* it also provides a point of comparison with other parts of the world where the relationship between the elderly and health is not limited to formal medicalized contexts.

The elderly people’s desire for independence and self-reliance has been recognized in many studies. My research has focused on the active measures that people can or have taken to achieve these goals. This aspect directly points to a problem that exists in the study of aging and old age care. We tend to think of the elderly as a population that needs to be taken care of, without fully appreciating the will and especially the ability they possess to take care of themselves. Before one becomes frail and dependent – which is ultimately inevitable -- there is a long period of time that one goes through to gradually adjust to and prepare oneself for the negative impacts of aging. Along with the improvement of healthcare and prolonging life expectancy, this period will become longer and longer. The caregivers can be younger adults, but they can also be the elderly themselves. In contemporary China the role of elderly people in taking up responsibility for old-age care is of central importance, especially given ongoing demographic changes and increases in the percentage of elderly in the population.

Although sickness and death are inevitable, by actively aging many elderly with whom I spoke had learned to appreciate the beauty of the dusk of their lives without being overwhelmed by a sense of loss and frustration.

GLOSSARY

Yangsheng (health cultivation)	养生
Lao (old, aged)	老
Laonianren (the elderly)	老年人
Zhong lao nian (middle-aged and old-aged)	中老年
Xiao (filial piety)	孝
Changshou (longevity)	长寿
Baojian (health promotion and protection)	保健
Yiliao gaige (medical reform)	医疗改革
Ji ben yi liao bao xian fei (Basic Health Insurance Reserve [BHIR])	基本医疗保险费
Tong chou ji jin (Comprehensive Arrangement Fund [CAF])	统筹基金
Men kan fei (threshold payments)	门槛费
Hong bao (red package, bribe)	红包
Lao ganbu (old cadre)	老干部
Yiyi (spiritual connotation and significance)	意义
Jing shen mian mao (spiritual outlook)	精神面貌
Tuixiu (retire)	退休
Tui er bu xiu” (retired from work but not retired from the society)	退而不休
Ti qian tui xiu (retirement before the stipulated age)	提前退休
Feng xian (offered as a tribute)	奉献
Jianku pusu (hard work and plain living)	艰苦朴素
Laonian daxue (UFA)	老年大学
Lao you suo jiao (old age has something to teach)	老有所教
Lao you xuo xue (old age has something to learn)	老有所学
Lao you suo wei (old age has a purpose)	老有所为

Lao you suo le (old age has something to be happy about)	老有所乐
Lao you suo yang (old age has support)	老有所养
Lao you suo yi (old age has medical security)	老有所医
Wan (play)	玩
Zhanshi ziji (display oneself)	展示自己
Fa hui yu re (contribute the remaining energy)	发挥余热
Qianlong	乾隆
Qian Sou Yan (the Thousand-Elderly-Man-Feast)	千叟宴
Laoren zhi xing (elderly stars)	老人之星
Yi dao qie (one-cut)	一刀切
Wo ai wo jia (I love my family)	我爱我家
Xian ren Ma da jie (The idler: Old sister Ma)	闲人马大姐
Shao nian fu qi lao lai ban (young husband and wife are companions for old age)	少年夫妻老来伴
Wan jie bu bao (losing integrity in one's old age)	晚节不保
Wei lao bu zun (lack of social and self-respect when one is old)	为老不尊
Lao bu zheng jing (old indecent)	老不正经
Lao yaojing (old evil spirit, in a seductive way)	老妖精
Ren lao xin bu lao (old age young heart)	人老心不老
Jing (seminal essence)	精
Qi	气
Shen (spirit)	神
Xing (form)	形
Xing jiao (sexual intercourse)	性交
Xing sheng huo (sex life)	性生活
Xing ai (sexual love)	性爱
Lao nian xing sheng li (elderly sexual physiology)	老年性生理
Lao nian xing xin li (elderly sexual psychology)	老年性心理
Zhao ge ban (seek a companion)	找个伴
Dai ji hun yin (generational marriage)	代际婚姻
Nao Bai Jin (Platinum of Brain)	脑白金

xi xue zhong (Western medicine studies from Chinese medicine)	西学中
Ji lei (chicken-rib)	鸡肋
Zheng ti guan nian (the concept of an organic whole)	整体观念
Bian zheng shi zhi (diagnosis and treatment based on an overall analysis of the symptoms and the patient's conditions)	辨证施治
Te se (specialized)	特色
Si ma dang zuo huo ma yi (to doctor a dead horse as if it were still alive)	死马当做活马医
Yi nan za zheng (difficult and complicated diseases)	疑难杂症
Yao shi tong yuan (food and medicine share the same origin)	药食同源
Popo mama (old-womanish)	婆婆妈妈
Chen lian zhi shu (morning-exercise index)	晨练指数
Yangtze River Flat Square	江滩
Dishu (ground calligraphy)	地书
La Jing Gong (Tendon Dragging Gong)	拉筋功
Shiyang Cemetery Park	施洋烈士陵园
She qu (community)	社区
Yishujie (theatrical festival)	艺术节
Wenyi huiyan (theatrical festival)	文艺会演
Chunwu qiudong (keep warmth in the spring, remain coldness in the fall)	春捂秋冻
Fanhou baibu zou, huodao jiushijiu (walk a hundred steps after every meal and one can live to age ninety nine)	饭后百步走，活到九十九
Yaobu buru shibu (kitchen physics is the best physics)	药补不如食补

BIBLIOGRAPHY

- Ahern, Emily M. (1975). "Chinese style and Western-style doctors in northern Taiwan." In *Medicine in Chinese cultures: Comparative studies of health care in Chinese and other societies*. Kleinman (et.al.), 1975.
- Alter, Joseph S. (1992). *The Wrestler's body: Identity and ideology in North India*. University of California Press: Berkeley. Los Angeles. Oxford.
- (ed.) (2005). *Asian medicine and globalization*. Philadelphia : University of Pennsylvania Press.
- Amoss, Pamela T. & Stevan Harrell (1981). *Other ways of growing old: Anthropological perspectives*, Calif.: Stanford University Press.
- Anderson, P.B., Diez, K., & Tynes, S. F. (1998). "Sexuality and senior Olympians." *Electronic Journal of human Sexuality*, 1: October 19.
- Andors, Phyllis (1983). *The unfinished liberation of Chinese women, 1949-1980*. Bloomington: Indiana University Press; Brighton, Sussex: Wheaton Books.
- Armstrong, D. (1983). *Political anatomy of the body*. Cambridge: Cambridge University Press.
- Arnsberger, P., Fox, P., Zhang, X. & Gui, S. (2000). "Global aging of the population and the need for long term care: A comparison of the United States and the People's Republic of China." In *Journal of Cross-Cultural Gerontology* (Vol) 1, 21: 1-21.
- Atchley, Robert (1989). "A continuity theory of normal aging." *The Gerontologist* 29: 183-90.
- Baker, H. (1979). *Chinese Family and Kinship*. NY: Columbia University Press.
- Banziger, George, & Sharon Roush (1983). "Nursing homes for the birds: A control-relevant intervention with bird feeders." In *Gerontologist* 23: 527-31.
- Bao, Xiaolan (2001). *Holding up more than half the sky: Chinese women garment workers in New York City 1948-92*. Foreword by Roger Daniels. Urbana: University of Illinois Press.
- Beijing Review (1997). "Issues of most concern to urban workers." *Beijing Review* 40:21.
- Beinfeld, Harriet & Efram Korngold (1992). *Between heaven and earth: A guide to Chinese medicine*. Ballantine Publishing Group.
- Bordo, Susan (1999). *The male body: A new look at men in public and in private*. New York: Farrar, Straus and Giroux.

- Brownell, Susan (1995). *Training the body for China: Sports in the moral order of the People's Republic*. Chicago: University of Chicago Press.
- Brownell, Susan & Jeffrey N. Wasserstrom (eds.) (2002). *Chinese femininities, Chinese masculinities: A reader*. Foreword by Thomas Laqueur. Berkeley: University of California Press.
- Bureau of Census (1999). *International data base*, International Programs Center, US Bureau of the Census. Washington, DC: US Bureau of the Census.
- Burgess, Ernest (1960). *Aging in Western societies*. Chicago, IL: University of Chicago Press.
- Butler, R. N. (1975). Sex after sixty-five. In L. Brown and E. Ellis (eds.), *The later years: Quality of life* (Chapter 12). Acton, Massachusetts: Publishing Science Group.
- Butler, R. N. & M. I. Lewis (1988). *Aging and mental health: Positive and psychological approaches*. St. Louis: C. V. Mosby Company.
- (1993). *Love and sex after 60*. New York: NY: Ballantine.
- Cai, Jing Feng (1995). *Wisdom of Yangsheng*. China Elderly Press.
- Cain, L. D. (1964). "Life course and social structure." In Fairs, R.E.L. (ed.), *Handbook of modern sociology*. Chicago: Rand McNally.
- Cao Tingdong (1699-?). *Yangsheng suibi [Jotting of yangsheng]*. Shanghai cishu chubanshe, 1981.
- Cassirer, Ernst (1955). *The philosophy of symbolic forms*. Translated by Ralph Manheim. New Haven: Yale University Press.
- Chen, Nancy (2003). *Breathing spaces: Qigong, psychiatry, and healing in China*. Columbia University Press.
- (2005). "Mapping science and nation in China." In Joseph Alter (ed.) *Asian medicine and globalization*. University of Pennsylvania Press: Philadelphia. 2005
- Chen, Nancy N., Constance D. Clark, Suzanne Z. Gottschang, & Lyn Jeffery (eds.) (2001). *China urban: ethnographies of contemporary culture*. Durham [N.C.]: Duke University Press.
- Chen, Lincoln C., Arthur Kleinman, & Norma C. Ware (eds.) (1994). *Health and social change in international perspective*. Boston, Mass: Dept. of Population and International Health, Harvard School of Public Health: Distributed by Harvard University Press.
- Clark, M & B. Anderson (1967). *Culture and aging: An anthropological study of older Americans*. Springfield, Ill.: Charles Thomas.
- Clements, M. (1996). "Sex after 65." In *Parade*, March 17: 4-6.
- Cohen, Lawrence (1998). *No aging in India: Alzheimer's, the bad family, and other modern things*. University of California Press.

- Comaroff, J. & Comaroff, J.L. (1991). *Of revelation and revolution: Christianity, colonialism and consciousness in South Africa*. Vol. 1, Chicago: University of Chicago Press.
- Comfort, Alex (1980). "Sexuality in later life." In Birren, J.E. and R.B. Sloane (eds.) *Handbook of mental health and aging*. Englewood Cliffs, NJ: Prentice-Hall.
- Connor, Linda H & Geoffrey Samuel (eds.) (2001). *Healing powers and modernity: Traditional medicine, shamanism, and science in Asian societies*. Bergin and Garvey: Westport, Connecticut, London.
- Conrad, Peter (1992). "Medicalization and social Control," In *Annual Review of Sociology* 18: 209-232.
- Counts, Dorothy Ayers & Counts, David R. (1985). *Aging and Its Transformation: moving towards death in Pacific societies*. University of Pittsburgh Press.
- Cowgill, Donald O. & Lowell D. Holmes (eds.) (1972). *Aging and modernization*. New York, Appleton-Century-Crofts.
- Croizier, Ralph (1965). "Traditional medicine in Communist China: Science, Communism and cultural nationalism." *China Quarterly* 23 (1965), 1-27.
- (1968). *Traditional medicine in modern China: Science, nationalism and the tensions of cultural Change*. Cambridge: Harvard University Press.
- Croll, Elizabeth. J. (1999). "Social welfare reform: Trends and tensions." *China Quarterly* 159: 684-99.
- Cumming, E. & W. E. Henry (1961). *Growing Old: the process of disengagement*. New York: Basic Books.
- Davis, Deborah. [et al.] (eds.). (1995). *Urban spaces in contemporary China: The potential for autonomy and community in post-Mao China*. Washington, D.C.: Woodrow Wilson Center Press; Cambridge [England]; New York: Cambridge University Press.
- Davis, Deborah. (1989). "Chinese social welfare: Policies and outcomes." *China Quarterly* 119: 577-97.
- Davis, Deborah, (ed). (2000). *The consumer revolution in urban China*. Berkeley: University of California Press.
- Davis-Friedmann, Deborah. (1991). *Long lives: Chinese elderly and the Communist revolution* (expanded.). Stanford, CA: Stanford University Press.
- Davis, Deborah, & Harrell, Stevan. (1993). "Introduction: The impact of post-Mao reforms on family life." In D.S. Davis and S. Harrell (eds.), *Chinese families in the post-Mao era* (pp. 1-24). Berkley: University of California Press.
- Davis, Deborah. & Stevan Harrell (eds.). (1993). *Chinese families in the post-Mao era*. Berkeley; London: University of California Press.
- Davis, Deborah. & Ezra Vogel (eds.). (1990). *Chinese society on the eve of Tiananmen: the impact of reform*. Cambridge, Mass.: Council on East Asian Studies, Harvard University: Distributed by Harvard University Press.

Davis-Floyd, & Robbie E. (1996). "The technocratic body and the organic body: Hegemony and heresy in women's birth choices." In *Gender and health: an international perspective*. Sargent, Carolyn F. & Caroline B. Brettell (eds.). Upper Saddle River, N.J.: Prentice Hall. 1996. Pp. 123-166.

Despeux, Catherine (1989). "Gymnastics: The ancient tradition." In *Taoist meditation and longevity techniques*. Edited by Livia Kohn, 225-262. Ann Arbor: University of Michigan Center for Chinese Studies, 1989.

Diamond, Norma (1975). "Collectiveity, Kinship and the Status of Women in Rural China." In R. Reiter (ed.) *Toward an anthropology of women*. NY: Monthly Review Press.

Douglas, Mary (1966). *Purity and danger: an analysis of concepts of pollution and taboo*. London, Routledge & K. Paul.

(1970). *Natural symbols: explorations in cosmology*. New York, Pantheon Books.

Dutton Michael (1998). *Street life China*. Cambridge University Press.

Eichberg, Henning (1998). *Body cultures: Essays on sport, space, and identity*. Edited by John Bale and Chris Philo. London ; New York : Routledge.

Engelhardt, Ute (1989). "Qi for life: Longevity in the Tang." In *Taoist meditation and longevity techniques*. Edited by Livia Kohn, 263-96. Ann Arbor: University of Michigan Center for Chinese Studies, 1989.

Ernst, Waltraud (2002). *Plural medicine, tradition and modernity, 1800-2000*. London; New York: Routledge.

Farquhar, Judith (1994). *Knowing practice: The clinical encounter of Chinese medicine*. Boulder: Westview Press.

(2001). "For your reading pleasure: Self-health (ziwo baojian) information in 1990s Beijing." In *Positions*, Spring2001, Vol. 9 Issue 1, p105-128.

(2002). *Appetites: food and sex in postsocialist China*. Durham, NC: Duke University Press.

Fausto-Sterling, Anne (2000). *Sexing the body: Gender politics and the construction of sexuality*. New York: Basic Books.

Fee, Elizabeth (1983). *Women and health, the politics of sex and medicine*. Farmingdale, N.Y.: Baywood Pub. Co.

Fischer, D. H. (1977). *Growing Old in America*. New York: Oxford University Press.

Foucault, Michel (1978). *The history of sexuality*. Translated by Robert Hurley New York: Pantheon Books.

Fry, Christine, L. (ed.) (1980). *Aging in culture and society: Comparative viewpoints and strategies*. Brooklyn, N. Y.: J.F. Bergin Publishers.

(1981). *Dimensions: Aging, culture, and health*. New York: Praeger Publishers : J.F. Bergin Publishers.

Gale, James L. (1975). "Patient and practitioner attitudes toward traditional and Western medicine in a contemporary Chinese setting." In *Medicine in Chinese cultures: comparative studies of health care in Chinese and other Societies*. Kleinman (et.al.) 1975.

Ge Hong (284-346). *Bao pu zi*. Taipei: Shi jie shu ju, min guo 51, 1962.

Geng , De Zhang (1994). *Encyclopedia of the elderly*. People's Hygiene Press.

Good, Byron J. (1994). *Medicine, rationality, and experience: An anthropological perspective*. Cambridge; New York : Cambridge University Press.

Gordon, Deborah (1998). "Tenacious assumptions in Western medicine." In *Biomedicine Examined*. Ed. Margaret Lock & Deborah Gordon, 1998.

Gross, Daniel (1984). "Time allocation: A tool for the study of cultural behavior." *Annual Reviews in Anthropology* 13: 519-58.

Guan, Jian (2004). "Correlates of spouse relationship with sexual attitude, interest, and activity among Chinese elderly." In *Sexuality and Culture*, Winter 2004, Vol. 8, No.1, pp. 104-31.

Gui Shi-hsun & Li Jieping (eds.). (1996). *Du sheng zi nü fu mu nian lao hou di zhao gu wen ti : Shanghai yu Dongjing lao ling hua dui bi yan jiu*. Shanghai: Hua dong shi fan da xue chu ban she: Xin hua shu dian Shanghai fa xing suo jing xiao.

Gui, Shi-Xun, Li-Kui Li, Zhe-Ning Shen, Jue-XIn Di, Quan-Zhong Gu, Yang-Ming Chen & Fanf Qian. (1987). "Status and needs of the elderly in urban Shanghai: Analysis of some preliminary statistics." *Journal of Cross-Cultural Gerontology* 2: 171-86.

Guo, Zibing (2000). *Ginseng and aspirin: Health care alternatives for aging Chinese in New York*. Cornell University Press.

Hammersley, Martyn & Paul Atkinson (1995). *Ethnography: Principles in practice*. London ; New York : Routledge.

Hareven T.K. (ed.). (1996). *Aging and generational relations over the life course*. NY: Aldine De Gruyfer.

Hashimoto, Akiko (1987). "Social Support for the Aged in Rural and Urban Areas in Japan", in *Aging China: family, economics, and government policies in transition*. (eds.) Schulz, James H. & Davis-Friedmann, Deborah. Washington, D.C.: Gerontological Society of America. 1987.

(1996). *The gift of generations: Japanese and American perspectives in aging and the social contract*. Cambridge University Press.

Hashimoto, Akiko & Charlotte Ikels (2005). "Filial piety in changing Asian societies." In Malcolm L. Johnson (ed.) in association with Vern L. Bengtson, Peter G. Coleman, Thomas B.L. Kirkwood. *The Cambridge handbook of age and ageing*. Cambridge, UK ; New York: Cambridge University Press, 2005.

- Havighurst, Robert J., Bernice L. Neugarten, & Sheldon S. Tobin (1968). "Disengagement and patterns of aging." Pp. 161-72 in *Middle age and aging: A reader in social psychology*. B. Neugarten (ed.). Chicago: University of Chicago Press.
- Havighurst, R. J., B. L. Neugarten & S.S. Tobin (1964). "Disengagement, personality and life satisfaction in later years." In *Age with a future*. Hansen, P. F. (ed). Philadelphia: Davis
- He, Shi xi (1985). *Knowledge about genealogy*. Shanghai Intellectuals Press.
- Hefner, Robert W. (ed.) (1998). *Market cultures: Society and morality in the new Asian capitalisms*. Boulder, Colo.: Westview Press.
- Hendricks, Jon (ed.) (1980). *In the country of the old*. Farmingdale, N.Y.: Baywood Pub. Co.
- Hermalin, A. I., M. B. Ofstedal & M. Chang (1996). Types of supports for the aged and their providers in Taiwan. In *Aging and Generational Relations*. T.K. Hareven (ed.). New York: Aldine De Gruyter. Pp179-215
- Hewitt, Martin (1991). "Bio-politics and social policy: Foucault's account of welfare." In M. Featherstone, M. Hepworth and B. S. Turner (eds.), *The body: Social process and cultural theory*. London: Sage Publications, pp. 225-255.
- Hodson, D. S., & Skeen, P. (1994). "Sexuality and aging: The hammerlock of myths." In *The Journal of Applied Gerontology*, 13 93): 219-235.
- Honig, Emily & Gail Hershatler (1988). *Personal voices: Chinese women in the 1980's*. Stanford, Calif.: Stanford University Press.
- Hong, Li., & Martin. B. Tracy (1999). "Family support, financial needs, and health care needs of rural elderly in China: A field study." *Journal of Cross-Cultural Gerontology* 14: 357-71.
- Hong Zhaoguang (2002). *Health as your company-- Care for life, deliver of health. Nanhai Chubanshe*.
- Hsiao, William C. L. & Yuanli Liu. (1996). "Economic reform and health: Lessons from China." *The New England Journal of Medicine* 335: 430-32.
- Hsu, Elisabeth (1999). *Transmission of Chinese medicine*. Cambridge, UK; New York, NY: Cambridge University Press.
- Hu, Yuanreng, and Noreen Goldman (1990). "Mortality Differentials by Marital Status: An International Comparison." In *Demography* 27: 233-50.
- Huang, Jinxin (2003). "Economic restructuring, social safety net, and old-age pension reform in China." *American Asian Review* Vol. XXI, no. 2, Summer, 2003. P171-198.
- Huang, Shu-min (1998). *The spiral road: Change in a Chinese village through the eyes of a Communist Party leader*. Foreword by Bernard Gallin. Boulder: Westview Press.

Ikels, Charlotte. (1980). "The coming of age in Chinese society: traditional patterns and contemporary Hong Kong." In *Aging in culture and society: Comparative view points and strategies*, J.F. Bergin Publishers, Inc.

(1983). *Aging and adaptation: Chinese in Hong Kong and the United States*. Hamden, Conn: Archon Books.

(1993). "Settling account: the intergenerational contract in a age of reform." In Davis, D. & S. Harrell (eds). *Chinese families in the post-Mao era*. Berkeley; London: University of California Press.

(1997). "Long-term care and the disabled elderly in urban China." In J. Sokolovsky (ed.), *The cultural contexts of aging: Worldwide perspectives*, 2nd ed. (pp. 452-471). Westport, CT: Bergin & Garvey.

(1998). "The experience of dementia in China." In *Culture, Medicine and Psychiatry* 22: 257-283.

(2002). "Constructing and deconstructing the self: Dementia in China." In *Journal of Cross-Cultural Gerontology* 17: 233-251.

(2004) (ed.) *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press: Stanford, CA.

Izuhara, Misa (2000). "Changing family tradition: Housing choices and constraints for older people in Japan." *Housing Studies* Jan 2000, Vol. 15 Issue 1, p89-111.

Jacoby, S. (1999). "Great sex." In *Modern Maturity* (September –October): 41-45, 91.

Jing, Jun (2004). "Meal rotation and filial piety." In *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press: Stanford, CA. 2004.

Johnson, Kay Ann (1983). *Women, the family, and peasant revolution in China*. Chicago: University of Chicago Press.

Kipnis, Andrew B. (1997). *Producing Guanxi: Sentiment, self, and subculture in a North China village*. Durham, NC: Duke University Press.

Keith, Jennie (1977). *Old people new lives: Community creation in a retirement residence*. Chicago: University of Chicago Press.

Keith, Jennie (1980). "The best is yet to be: toward and anthropology of age." In *Annual Review of Anthropology* 9.

Keith, Jennie (1982). *Old people as people: social and cultural influences on aging and old age*. Boston: Little Brown.

(1983) "Age and informal interaction." In *Growing old in different societies: Cross-cultural perspectives*, edited by Jay Sokolovsky. Belmont, CA: Wadsworth. 1983.

Keith, Jennie (ed.) (1994). *The Aging experience: diversity and commonality across cultures*. Thousand Oaks, Calif.: Sage

- Keith, Jennie & David I. Kertzer (1984). *Age and anthropological theory*. Ithaca, N.Y.: Cornell University Press.
- Keith, Jennie & Christine L. Fry (eds.) (1986). *New methods for old-age research: Strategies for studying diversity*. South Hadley, Mass.: Bergin & Garvey Publishers.
- Kellett, J. M. (1991). "Sexuality and the elderly." In *Sexual and Marital Therapy*, 6 (2): 147-55.
- Kerns, V. (1980). "Aging and mutual support relations among the Black Caribs", in Fry, C. L. (ed.) *Aging in culture and society: Comparative viewpoints and strategies*. Brooklyn, N. Y.: J.F. Bergin Publishers. 1980.
- Keyes, C. (1985). "The interpretive basis of depression." In A. Kleinman and B. J. Good (eds.), *Culture and depression*. Berkeley: University of California Press. pp. 153-74.
- Kigsberg, S. A. (2002). "The impact of aging on sexual function in women and their partners." In *Archives of Sexual Behavior*. 31(5): 431-37.
- Kirkpatrick, John (1985). "Ko'oua: Aging in the Marquesas Islands", in Counts and Counts 1985.
- Kleinman, Arthur (1973). "Medicine's symbolic reality: On a central problem in the philosophy of medicine." *Inquiry*, 16: 206-213.
- (1981). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. Berkeley: University of California Press.
- (1986). *Social origins of distress and disease: Depression, neurasthenia, and pain in modern China*. New Haven, CT: Yale University Press.
- (1989). *Illness narratives: suffering, healing, and the human condition*. New York: Basic Books.
- (1995). *Writing at the margin: discourse between anthropology and medicine*. Berkeley: University of California Press.
- Kleinman, Kunstadter, Alexander & Gale (eds.) (1976). *Medicine in Chinese cultures : Comparative studies of health care in Chinese and other societies*: papers and discussions from a conference held in Seattle, Washington, U.S.A., February, 1974 [Bethesda, Md.] : U.S. Dept. of Health, Education, and Welfare, Public Health Services, National Institutes of Health, John E. Fogarty International Center for Advanced Study in the Health Sciences, [International Cooperation and Geographic Studies Branch]; Washington : for sale by the Supt. of Docs., U.S. Govt. Print. Off., 1975 [i.e. 1976]
- Kleinman, Kunstadter, Alexander & Gale (eds.) (1978). *Culture and healing in Asian societies : Anthropological, psychiatric, and public health studies*. Boston : G. K. Hall ; Cambridge: Schenkman.
- Kleinman, Arthur & Joan Kleinman (1985). "Somantization: The interconnection in Chinese society among culture, depressive experiences and the meaning of pain." In Arthur Kleinman and Byron Goods (eds.) *Culture and depression: Studies in the anthropology and cross-cultural psychiatry of affect and disorder*. Berkeley: University of California Press. 1985.

- Kleinman, Arthur, Marian Osterweis, & David Mechanic (eds.) (1987). *Pain and disability: Clinical, behavioral, and public policy perspectives*. Washington, D.C.: National Academy Press.
- Kleinman, Arthur & Byron Good (eds) (1985). *Culture and depression: Studies in the anthropology and cross-cultural psychiatry of affect and disorder*. Berkeley: University of California Press.
- Kleinman, Arthur & Tsung-Yi Lin (1981). *Normal and abnormal behavior in Chinese culture*. Kluwer Boston.
- Koehn, A. (1943). *Filial Devotion in China*. Peking: Lotus Court Publications.
- Kohn, Livia (ed.) (1989). *Taoist meditation and longevity techniques*. Center for Chinese Studies, The University of Michigan.
- Lam, Shiu-kum (1997). *The health of the elderly in Hong Kong*. Hong Kong: Hong Kong University Press.
- Lamb, Sarah (2000). *White saris and sweet mangoes: aging, gender, and body in North India*. Berkeley: University of California Press.
- Langer, Ellen J., & Judith Rodin (1976). "The Effects of Choice and Enhanced Personal Responsibility for the Aged." *Journal of Personality and Social Psychology* 34: 191-98.
- Lee, Rance P.L. (1975). "Interaction between Chinese and Western medicine in Hong Kong: Modernization and professional inequality." In *Medicine in Chinese cultures: Comparative studies of health care in Chinese and other societies*. Kleinman (et.al.) 1975.
- Lee, Yean-Ju & Zhenyu Xiao (1998). "Children's support for elderly parents in urban and rural China: Results from a national survey." In *Journal of Cross-Cultural Gerontology* 13: 39-62.
- Leslie, Charles and Young, Allan (eds.) (1992). *Paths to Asian medical knowledge*. Berkeley: University of California Press.
- Leung, J. C. B. (1997). "Family support for the elderly in China: Issues and challenges." In *Journal of Aging and Social Policy* 9: 87-101.
- Leung, Joe & Y.C. Wong (2002). "Community-based service for the frail elderly in China." In *International Social Work* 45 (2): 205-216.
- Levinson, D. J. (1977). "The mid-life transition." *Psychiatry*, 40:49-112.
- Li Er B.C. (570-?). *Dao de jing [Lao zi]*. Changsha Shi: Hunan chubanshe, 1994.
- Li, Jianguo (2005). "Free migration is the coal." *Beijing Review* 12/08/2005. Vol 48 issue 49, p4.
- Liang, Jersey & Shengzu Gu (1989). "Long-term care for the elderly in China." In T. Schwab (ed.) *Caring for an aging world*. New York: McGraw-Hill. Pp.265-87.
- Lobesenz, N. (1974). *Sex and the senior citizen*. New York; Bruner/Mazel Publishing Co.

- Lock, Margaret M. (1980). *East Asian medicine in urban Japan: Varieties of medical experience*. University of California Press.
- (1993). *Encounters with aging: Mythologies of menopause in Japan and North America*. Berkeley: University of California Press.
- Lee, Yean-Ju. and Xiao, Zhenyu. (1998). "Children's support for elderly parents in urban and rural China: Results from a national survey." In *Journal of Cross-Cultural Gerontology* 13: 39-62.
- Lock, Margaret & Deborah Gordon (eds.) (1988). *Biomedicine examined*. Dordrecht; Boston : Kluwer Academic Publishers
- Lock, Margaret & Edward Norbeck (eds.) (1987). *Health, illness, and medical care in Japan: Cultural and social dimensions*. Honolulu:University of Hawaii Press.
- Lock, Margaret & Shirley Lindenbaum (eds.) (1993). *Knowledge, power, and practice: The anthropology of medicine and everyday life*. Berkeley: University of California Press.
- Lock, Margaret & Scheper-Hughes, Nancy (1998). "The mindful body: A prolegomenon to future work in medical anthropology". In *Understanding and applying medical anthropology*. Brown, Peter. Mayfield Publishing Company, Mountain View, California, 1998: 208-224.
- Lock, Margaret, & Patricia A. Kaufert (eds.) (1998). *Pragmatic women and body politics*. New York : Cambridge University Press.
- Logan, J.R. & Bian, F. (1999). "Family values and coresidence with married children in urban China." *Social Forces*, 77: 1253-1282.
- Logan, J. R., Bian, F. & Bian, Y. (1998). "Tradition and change in the urban Chinese family: The case of living arrangements." *Social Forces* 76: 851-882.
- Logan, J. R. Bian, Y. & Bian F. (1999). "Housing inequality in urban China in the 1990s." *International Journal of Urban and Regional Research* 23: 7-25.
- Lu, Gwei-djen & Needham, Joseph (1980). *Celestial lancets: A history and rationale of acupuncture and moxa*. Cambridge: Cambridge University Press.
- Lynott, Robert & Patricia P. Lynott (1996). "Tracing the course of theoretical development in the sociology of aging." *The Gerontologist* 36: 749-60.
- Maddox, G. L. (1964). "Disengagement theory: a critical evaluation." In *The Gerontologist*, 4: 80-82.
- Martin, Emily (1988). "Medical metaphors of women's bodies: Menstruation and menopause." *International Journal of Health Services* 18 (2): 237-254.
- Martin, Emily (1992). *Woman in the body: A cultural analysis of reproduction: with a new introduction*. Boston: Beacon Press.
- Martin, Emily (1994). *Flexible bodies: Tracking immunity in American culture from the days of polio to the age of AIDS*. Boston: Beacon Press.

- Marshall, V. W. (1985). "Conclusions: Aging and dying in Pacific societies: implications for theory in social gerontology." In Counts and Counts (eds.) *Aging and Its Transformation: moving towards death in Pacific societies*. University of Pittsburgh Press. 1985.
- Master, W. E., & V. E. Johnson (1968). "Human sexual response of the aging female and the aging male." In B. Nuegarten (ed.), *Middle age and aging*. Chicago: University of Chicago Press.
- Mercer, Sharon, & Robert Kane. 1979. "Helplessness and Hopelessness among the Institutionalized Elderly." *Health and Social Work* 4: 90-116.
- Miller, Eric T. (2004a). *Compromises of old age: Power and independence in rural north China*. Dissertation. University of Pittsburgh.
- (2004b) "Filial daughters, filial sons: Comparisons from rural north China." In *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press: Stanford, CA. 2004.
- Miura, Kunio (1989). "The revival of Qi: Qigong in Contemporary China." In *Taoist meditation and longevity techniques*. Edited by Livia Kohn, 331-362. Ann Arbor: University of Michigan Center for Chinese Studies 1989.
- Morgan, S. P., & Hiroshima, K. (1983). "The persistence of extended family residence in Japan: Anachronism or alternative strategy?" *American Sociological Review*, 48, 269-281.
- Myerhoff, B.G. & A. Simic (eds.) (1978). *Life's career-aging: Cultural variations in growing old*. California: Sage.
- Nichter, Mark (1981). "Idioms of distress." In *Culture, Medicine and Psychiatry* 5:379-408.
- Nichter, Mark (1989). *Anthropology and international health: South Asian case studies*. Dordrecht; Boston: Kluwer Academic Publishers.
- Nichter, Mark (1992). *Anthropological approaches to the study of ethnomedicine*. Montreux, Switzerland; Philadelphia: Gordon and Breach Science Publishers.
- Neugarten, B. L (1968). "Adult personality: Towards a psychology of the life cycle." In Neugarten, B. L. (ed), *Middle age and aging*. Chicago: University of Chicago Press.
- Passuth, Patricia M. & Vern L. Bengtson (1988). "Sociological theories of aging: Current perspectives and future directions." Pp. 333-55 in *Emergent theories of aging*. J. Birren and V. Bengtson (eds.). New York: Springer.
- Peck, Stacey (1985). *Halls of jade, walls of stone: Women in China today*. New York: F. Watts.
- Pei, Xiaomei & Vijayan K. Pillai (1999). "Old age support in China: The role of the state and the family." *International Journal of Aging and Human Development* 49: 197-212.
- Pfeifer, E., & A. Verwoerdt, and G. C. Davis (1969). "Sexual behavior in aged men and women." In *Archives of General Psychiatry* 19: 753-58.
- Phillips, D. R. (ed). (1992). *Ageing in East and South-east Asia*. London: E. Arnold.

- Phillips, D. R. (1995). "Experiences and implications of demographic ageing in the Asia-Pacific region." In *Hong Kong Journal of Gerontology* 9: 20-29.
- Phillips, D. R. & A. Joseph (1999). "Ageing in rural China: impacts of increasing diversity in family and community resources." In *Journal of Cross-Cultural Gerontology* 14: 153-168.
- Phillips, D. R. (ed.). (2000). *Ageing in the Asia-Pacific region: issues, policies and future trends*. London; New York: Routledge.
- Phillips, D. R. & A. C.M. Chan (eds.). (2002). *Ageing and long-term care: National policies in the Asia-Pacific*. Singapore: Institute of Southeast Asian Studies; Ottawa: International Development Research Centre.
- Pochagina, Olga (2003). "The aging of the population in the PRC: Sociocultural and sociopsychological aspects." *Far Eastern Affairs* 2003 Vol. 31 Issue 2 p79, 17p.
- Population Reference Bureau (1998). *1998 World Population Data Sheet*. Washington, DC: Population Reference Bureau.
- Porkert, Manfred (1974). *The theoretical foundations of Chinese medicine: Systems of correspondence*. Cambridge: Massachusetts Institute of Technology Press.
- Puri, Jyoti (1999). *Women, Body, Desire in Post-Colonial India: Narratives of gender and sexuality*. New York: Routledge.
- Quadagno, Jill (2005). *Aging and the life course: An introduction to social gerontology*. Third edition. McGraw Hill Co., Inc.
- Rapp, Rayna (1991). "Moral Pioneers: Women, Men, and Fetuses on a Frontier of Reproductive Technology." In *Gender at the crossroads of knowledge: Feminist anthropology in the postmodern era*. Mecacla di Leonardo, ed. Pp.383-395. Berkeley: University of California Press.
- (1999). *Testing women, testing the fetus: The social impact of amniocentesis in America*. New York: Routledge.
- (2000). "Extra chromosomes and blue tulips: medico-familial interpretations." In Lock, Young and Cambrosio (eds.) *Living and working with the new technologies: Intersections of inquiry*. 2000.
- Riley, M.W. (1972). "Elements in a model of age stratification." In Riley, M.W., M. Johnston and A. Foner (eds.), *Aging and Society, vol. 3: A sociology of age stratification*, New York: Russell Sage Foundation.
- Rofel, Lisa (1999). *Other modernities: Gendered yearnings in China after socialism*. Berkeley, Calif.: University of California Press.
- Rodin, Judith, & Ellen J Langer (1977). "Long-Term Effects of a Control-Relevant Intervention with the Institutionalized Aged." In *Journal of Personality and Social Psychology* 35: 897-902.
- Ross, Catherine, E. John Mirowsky & Karen Goldsteen (1990). "The Impact of the Family on Health: The Decade in Review." In *Journal of Marriage and the Family* 52: 1059-78.

- Roughan, P. A., F. E. Kaiser, & J. E. Morley (1993). "Sexuality and the older women." In *Clinics in Geriatric Medicine*, 9: 87-106.
- Rubenstein, D. (1978). "On being socialized out of the human sexual response in the later years." In *Journal of Sociology and Social welfare*. 843-855.
- Ryff, C.D. & S. G. Heincke (1983). "Subjective organization of personality in adulthood and aging." In *Journal of Personality and Social Psychology*, 44:807-16.
- Sawicki, Jana (1991). *Disciplining Foucault: Feminism, power, and the body*. New York: Routledge.
- Scaglione, Richard (1984). "The importance of nighttime observations in time allocation studies." *American Ethnologist* 13(3): 537-45.
- Scheid, Volker (2002). *Chinese medicine in contemporary China: Plurality and synthesis*. Durham, NC: Duke University Press.
- Schulz, James H. & Davis-Friedmann, Deborah (1987). *Aging China: Family, economics, and government policies in transition*. Washington, D.C.: Gerontological Society of America.
- Schulz, J. H. & D. Davis-Friedmann (eds.). (1987). *Aging China: family, economics, and government policies in transition*. Washington, D.C.: Gerontological Society of America.
- Seaman, Gary (1992). "Winds, waters, seeds, and souls: Folk concepts of physiology and etiology in Chinese geomancy." In Leslie and Young (eds.), *Paths to Asian Medical Knowledge*, 1992.
- Shen, J-F. (1998). "China's future population and development challenges." In *The Geographical Journal* 164: 32-40.
- Sher, Ada Elizabeth (1984). *Aging in post-Mao China: The politics of veneration*. Boulder: Westview Press.
- Shi, Z. X., & Y. Zhu (1998). *China Social Welfare and Social Progress Report*. Beijing: Social Science Publishers.
- Sidel, Victor W. & Ruth Sidel (1973). *Serve the people: Observations on medicine in the People's Republic of China*. New York: Josiah Macy, Jr. Foundation.
- Simmons, Leo (1945). *The role of the aged in primitive society*. New Haven: Yale University Press.
- Sivin, Nathan (1987). *Traditional medicine in contemporary China*. Ann Arbor: Center for Chinese Studies, University of Michigan.
- Sokolovsky, Jay. (ed.) (1983). *Growing old in different societies: Cross-cultural perspectives*. Belmont, Calif.: Wadsworth Pub. Co.
- Sokolovsky, Jay. (ed.) (1997). *The cultural context of aging: worldwide perspectives*. Westport, Conn: Bergin & Garvey.

- Stacey, Judith (1983). *Patriarchy and socialist revolution in China*. Berkeley: University of California Press.
- State Statistical Bureau (1998) (2000) (2002) (2004). *China Statistical Yearbook*. Beijing: China Statistical Publishers.
- Su, Ying (2003). *Huangdi Neijing (The Yellow Emperor's internal medicine) yizhu: Lingshu & Suwen*. Heilongjiang Renmin Chubanshe.
- Sun, J. (1994). *Kuashiji de Zhongguo renkou (the Population of China towards the 21st Century)*, Beijing: Zhongguo Tongji Chubanshe.
- Sun, Lung-kee (1983). *Zhongguo wenhua di "shen ceng jie gou."* Xianggang: Yi Shan Chubanshe.
- Sun, Rongjun (2002). "Old Age Support in Contemporary Urban China from Both Parents; and Children's Perspectives." *Research on Aging* 24: No. 3: 337-359.
- (2004). "Worry about medical care, family support, and depression of the elders in urban China." *Research on Aging*, Vol. 26 No. 5, Sept. 2004 559-85.
- Sun Simiao (581-682). *Qian jin yao fang [Invaluable prescriptions for ready reference]*. Beijing: Huaxia chubanshe 1995.
- Tao Jinghong (456-536). *Records of cultivating inner nature and extending one's life [Yangsheng yanming lu]*. Shandong Youyi Chubanshe. 2001.
- Terry, Jennifer & Jacqueline Ural (1995). *Deviant bodies: Critical perspectives on difference in science and popular culture*. Bloomington: Indiana University Press.
- Theienhaus, O. J., E. A. Conter, & H. B. Boasmann (1986). "Sexuality and ageing." In *Ageing and Society* 6: 39-54.
- Thornton, A., & Fricke, T.E. (1987). "Social change and the family: Comparative perspectives from the west, China, and South Asia." *Sociological Forum*, 2, 746-779.
- Topley, Marjorie (1975). *Chinese and Western Medicine in Hong Kong: some social and cultural determinants of variation, interaction and change*. In *Medicine in Chinese cultures: comparative studies of health care in Chinese and other societies*. Kleinman (et.al.) 1975.
- Treas, J. and W. Wang (1993). "Of deeds and contracts: Filial piety perceived in contemporary Shanghai." In Achenbaum, W.A. and V. L. Bengtson (eds.). (1993). *The changing contract across generations*. Aldine De Gruyter: NY.
- Tsui, M. (1989). "Changes in Chinese urban family structure." *Journal of Marriage and the Family*, 51, 737-747.
- Treas, J. & B. Logue (1986). "Economic Development and the Older Population." In *Population and Development Review* 12:645-673.
- Turner, Bryan S. (1985). *The body and society: Explorations in social theory*. Oxford: Basic Blackwell.

- Turner, V.W. (1974). *Dramas, fields and metaphors*. Ithaca: Cornell University Press.
- Unger, J. (1993). "Urban families in the eighties: An analysis of Chinese surveys." In D. Davis and S. Harrell (Eds.), *Chinese Families in the Post-Mao Era* (pp. 25-49). Berkley: University of California Press.
- Unkown. *Yi wen zhi, (Imperial catalogues)*. Taibei : Yi wen zhi wen hua shi ye you xian gong si, 1965.
- United States Congressional-Executive Commission on China (2005). China's household registration (hukou) system : discrimination and reforms : roundtable before the Congressional-Executive Commission on China, One Hundred Ninth Congress, first session, September 2, 2005. Washington: U.S. G.P.O.: For sale by the Supt. of Docs., U.S. G.P.O., 2005.
- Unschuld, Paul U. (1985). *Medicine in China: A history of ideas*. Berkeley, Los Angeles, London: University of California Press.
- (1986a). *Medicine in China: A history of pharmaceuticals*. Berkeley, Los Angeles, London: University of California Press.
- (1986b). *Nan-Ching: The classics of difficult issues*. Berkeley, Los Angeles, London: University of California Press.
- (1988). *Introductory readings in classical Chinese medicine: Sixty texts with vocabulary and translation, a guide to research aids and a general glossary*. Dordrecht (translator). Boston: Kluwer Academic Publishers.
- (1989). *Approaches to traditional Chinese medical literature: Proceedings of an international symposium on translation methodologies and terminologies*. Dordrecht (translator). Boston: Kluwer Academic Publishers.
- (1992). "Epistemological issues and changing legitimation: Traditional Chinese medicine in the twentieth century." In Leslie and Young (eds.), *Paths to Asian medical knowledge*. Berkeley: University of California Press, 1992. Pp. 44-60.
- (1998). *Chinese medicine*. Nigel Wiseman (translator). Brookline, Mass.: Paradigm Publications.
- Walters, J. (1987). "The wall of silence: Sexuality and the aged." In *Advice for adults with aging parents or a dependent spouse 2*: 5-7.
- Wang, Danyu (2004) "Ritualistic coresidence and the weakening of filial practice in rural China." In *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press: Stanford, CA. 2004.
- Wang, Fei-Ling (2005). *Organizing through division and exclusion: China's Hukou system*. Stanford, Calif.: Stanford University Press.
- Watson, Wilbur H. & Robert J. Maxwell (eds.) (1977). *Human aging and dying: A study in sociocultural gerontology*. New York: St. Martin's Press.
- White, Sydney D. (2001). "Medicines and modernities in socialist China: Medical pluralism, the state, and Nazi Identities in the Lijiang Basin." In Linda H Connor and Geoffrey Samuel (eds.) *Healing powers*

and modernity: Traditional medicine, shamanism, and science in Asian societies. Bergin and Garvey: Westport, Connecticut, London. 2001.

Whyte, Martin King (2004). "Filial obligations in Chinese families: Paradoxes of modernization." In C. Ikels (ed.) *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press. 2004.

Whyte, M. K. & W. L. Parish (1984). *Urban Life in Contemporary China*. Chicago: university of Chicago Press.

Williamson, John B., & Ce Shen (2004). "Do national defined contribution accounts make sense as part of the old-age security mix for China?" in *Journal of Aging & Social Policy*. 2004 Vol. 16, Issue 4. pp39-57.

Wolf, M. (1968). *The house of Lim: A study of a Chinese farm family*. Englewood Cliffs, Prentice-Hall.

Wolf, M. (1972). *Women and the family in rural Taiwan*. Stanford, Calif., Stanford University Press.

Wolf, Margery (1985). *Revolution postponed: women in contemporary China*. Stanford, Calif.: Stanford University Press.

World Bank, the, (2000). *China 2020, pension reform in China: Old age security*. Washington, DC: The World Bank.

Worsley, Peter (1982). "Non-Western Medical systems." *Annual Review of Anthropology* 11:315-348

Whyte, M. K. and W. L. Parish (1984). *Urban life in contemporary China*. Chicago: University of Chicago Press.

Wu C., Gui & S. Zhang Z (1996). *Gai ge kai fang zhong chu xian di zui xin ren kou wen ti hiliang*. Beijing: Gao deng jiao y ü chu ban she: Xin hua shu dian zong dian Beijing fa xing suo fa xing.

Wu, C.P. & Du, P. (1996). *The elderly in the process of population aging in China*. Shanghai: East China Normal University Press.

Wuhan Statistical Press (2003) (2004). *Wuhan Year Book 2003, 2004*.

Yan, Hao (1997). "Old-age support and care in China in the early 1990s." *Asia Pacific Viewpoint*, Vol. 38, no. 3, Dec. 1997. pp201-217.

Yan Zhitui (531-590?). *Instruction for Yan's Family [Yanshi jiaxun]*. Zhongguo huaqiao chubanshe, 2002.

Yang, Mayfair Mei-hui (1994). *Gifts, favors, and banquets: the art of social relationships in China*. Ithaca, N.Y.: Cornell University Press.

(ed.) (1999). *Spaces of their own: Women's public sphere in transnational China*. Minneapolis: University of Minnesota Press.

Young, Allen (1978). "Mode of Production of Medical Knowledge". In *Medical Anthropology* 2, no.2 (1978):97-122.

(1982). "The Anthropologies of Illness and Sickness". In *Annual Review of Anthropology* 11: 257-285.

Zeng, Y. (1990). "Changes in Chinese Family Size and Structure." In Y. Zeng, C. Zhang and S. Peng (eds.), *Changing Family Structure and Population Ageing in China*, Beijing: Peking University Press.

(1992). "Changes in family structure in China." In D. Poston and D. Yaukey (eds.), *The Population of Modern China*, New York: Plenum Press.

Zhang, Everett (2003). "Impotence in the making: An illness of Chinese modernity." Dissertation. University of California, Berkeley.

Zhang, Hong (2004). "'Living alone' and the rural elderly: Strategy and agency in Post-Mao rural China." In C. Ikels (ed.) *Filial piety: Practice and discourse in contemporary East Asia*. Stanford University Press. 2004.

Zhang Jingyue (1562-1639). *Jingyue quanshu* [Complete book of jing yue]. Shanghai keji chubanshe, 1959.

Zhang, Qian F (2004). "Economic transition and new patterns of parent-adult child coresidence in urban China." *Journal of Marriage and Family* 66 (Dec. 2004): 1231-1245.

Zhong, Xueping, Wang Zheng & Bai Di (2001). *Some of us: Chinese women growing up in the Mao era*. Rutgers University press.

Zhonggong Wuhanshi Jiang'an Quwei Laoganju (2004). *Jianbu Xiyang: Wode mei yi tian*.

Zhu, Ding Hua & Zhu, Shun Hua (1995). *Yangsheng in one thousand questions of TCM*. ShangHai Science and Technology Press.

Zhuang Zhou B.C. (369-286). *Zhuang zi* [or *Nanhua zhenjing*]. Edited by Zhao Xiaopeng. Beijing: Zhongguo shehui chubanshe 1999.