Sunset Years:
A Comparative Analysis
of Older Adult Lives in China and America

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Abstract

Many East Asian cultures emphasize respecting older adults, due to the influence of Confucian values. But does this really mean that the lives of older adults are better there? This article attempts to answer that question by contrasting the lives of older adults in China, a Confucian gerontophilic society, with the lives of older adults in America, a non-Confucian gerontophobic one. I use two approaches: examining federal policies centered around older adults such as Medicare and social security, and examining the cultural relationships older adults have with others they interact with. I evaluate how both impact older adults' life satisfaction, using previous scholarship as well as oral history interviews. With a specific focus on issues of geriatric health, older adult caretaking, and intergenerational relationships, I offer a holistic picture of the nuances surrounding living as an older adult in both cultural contexts.

Keywords:

Senior Caretaking; Ageism; Medicare; Social Security; China; America; Filial Piety; Family; Nursing Homes; Pensions; Gerontophobia; Gerontophilia; Intergenerational Care

Introduction

I always thought that Ms. Bernice was a very elegant woman. Perhaps it is because of her hair, neatly buzzed and uniformly white. Perhaps it is her sharp cheekbones, perhaps it is her long legs. I would not be surprised if she was a model in her youth. On the rare occasions that I saw her eyes, they were dark black and kind, albeit confused and maybe afraid.

She never had the slimy yeast infections around the mouth or the wet breathing gurgles that many of our patients have, but her long legs were permanently locked in a fetal position that made feeding her difficult, since the table cannot be slid over her bed. She could also only eat a mush diet, a gelatinous block of blended fish, rice and carrots provided by the hospital that I awkwardly scraped into her mouth with her only remaining front tooth. I cannot tell if she liked it, she usually ate no more than three or four bites before she fell back to sleep, which always concerned me seeing that her legs are as thin as my wrist. Her bedside was always riddled with trash from whoever fed her previously, half-eaten pudding and spilled juices that contributed to the strong odor along with her urine-soaked padding. In the whole two months she was hospitalized in the unit, I only saw her conscious once, her dark eyes wide open. “Ms. Bernice! How are you doing today, how do you feel?” I asked her loudly, but she was looking somewhere far beyond me. “My son… Where my son… where he is?...”

My job as a hospital volunteer was to feed patients at mealtime and help with menial tasks like fetching the bladder scanner from three floors above, but only on paper. My real task was to provide emotional support to our patients, and conversation as a means for them to escape the boredom of being bed-bound. However, most of our patients are either always unconscious like Ms. Bernice, or have language barriers that prevented my communications. I only got to know the few who were willing to talk to me on a very personal level, like for example Ms.

Anne. The smell of sweat always permeated her bedside, and her hair was always matted to her forehead by the perspiration. She told me that she has been admitted for a persistent fever the past two weeks, and I would see this fever continue on daily for almost two months until she told me, "they said they've done all the tests but they still don't know what's wrong with me, and my insurance won't cover my stay anymore." Her bed faced the door, and I would often walk by and see her in a bout of fever, quietly groaning in agony. But in periods where the Tylenol was working she would tell me stories of how her grandparents immigrated from Hong Kong in extreme poverty, cramming five family members in a single closet-sized room just to live in America. She would proudly show me photos of her daughter, a nursing student in Boston and her son, who works with Mercedes in Germany and has since married a German woman. I saw photos of her granddaughter, a little girl with blonde hair and Asian eyes. "I never told them I was in the hospital, they are all so busy and I don't want to make them come all the way here for some fever," she chuckled. But as she was facing a discharge without cure, I asked her what she was going to do, since she lives alone. "That's a good question isn't it?" She mused, staring at the ceiling. "I can barely sit up in bed, I wonder how I'm going to climb all those darn stairs in my apartment."

Janet, our unit's physician's assistant, likes to joke that we are the "geriatric psychiatric unit" despite officially being just med-surg.[1] Although to me it sounds unkind, I know where she is coming from. Most of our patients are older adults and experiencing delirium, which manifests as anything from vacant stares to blabbering to screaming. We have restraints for the "feisty ones," as the nurses say. The most commonly used are giant mittens to take away hand mobility, and on rare occasions I've seen a special vest put on patients that ties down to the underside of

[1] "Med-surg" is an abbreviation for medical-surgical nursing, the largest nursing specialty focused on adult patients who are acutely ill, recovering from surgery, or managing chronic conditions.

the bed. It was an older woman who only spoke Russian, and the desperation in which she begged me to take them off taught me the word for "please" in her language. Some patients also have dementia, difficult when I find myself explaining for the fourth time in an hour: "We attached a tube down there so that you can pee lying down ma'am, and it won't get the bed dirty! Please do not get up, you might fall and get hurt!" But confused or not, the one thing most of our senior patients have in common is that they are always thinking of their family, who nine out of ten times I will never see come visit them. "My son is coming today, just you wait." "I won't eat this! I'll only eat whatever my grandson brings me." "My niece works nearby, I swear… where is she, tell her to come…"

My own parents were expat workaholics in my childhood in true Chinese fashion, and I was raised mostly by my maternal grandparents. We have remained incredibly close even after I moved away to America to live with my parents, and a few years ago I was traveling with my grandmother, when she showed me an article she found funny. It was translated from English, on silly things that kids say about their grandparents along the lines of, "my grandpa's pockets have infinite candy" and "the purpose of a grandma is to give you money when your parents say no." But the one that struck me the most was this: "Grandma is someone who lives at the airport. We pick her up from there once a year for Christmas, and then drop her off back home when Christmas is over. I don't know why she has to stay there for the rest of the whole year, it does not seem like a nice place to sleep at night." I remember my grandma shaking her head, musing on "what a horrible relationship Americans have with the older adults in their families" in self-congratulatory judgment. But, thinking of Ms. Anne and the many other older adults I met in the hospital, I have to wonder: "Is grandma okay at the airport?"

Although I have a deep tie to my grandparents, I know my culture is another source of my concern. Compared to America, China holds its older adults in much higher regard. Most Chinese families are symbolically governed by their oldest members, around whom holidays and all major celebrations revolve. The older a person gets, their birthdays in turn become more extravagant, with birthday celebrations of 80+ individuals rivaling those of weddings in terms of festivity. Many more Chinese families live with their grandparents than American ones, and to fulfill traditional Confucian expectations of filial piety, children are expected to place their parents' needs and desires above their own (Pew Research Center). This is especially true as they age into seniority where they often become dependent, both financially and in daily living.

Seeing the troubled states of the older patients in my unit, I began to think back on the hospitalization of my great-grandmother, back home in China. I was ten at the time when she was diagnosed with cancer, and hospitalized for a series of surgeries that would ultimately prove futile. She didn't pass even an hour alone—her five children and their respective families took turns staying by her side in the room day and night for months, catering to her every need. We celebrated her 85th birthday in the hospital as best as we could, putting up all kinds of decorations and cramming our large family into her small room. When the cancer was announced to be terminal, her last wish was to pass in the village where she was born. And thus, the whole family, including ten-year-old me who had no idea what was going on, all made our way down to her home village, squeezing into at least five large vans that quite disturbed the local livestock. I remember the very hour she passed—surrounded by her family, holding my mother's hand.

The memory of at least twenty of us in her hospital room proved a stark contrast to the cold emptiness of the hospital I now work at, and I began to question Americans' relationships with their older adult family members. Do the patients in my unit know deep down that their

children are not coming to visit, but simply choosing to believe otherwise? What is keeping the children from visiting their older parents? And the question closest to my heart, as a newly naturalized citizen of America: is there a cycle of children not visiting their parents, for generations and generations? My own children will likely grow up in America. I feared that I, in my own later years, would become Ms. Anne or Ms. Bernice, with nobody to come see me in the hospital. Thus, I began to wonder whether life for older adults in America, broadly speaking, is harder than it is for older adults in other cultures.

And so, this article will use China and America as contrasting examples to investigate whether older adults actually have higher satisfaction and quality of life in a culture that reveres age. Chinese culture famously places a lot of respect and social value on its seniors due to its Confucian values like filial piety, while America, in its celebration of youth and productivity, seems to sometimes leave its older adults behind. I introduce here the central definition to my comparison: America as a gerontophobic society, and China as a gerontophilic one. I am using gerontophobic to mean that a society values youth and productivity over the fragility of old age, while gerontophilic to mean that a society values wisdom and age over the brashness of youth. I am not the first to use these two words, but I have not seen them widely used in gerontology or sociology at large to categorize cultures.

On the surface, America and China seem like polar opposites on this front. The lives of older adults in both countries will be examined through two lenses: their treatment on a federal scale (under policies such as social security and Medicare), and their treatment on a social scale (from others in their respective societies). I have interviewed seven Chinese and seven American older adults in person and by digital means, and I will try my best to depict the differences and commonalities of their lives.

A History of Older Adults in China and America

Definitions of Filial Piety

Dr. Donald Holzman, a French scholar in Chinese studies, wrote this on the concept of filial piety:

"the Chinese gave filial piety an extremely exalted position - treated it as something one might almost call an absolute, a metaphysical entity, something so exalted in their minds that it becomes difficult for us of another culture to appreciate it today…this phenomenon seems always to have been central in Chinese life and very seldom, if ever, called into question" (185).

The English term *filial piety* feels erroneous. "Piety" implies that there is a religious sentiment of worship from the Chinese child onto their parents, which is a gross simplification and exaggeration. The best definition perhaps lies in the etymology of the Chinese character for filial piety: 孝, made up of part of the character for "son" (子) underneath part of the character for "old" (老). Most Chinese characters have a hieroglyphical origin, where their appearance directly intends meaning, and thus 孝 is a representation of a son, carrying his older adult parent on his back (X. Li 92). Rather than blind obedience or worship, historically the purest definition of filial piety is to mean taking care of parents when they are senile, just as they took care of their children in youth. The key concept is reciprocity (Bedford and Yeh 3).

Several Chinese characters are associated with the concept translated as *filial piety* in English, though not all fully align with this term. In this paper, to make things simpler, I will use "filial" to describe a person who is 孝顺.

Although filial piety has been in practice since the earliest dynasty, it is most famously documented and codified by Confucius (X. Li 93). His focus on filial piety comes from his aim

to connect virtues behind filial piety to the virtues of an ideal ruler, the "sage" he sought during the tumultuous era he lived in (Zhao). To Confucius, how a father and son interact on the familial level is very similar to how a ruler and his subjects should interact on a state level (Zhao). He famously maintained that, in order to achieve true peace and harmony in society, "a ruler must observe a ruler's virtues, a subject must observe a subject's virtues, a father must observe a father's virtues, and a son must observe a son's virtues" (Confucius 47). After his death, China was eventually unified under the tyrant emperor Qin Shi Huang, who much preferred authoritarianism over being a "virtuous ruler" (Zhao). Confucian ideology on the relationship between ruler and subject as well as father and son were warped to become increasingly authoritarian as a form of propaganda (Bedford and Yeh 1). "A ruler must observe a ruler's virtues" became: "If the ruler wants his subject to die, he must die or else he is disloyal. If the father wants his son to die, he must die or he is not filial," a famous Confucian reinterpretation by Han Dynasty scholar Dong Zhong Shu (qtd. in Zhao).

Thus, even to this day, many Chinese people interpret filial piety to be about blind obedience to their parents and other older adults, which I believe might have influenced English-speaking scholars to translate it using religious word choice. The heavy expectations are often met with harsh consequences when they are not fulfilled. This has opened the door for abuse. My father once recounted to me how my grandfather broke several of his bones by beating him with a chair, when he did not score satisfactorily on an exam. However, to this day he still holds them in the highest regard, and fulfills their every demand from a new house to another grandchild. He repeated the popular saying: "Amongst 100 virtues, filial piety comes first."

A Brief History of Older Adults in China

Although filial piety has historically always been central to Chinese culture, it does not mean it always went unchallenged. What we now know as the modern People's Republic of China was founded in 1949, after the collapse of the Qing dynasty royalty and the power struggle between the Communist and Nationalist parties (T. Zhang and Schwartz 195). After the Communist victory, the ideologies that it represented washed over China like a tsunami with the help of strong propaganda. People everywhere, especially the youth and those of lower socioeconomic status, became part of a political frenzy to "overthrow the bourgeois" that bordered on fanaticism (Gao). Mao Zedong, then leader of the Chinese Communist Party (CCP) and the first ever chairman, called for a complete rebranding of every facet of life to shirk the capitalist ideals of pre-communism "old" China, a movement that eventually culminated in the Cultural Revolution of 1966 (Lamb 4). This complete destruction of the old society was labeled as 破四旧, or "destroying the four olds," with the four olds being "old customs," "old habits," "old culture," and "old thinking" (Lamb 4). It was taken quite literally as seen in a propaganda poster from 1967, where revolutionaries are directly stepping on artifacts such as a Buddha statue as a representation of destroying "old culture." In the lower right-hand corner, we can see books being set aflame, representing the destruction of aforementioned "old thinking." Confucian ideals like filial piety, in particular, fell into this category, due to Confucius's support of ancient China's feudal system (Bedford and Yeh 2). Filial piety was described as designed to uphold slavery to the state, according to the *Guang Ming Ren Bao,* the communist Chinese version of *People's Daily* (T. Zhang and Schwartz 199).

During this period filial piety lost institutional support, and Chinese culture also began to favor the "young revolutionaries" over older adults (Gao). However, the CCP still quickly

implemented many policies to financially take care of older adults (Deng 3). An early form of the pension system was born from workplace insurance, as early as 1951, only two years after the foundation of the republic. The "中华人民共和国劳动保险条例," or the "People's Republic of China Labor Insurance Act," dictated that a portion of an employee's monthly earnings will be deducted to contribute towards "employment-related injuries and illnesses for current and retired employees" (Deng 3). Under this act, being an older adult was considered an "employment-related illness," and retirees could collect about 35-60% of their previous earnings monthly (Deng 4).

This act continues to define retirement in China today. It categorizes Chinese retirees into three financial categories: rural inhabitants, urban inhabitants and civil service workers (Gao). People receive different pensions depending on their categorization with many making an unlivable wage. Thus, many retirees become dependent on their children for assistance.

The one-child policy enacted in 1989 dramatically changed the landscape for Chinese older adult care in several ways. Rural families tended to rely on having more children to help in farming, and having fewer children meant that rural households had more problems maintaining a familial agricultural plot (Gao). Thus, pressure arose to increase the per capita income of each household, and the younger generation began to look for more lucrative fields than agriculture (Dai et al.). This marked the beginning of a massive rural to urban migration in China. Young people moved away from their rural villages in droves, leaving their older parents behind and collapsing the traditional filial caretaker model (Gao).

Although China has had thousands of years of filial piety, it has always been repeatedly reinterpreted through the contemporary socio-political landscape, and changed by what is economically feasible. Nowadays, with the country seeing modernization at an unprecedented

rate, definitions of filial piety are being forced to evolve more rapidly than ever, or be left behind with other facets of the "old" society.

A Brief History of Older Adults in America

Just as China's view on its older adults has been deeply influenced by local politics and the economy, America's have as well. The earliest transformation of the US into a "country of youth" began around the time of the American Revolution, and older adults began to lose their social status (Samuel 17). Meeting halls and theaters no longer reserved front row seats for older adults, and the white wigs we associate with the colonial times went out of fashion in favor of more youthful looks (Fleming et al 5). Around this time archival researchers also noted the first use of negative age-related names, such as "geezer" and "codger" (Ng and Chow). With the arrival of the industrialization, age categories became more important in order to run institutions like schools and governing positions, where retirement became mandatory at usually 60 or 70 years of age (Fleming et al. 23).

The stress of employment that followed the industrialization further negatively shifted the public's perception of older people, seeing them as tax burdens (Ng and Chow). Older adults were expected to either rely on their children or have enough savings before they become unable to work. Otherwise they could be exiled to the poorhouse—a poorly maintained shack offering custodial living for members of society incapable of labor (Katz 119). Public opinion of the time was that poverty was due to laziness, alcohol abuse, or other personal issues, and poorhouses were designed to have horrible conditions to dissuade the poor from seeking refuge in them.

Social security, established in 1934 in response to the Great Depression, was the first step American older adults took away from the poorhouse and towards the modern nursing home (Fleming et al. 29). However, the journey has been a three-sided battle: the federal government

looking to minimize funds, the nursing home owners looking to maximize profit on said minimal federal funds, and older residents looking for quality of care amidst strict regulations (King 882). This venture proved how greed can be shortsighted—retirement home owners soon discovered that Medicaid funds cover only about half of the expenses needed, and the post-hospitalization Medicare funds cover even less (Fleming et al. 23). This led to a combination of retirement home bankruptcies and abuse scandals, such as older adults dying from starvation, bedsore infections, and overall neglect (King 885-886). As a result, stricter regulations and demand for nurses increased, but not the federal budget (Fleming et al. 23). This dilemma persists even today.

In summary, the well-treatment of older adults in America has always been irrevocably tied to money. The increasingly strict federal regulations on older adult care mean that caregivers must meticulously document everything, which results in an efficient yet cold and impersonal form of care, and often still subpar in quality (Fleming et al. 35). The relationship between the older and younger generations has also depended largely on the economic model at the time, with increasing industrialization correlating with more negative opinions of older adults as financial burdens (Ng and Chow).

The following sections will explore the modern consequences of these constrictions, mainly how they may impact the accessibility of geriatric healthcare as well as a family's attitude towards its older adult members.

America

Frank is one of the very few adult children of our older patients that I have had the pleasure of meeting. His mother laid in the same bed 430D for two whole months, a small pile of bones and sparse white hair that I have never witnessed being conscious. I became familiar with Frank's thin figure, often huddled over the bed, trying to drip small spoonfuls of soup into her

slightly open mouth. But more often I would just see him sitting next to her in silence, his face in his hands and his eyes vacant. The air felt too heavy for me to converse with him, and at first, I mostly left him alone save for the obligatory "Can I help you both with anything?" He would always respond "No thank you," with a quiet, strained smile. But at some point, into the weeks, I started to thank him for visiting his mother. It was an awkward ordeal, I couldn't fully bring myself to say, "I'm sure she appreciates it" knowing that she likely does not register her surroundings. He responded each time simply "Thank you," with the same strained smile that cracked my heart open a bit every time I saw it.

And I saw it every shift until one day I found bed 430D empty, unmade but with no divot in the sheets to suggest someone had laid there for two months straight. "She was discharged so she probably went to rehab," a nurse told me, but I know there was no life we could possibly rehabilitate her to. The end of life is often a futile scramble, a myriad of efforts to keep a match alight in a rainstorm. Bed 430D was quickly made, the bedside cleaned up, and there was a new patient there by my next shift a day later. But Frank's hunched silhouette is still clear in my mind. I hoped to myself that through the kindness of some higher being, Frank's mother somehow knew that he was there every single day.

Even among Americans, I understood that adult children have very different relationships with their older parents. Those like Frank are a small minority from what I observed—some others come to visit and argue with their parents over their care, and many do not come at all. A myriad of factors such as upbringing and culture play into those differences, and such nuances shape the very fabric of what it means to be "American." China is an incredibly ethnically homogenous country, with less than 0.1% of its population being born outside of the country as of 2023 (Poston). 92% of all Chinese come from the same Han ethnic group and share relatively

similar cultural values. America, however, is significantly more culturally diverse, and what makes someone a foreigner or a native in this country can be subject to intense debate. For example, a resident of New York's Chinatown may have lived in America for generations, but still speak very little English and remain mostly immersed in Chinese culture. In other words, who is considered American and what is tangibly "American culture" are both difficult questions without objective answers. Although even I could not confidently describe "American culture" after fifteen years of living in this country, I believe in the existence of such an entity as much as the existence of Chinese culture as a whole.

For the purpose of this research project, I recruited participants based on the criteria that they must be over sixty years old, born in America, and describe themselves as having spent most of their lives in America. I actually had quite some difficulty in finding participants—my own family speaks too little English to befriend American adults, and most of my friends' families are from international backgrounds like I am. After exhausting my circle, I was fortunate enough to chat with seven older adults, all of whom are grandparents of my friends, and will be introduced throughout this section with their meaningful contributions to the conversation. Although I will refer to them all by first name, pseudonyms are used to protect their information. The sample size is composed of four women and three men, all of whom self-identified as white except for James, a black man, and Laurie, whose mother is Puerto Rican. Four of the participants are heterosexual couples coming from the same household—Patricia and her partner Clyde whom I interviewed together, and Joyce and her husband Bill whom I interviewed in separate video calls. All participants are between 74-81 years old, with James being the only exception at 63. I understand that the entire population above 63 is far from homogenous even accounting for all other identities such as race and

gender, and similarly, this small population cannot come close to representing the diverse demographic of America. But this study is purely qualitative, and exhibits the strength in depth and weakness in sample size of such studies. I have very close friendships with the grandchildren of all participants, which I hope allows me the privilege of an additional layer of trust to uncover below-surface narratives about aging in America.

Income in Retirement

Social security was implemented in 1938, President Franklin D. Roosevelt had intended for it to make up one leg of a "three-legged stool" system of retirement financial security, the other two legs being pensions and personal savings (Quinn and Cahill 322). It is the most commonly received type of retirement funding in America. Such a system has managed to lower the older adult poverty rate by a staggering 24.5% since 1960, but is currently meeting some challenges (Quinn and Cahill 322). At the time of social security's creation, the number of people in the workforce far outnumbered the number of retirees who were receiving social security benefits (Quinn and Cahill 325). Nowadays, as medicine improves the average lifespan and the "baby boomer" generation has begun aging into retirement, the proportion of tax-paying workers to retirees has completely turned on its head (Quinn and Cahill 325). Additionally, to receive social security, the earliest recognized retirement age is 62, and the individual's contributions must have reached a certain threshold ("Social Security Entitlement Requirements"). Yet, applying to receive social security before 70 comes with consequences, acting as an incentive to delay retirement and continue working ("Early or Late Retirement?").

Work pensions broadly fall into direct benefit (DB). The retiree's benefits will come directly from their former employer, who uses a formula often involving the number of years of employment and former wages to determine the retiree's monthly entitlement (Bodie et al. 139).

401Ks fall in the DC category (Brown et al. 3). Such savings accounts are usually tax-deferred, but will incur penalties should the owner withdraw before a certain age limit. Most DB providers now are only in the public sector: jobs like military, local government, and public education. DC savings contribute far more to retirement funding for most people as they offer a higher range of employment mobility by not factoring years worked at a particular firm but a lifetime spent living paycheck to paycheck could well mean spending seniority in poverty (Brown et al. 6). Personal savings like an IRA account are essentially a DC plan that is not sponsored by any employer, popular among those who are self-employed or change jobs often (Quinn and Cahill 326).

In the current retirement landscape where DB offerings are steadily decreasing, the biggest public obstacle seems to be a lack of understanding of retirement planning, since so much of DC-based success relies on individual agency.

Medical Insurance

Medicare provides monthly coverage for mainly inpatient and outpatient services, respectively titled Part A and Part B. Most people over 65 do not pay anything for Part A coverage, provided that they have worked enough years in America to contribute enough to Medicare through taxes, much like social security (Sullivan). Patients must still meet a monthly deductible of $1,632, and any stay longer than 60 days will incur an additional cost of $408 each day. Part B has a monthly charge of $174 as of 2024 but can be greater for those with higher income, on top of $240 of annual deductible and further co-pays (“What does Medicare Cost?”).

Dr. Tina Sadarangani, an assistant professor in the NYU School of Medicine Department of Population Health, explained that “Medicare is full of holes, if you have only the original Medicare, prescription drugs aren’t covered. I remember this article that came out a while back

that says a lot of older adults have to choose between paying for their meds or paying for food." Although Medicare may cover seeing a doctor who prescribes you medicine, you must pay out-of-pocket for the medicine that you are now aware of needing.

Medicare requires a lot of paperwork on the part of the physician to receive payment so an increasing number of medical providers are refusing to accept Medicare as payment.

Older Adult Caregiving

Nursing home care does not fall under Medicare coverage but can be considered a part of Medicaid's plan. However, many older adults in America fall into what is called the "penny above" group—making a smidge too much to qualify for Medicaid but a smidge too little to be able to afford any form of assisted living or at-home professional caregiving.

Moreover, although their services are often expensive, nursing homes are known for poor quality of care. The Gallup Panel, a nationwide analytics poll, found that as of 2023 70% of Americans would not feel comfortable living in a nursing home themselves, and 61% would not feel comfortable admitting a relative (Brenan 2). Low pay, as well as grueling working hours and conditions, induce an incredibly high rate of staff turnover in nursing homes, a factor that has been found to directly correlate to lower quality of life. CNAs and other entry-level jobs also generally require little to no training in nursing facilities compared to their hospital counterparts, lowering the bar of entry but compromising the quality of care for the residents (Mukamel et al.). Thus, pervasive structural ageism manifests in a lack of professional caregiver infrastructure, especially to Americans belonging to this "penny above" group (Gordon, Sadarangani).

Geriatric Healthcare

This fantasy is palpable in our lives: "Combat fine lines and wrinkles," skin creams will advertise. They are born from our anxiety around growing old, and subsequently around dying. These fantasies can permeate our interactions with older adults around us, even within our own families. Dr. Stacey Gordon presents a fictional case study on familial ageism through Mr. Franco, an active older man who lives alone. After a fall, his children, without consulting him, move him to a nursing facility. This decision angers Mr. Franco, who feels his independence was taken away and loses trust in his children (Gordon 172–173).

Such microaggressions within the family are typical experiences for older Americans as they assert the patronizing view that the older person is not mentally competent enough to partake in the decision making, and undermines their importance to the community around them] A reversal of power dynamics also often occurs between the adult child and their aging parent, with adult children often assuming that they "know better" and should have authority over their parents, infantilizing them in the process (Gordon 172). But most prominent of all, this case illustrates a frequent absence of end-of-life caretaking conversations within families.

Social Dynamics Within the Family

A lot of the older adults I interviewed said they preferred to live alone but stressed the importance of maintaining regular contact with their families using technology. All participants, however, were also averse to moving into full-time nursing facilities. "I'd be scared to death if I realize that's where I'm heading," Bill's wife Joyce told me, saying that she would prefer to move in with a female friend if her health was to fail her, and her husband cannot assist in her care. Two other participants also mentioned a preference for arrangements that would allow them to remain in their community, such as relying on neighbors and friends. The notion that adult

children must maintain a certain amount of distance is evident in all participants, which I conclude to be a facet of American culture.

There is an argument to be made on how this distance nurtures the individualization of not only the child, but also the older adult. I was personally surprised by how active the lives of my participants were. Three out of the seven older American adults I interviewed were not retired. The Chinese *"nai nai"* does not exist much outside of who she is to her family.

China

"Filial piety is so rare now, that the government actually had to write it into law," my grandfather told me. He was referring to the Law of the People's Republic of China on the Protection of the Rights and Interests of Older Adults, first established in 1996 and since then thrice amended, the latest amendment being in 2018 (Chu and Chi 2). Title II (otherwise titled "Familial Caretaking Act"), section 14 defines an older adult's caretaker as, "children and any other individuals that may bear responsibility for the older adult's caretaking." The section dictates that the caretaker must provide for any "financial, emotional, or otherwise living needs of the older adult." Section 18 states that the caretaker cannot "ignore [the older adult] or treat them in an un-familial manner" and demands explicitly that "family members that live far away from the older adult must visit or check up on them regularly."

If an older adult deems there to be a violation of these or the other sections of this title, theoretically they can bring their child to court, and legally demand reparations. However, Xiaoyang explained that parents rarely actually sue their children over such claims, being more afraid of the embarrassment. My mother scoffed and cited a case she saw on the news, where an older woman living in rural Sichuan sued her three sons for financial neglect. "If you don't have

any money yourself, I'd get it," she said, reaching for steamed fish with her chopsticks. "But if you clearly live comfortably, how can you possibly leave your own mom out to starve?"

Income in Retirement

The Familial Caretaking Act pushes for more home and community-based care, in other words aiming towards aging in place (Krings et al. 3). It was fueled by the large gap in resources between its urban and rural population, especially for older adults. Economic status of rural residents quickly declined under foreign exploitation post-1880s and was arguably worsened after the communist party gained power in 1949.

The main form of retirement funds in China is the pension program which covers only those that work in government agencies or big companies. Only recently did the government make a strong initiative in addressing this disparity—the New Rural Pension Scheme (NRPS) of 2009 (Krings et al. 3). The NRPS allows the beneficiary to financially contribute directly to the government, and those who have contributed the minimum amount for at least 15 years can receive retirement funds from the NRPS after 60 years of age (Krings et al. 1). However, the NRPS offers only about 16 U.S. dollars a month to rural residents, far less than a living minimum, and most rural area older adults must still rely on children, savings, or continue to labor on (O. Wang, Y. Chen et al. 4). This creates a dire public health problem, as most rural residents are farmers that profit only from direct physical labor in the fields, and rural older adults must push their aging bodies or otherwise face financial insecurity (Dai et al. 4349).

Recognizing the issues that employment-based retirement is causing, the government introduced two other supplements: enterprise annuities and personal retirement accounts, much like IRAs (C. Jiang 150). Retirement age is 60 for men and 55 for women, but mandatory only

for public sector civil service workers who may then go on to enjoy much better financial and medical benefits than the rest of the population (Giles et al 188; Gao).

Medical Insurance

Most older adults in China can choose out of three health plans: Urban Employee Basic Health Insurance (UEBHI), Urban Resident Basic Health Insurance (URBHI) for those self or unemployed, and New Cooperative Medical Scheme (NCMS), similar in design to the NRPS in catering to rural residents (Cao et al. 5). The introduction of Catastrophic Medical Insurance (CMI) improved rural geriatric care somewhat—paying for a significant portion of medical fees for titular medical "catastrophes," such as an extended hospital stay, chemotherapy, or any other situation that would incur a series of fees (Cao et al 2) at no additional costs, but non-emergency medicine still remains unaffordable in rural areas.

Geriatric Healthcare

Freestanding outpatient clinics are rare in China. Walk-in slots are limited, and booking through telephone is not usually offered but many older adults have expressed difficulty with navigating online portals. Additionally, while outpatient services are usually affordable, inpatient services can be quite expensive. Basic health insurance pays only for a certain number of visits, and patients must start paying out of pocket if the frequency of seeing a provider exceeds that number. The Catastrophic Medical Insurance mentioned earlier is available without cost only to rural residents, leaving urban residents with large hospital bills.

Older Adult Caregiving

Struggling to handle the dearth of familial caregivers in rural areas, from 1994 to 2005 the government began to establish many nursing homes (Krings et al. 3). However, Beijing

Union Medical College found that established nursing homes mostly remained empty, with 1.6 million beds vacant and only about 3% of Chinese older adults living in nursing homes (Zhan et al. 223). Like how suing their children using the Familial Caretaking Act would embarrass an older adult, moving into a nursing facility would be admitting to an older adult's peers that they did not do a good job of educating their child with traditional values of filial piety. Furthermore, the nursing homes themselves face much the same problems as nursing homes do in America: lack of trained staff, high staff turnover, understaffing, and overall lack of resources (Chu and Chi 7).

Instead of considering full time nursing facilities, many families with older adults that need full-time care will hire a *baomu,* or a domestic helper that often lives with the older adult. Domestic helpers are usually women over 45 years old from rural areas with low levels of education, older adults often view her a part of the family (J. Wang et al. 620). However, the lack of systematic protection for these domestic helpers can subject them to an array of workplace abuse, such as being paid below minimum wage or working 24/7, especially for the helpers who live with their employer (J. Wang et al. 619).

Social Dynamics Within the Family

The relationship between Chinese parents and their children are highly nuanced, especially as parents age into seniority and their children feel the need to take part in authoritative decisions, from nursing home residency to difficult medical questions. Yuezhu Sun, in her ethnography for which she interviewed 24 young university students in Beijing, found that many younger Chinese have reinterpreted filial piety to mean, "a family ethic that is based on egalitarian intergenerational relationships and intimate parent-child bonding" rather than unconditional obedience based on the superiority of the parents, which have been the

predominant ideology before the Cultural Revolution (771). “Filial piety is only real when we treat our parents with our true hearts and feelings,” said a male interviewee, shunning both the performative and obligatory components of the tradition (772).

Chinese tradition is not keeping an older adult’s illness a secret from them per se, but rather to “carry this emotional burden for [the sick],” as Billi’s uncle Haibin tells her in Lulu Wang’s *The Farewell* (2019). Societies with high uncertainty avoidance usually have a need for clarity and explicit statements, while societies with low uncertainty avoidance are comfortable with ambiguity and the implicit. Those from a high uncertainty avoidance culture, might only perceive the explicit meaning of this premise and be outraged that an older adult’s family would take away their agency in their own health. However, there are deeper, more implicit layers when one views from the low uncertainty avoidance Chinese perspective. “You think [the older adult] doesn't know? Of course, they know! Even if they don’t know at the start they can feel themselves getting worse, and they figure it out eventually.” There’s a colloquialism in China we call 报喜不报忧, which translates to “only give good news and never bad news,” because we do not want our loved ones to worry about situations over which they have no control.

In China, grandparents being a part-time or even full-time caregiver to their grandkids is incredibly common (Dong et al. 1). I too was raised by my grandparents after all, until the age of seven when I moved to America to be with my parents. According to C. Wang and colleagues, in the United States grandparents usually become caretakers only when some unexpected outcome has caused parents to be absent, such as death or incarceration. The same study found American grandparents that act as primary custodians of their grandchildren are more prone to depression and usually have worse health than that of their non-custodial counterparts (C. Wang et al.).

Contrarily, F. Chen and G. Liu found grandchild caregiving to have a positive effect on Chinese grandparents' mental and physical health, provided that the work is not highly intense.

However, such positive sentiments were not shared by any of the three men I interviewed. "I've never helped take care of my grandchild ever, and I don't think I ever will. Women are better with that kind of thing, I won't know how to do it," Jianguo told me. F. Chen and G. Liu found that maternal grandparents have worse mental and physical health than paternal grandparents. This is due to sexist ideas around caretaking that posits women should be de-facto caregivers of both children and older adults, and these ideas remain common throughout China.

Logically speaking, the broad phenomenon of tasking your parents to raise your own kids is not in line with filial piety. During this trip to China, I heard my mother and some of her friends use the phase 二十四孝家长 when discussing my thesis topic, a phrase that roughly translates to "parental piety," poking fun at the phenomenon of older adults raising their children's children that seems to have reversed expectations of filial piety. All older adults I interviewed agreed that the culture of filial piety is declining, some citing the difficulties of the job market and frequent overtime culture as reasons why working adults need assistance with child rearing, and the one-child policy as a practical obstacle to filial piety. But to my surprise, many of them were very understanding, and had no complaints about helping to raise their grandchildren nor the decline of filial piety. "I think we have to be realistic," Ruyi told me wistfully. "Jobs are so much more stressful for young adults now than in my generation. If anything, we have to help them out with the grandkids, otherwise the workload would be too much."

Xia told me that she and her husband still work part-time in their retirement, and contribute much of their earnings to their grandson. Although her son and daughter-in-law make

enough to afford daily living costs, her grandson takes part in a myriad of tutoring and extra-curriculars, as most Chinese children are forced to due to the extremely competitive nature of the Chinese education system. Xia, her husband, and the boy's paternal grandparents all financially contribute to these costs. "I think my son has shown enough filial piety, just because he lives a good life and does not make me worry," Xia told me with a smile.

While this seems to be a positive reinvention rather than a total decay of filial piety, it is not in question that the core values of mutual respect and reciprocity of filial piety are declining. The one-child policy not only changed the expectation of filial piety, but arguably the nature of the children themselves. Chinese children born under the one-child policy (created in the 1980s and ending in 2016) are generationally dubbed "little emperors," because they are "pampered and pressured by parents and grandparents who project their hopes and dreams —unattainable when they were growing up under Mao—onto this single child" (Scelzo and Lerman). Combined with the incredibly competitive education system in China which requires standardized testing to be accepted to elementary, middle, and high school as well as college, "little emperors" face heavy burdens to succeed (Scelzo and Lerman). "Though many of these precocious kids can recite the English alphabet or read newspapers in traditional Chinese characters by the time they're 10, their parents often still perform basic tasks for them: fixing their hair, tying their shoes, wiping their bottoms," writes Lori Reese of *Time.* This multifaceted issue has given rise to a notable phenomenon - 啃老族, roughly translated as "elder-gnawers." This is referring to adult "little emperors" that do not have a livable wage whether voluntarily or involuntarily, and financially leech off of their older adult parents. Otherwise known as NEET (Not in Employment, Education, or Training) in the English-speaking world, many of these "little emperors" experience a "failure to launch" due to the highly competitive job market as well as

inability to choose a clear direction in life. Thus, economic competition has created another reversal of filial piety ("parental piety" as mentioned before), where older adults are forced to continually provide for their children without experiencing the mutual benefits of filial piety.

Culture in Transition

Due to a gap in intergenerational expectation, up to a third of Chinese older adults report feelings of loneliness from social isolation, which is positively correlated to worse physical and mental health (J. Sun et al.). Identifying this sociological problem, the government has been trying to encourage community-based support alongside social support (Krings et al. 3). During my trip back home, I spoke with my grandmother's friend Ms. Lin Li, the head of a non-profit organization advocating for older adults whose only child has passed away prematurely, a not-insignificant demographic due to the one-child policy. Such older adults lack the emotional and social safety net of their peers with children, and are often unwilling to hire domestic workers to help care for themselves (L. Li). Ms. Li listed a number of reasons as to why this might be: "It's embarrassing. You can use the phone to hire someone, but claim you can't dress yourself and need a helper?" She also explained that it might be expensive to lower-income adults living on their pensions alone, and that if the hired domestic helper harms the older adult in any way, the older adult would not have any children to advocate for them. At the same time, she also stated that such older adults are similarly averse to moving into nursing homes, due to the low quality of care.

Many *xiaoqu* across China, through working with organizations like Ms. Li's, have established 小饭桌 - "little tables." This is usually a day center that serves home cooked meals to older adults that are not well enough to cook for themselves, run by volunteers or employees hired by the district and free of charge to the older adults. Little tables are usually located inside

the *xiaoqu*, and cater only to its residents. Being situated within a *xiaoqu* means that it is within walking distance of all *xiaoqu* residents, a deliberate measure to increase accessibility, but this is certainly not available in every *xiaoqu* (L. Li). Based on the resources available to each district and how they are distributed to each *xiaoqu*, management can help older adults carry heavy packages from the mailbox if requested, and some *xiaoqu* even have a small primary care clinic within, as an alternative to long travel and wait times in hospitals.

Another recent effort by the government has been the establishment of over 75,000 老年大学, or older adult colleges, across every province in China (gov.cn). Here, older adults can meet and befriend other older adults as well as learn meaningful hobbies such as guitar, calligraphy and more (Poulin et al.). Such establishments not only carry the health benefits of adult day centers of America by providing a place of camaraderie, but also enrich an older adult's time alone by providing access to creative outlets. Efforts such as these to shift the majority of older adult social support to their peers may help remedy the unprecedented social isolation that Chinese older adults currently face, stuck between the expectations from before the one-child policy and the reality after it. My grandmother raised me for the first seven years of my life, yet my mom and I have left her to be 7,000 miles away on the other side of the earth, visiting only once a year if at all. Although I am Chinese, I too could not have visited her at the hospital. If she were to be hospitalized, to the nurses of her unit she would be another older adult yearning silently to be with her family, much like the Americans at my job.

Conclusion

Industrialization and capitalism have fueled a cultural shift towards gerontophobia. The information boom, driven by the internet, positions tech-savvy youth as more knowledgeable

than older adults, reversing the historical gerontophilia rooted in the inaccessibility of knowledge. In pre-industrial kinship-based societies, like early America and China, older adults held authority through cultural capital and experience. Industrialization, however, commercialized production and shifted family functions to institutions, weakening familial authority and reducing older adults to financial burdens in labor-focused economies.

This shift appeared early in America and later in China, influenced by Maoist communism and later capitalist reforms. Philosopher Nancy Fraser critiques capitalism's disregard for caregiving, highlighting how the lack of monetary value assigned to care work fosters ageism and gerontophobia. American older adult culture now centers on individual fulfillment, while Chinese culture, shaped by Confucianism, grapples with conflicting values as modernity erodes traditional filial piety.

Deteriorating intergenerational relationships are more pronounced in China, where demographic changes like the one-child policy exacerbate dissatisfaction among older adults. While American seniors prioritize personal fulfillment and hobbies, many Chinese seniors remain family-centered but express feelings of being undervalued. I hypothesize that Chinese older adult culture may gradually mirror the American model, prioritizing individuality over familial duty. Structural ageism in both countries compounds these cultural changes. In China, rural retirees often lack pensions, while in America, insufficient financial literacy hinders retirement security. Healthcare is similarly problematic, with rural access issues in China and expensive medications in America. Notably, China's aging-in-place strategies, bolstered by government support, contrast with America's neglect of such policies.

The crux of the issue lies in caregiving. While China's policies reflect a lingering gerontophilia, America's capitalist framework devalues caregiving, leaving the elderly

vulnerable. Reforming caretaking systems in the U.S. to support aging in place would require significant investment and policy innovation.

Ageism differs from other forms of marginalization because it awaits us all. As we inevitably grow older, we must see older adults not as relics of the past but as humans with vibrant histories and futures. We should strive to bridge generational divides and recognize the inherent dignity in aging, fostering connections that transcend cultural shifts.

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