



Elderly people as “apocalyptic demography”? A study of the life stories of older people in Hong Kong born in the 1930s



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ABSTRACT

In Hong Kong, the general view still follows the biomedical discourse to define aging. The government and leading gerontologists follow the prevailing representation of elderly and describe growing old as a process of becoming “frail, infirm, and vulnerable” (Fealy et al., 2012: 91). Discussions of demographic trends often focus on the drastic effects of an aging society on economic development. Our research indicates that Hong Kong’s construction of aging is a product of its market-driven economy. Drawing from the life stories of eight participants born in the 1930s, we examine the meaning of aging and the formation of character in a specific historical context, adopting the life-course perspective. We wish to understand how larger movements in the social and political world shaped the experiences of the participants and the strategies they developed to maintain agency and control in life. The participants in our study struggled for survival through unprecedented political disasters and social turmoil in their youth. When they reached maturity in the 1960s and 1970s, they devoted themselves to bettering their lives and contributed to the economic boom of the city. We maintain that the biomedical model offers a reductive and unjust means of viewing the people in this cohort, who are often seen as a problem and a burden. Challenging the prevailing ageist attitude, we set the life stories of the participants against the dominant biomedical model of aging. Our work aims to establish a just description of the life experiences of Hong Kong people.

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Introduction

It is projected that 26% of the Hong Kong population will be aged 65 or older in 2031 (Hong Kong Population Projection, 2012). The effect of this population trend is typically represented negatively. Most discussions dwell on the drastic effects of an aging society on economic development. On March 11, 2013, *South China Morning Post* described the “rapidly aging population” as a “long-term financial burden.”

On December 29, 2013, in his official blog, Hong Kong’s financial secretary, John Tsang, warned that, “with the coming of an aging society, Hong Kong will utilize its fiscal reserves.” He maintained that an aging population would lead to a reduction

of the population in the labor force, a slowing of economic growth, and an increase in government expenditure. In recent years, the annual chief executive policy addresses have emphasized the heavy demands made by an elderly population on nursing homes and welfare services.

Many local gerontologists – medical professionals, psychologists, and social workers – have accepted the prevailing representation of elderly and view growing old as a process of becoming “frail, infirm, and vulnerable.” (Fealy et al., 2012: 91) They consider that an aging demographic will pose “a severe challenge to Hong Kong in the future, involving huge economic costs in medical and health care services, social welfare services, social security, among others” (Chan & Liang, 2013: 29); it not only affects “the labor and economic growth rate, but also impacts overall strategic economic planning and allocation of resources” (Chan & Liang, 2013: 30).

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In Hong Kong, biomedical discourse is used to define aging. Cheng, Lum, Lam, and Fung (2013) drafted a list of representative research activities in gerontology and geriatrics in Hong Kong. Most of the researchers included in the list are from the fields of social work, psychology, psychiatry, nursing, and therapeutics, and their subjects include long-term care, dementia, cognitive impairment, suicide and depression, physical activity, pain management, social networks, and housing. The list makes it clear that the biomedical perspective on aging is dominant. Using the present cohort of elderly people as a representative sample, the gerontologists warn that, “the long-term care (LTC) system will soon become a substantial financial burden to the government” (Cheng et al., 2013: 439). They argue that the aging population will consume valuable resources and that it is therefore urgent for the government to “make good use of older adults and maximize their human capital in order to reduce overall expenditure” (Chan & Liang, 2013: 30).

Other scholars (e.g., Baars, 2012; Baars, Dohmen, Grenier, & Phillipson, 2013; Biggs and Powell, 2001; and Powell & Hendricks, 2009), however, have criticized this reliance on the biomedical model. They argue that it views aging as a homogenous social phenomenon, characterized by unavoidable physical and psychological decline. As Alwin (2012: 209) rightly notes, biomedical discourse does not consider “human development and aging as multidimensional and multidirectional processes of growth (or change) involving both gains and losses.” Moreover, biomedical discourse divorces the human aging process from real life experiences. Alwin (2012: 209) quotes Bronfenbrenner approvingly: “Human development and/or aging are embedded in multiple contexts and are conceived in terms of dynamic processes in which the ontogeny of development interacts with the social environment, a set of interconnected social settings, embedded in a multilayered social and cultural context.” In other words, the biomedical discourse neglects the effect of the social and political context. It does not consider whether an elderly person's poverty, frailty, and dependence are related to lifetime experiences that are embedded in a wider political and social environment.

Another type of discourse that is commonly used to discuss aging in Hong Kong is that of human resources. Local scholars argue that older people are still “productive” or “active” and can be treated as human capital. They advocate extending their participation in the workforce. Basten, Yip, and Chiu (2013), for example, maintain that describing people over 65 as “old” and “dependent” is incorrect, given their remaining life expectancy of over 15 years. Chan and Liang (2013: 261) describe the benefits of an “active aging” process that involves social participation. Still, the approach of these scholars is primarily economic: society should “release the potential human capital in older populations through work or other activities” (Basten et al., 2013: 261) and “make good use of older adults and maximize their human capital” (Chan & Liang, 2013: 30).

It is clear that such discourse presupposes a work-centered life course (Komp & Hoffmeyer-Zlotnik, 2012: 2). When the working population of a society is sufficient, the retirement and the onset of poor health and dependence can coincide. However, when the working population is inadequate, “old” people are advised to remain active and continue to work.

Basically, the discourse on aging in Hong Kong distinguishes a portion of the population as a separate category; it construes aging as an irreversible decline not only in physical and psychological strength but also in economic productivity. This construction is economically driven. The new perspective, promoting active aging, is just “old wine in a new bottle”: the younger cohort of seniors must be considered “active” so they can return to the workforce and avoid “the stigma and risks of dependency” (Katz, 2000: 136).

Our study challenges this market-driven construction of old age. As Grenier (2012) rightly observes, it is necessary to reconsider the later stages of life by setting the narratives of elderly people against the dominant biomedical discourse on aging. The life-course approach is particularly suited to the present cohort of elderly people in Hong Kong, many of whom were born during the 1930s. This generation experienced a number of drastic upheavals: when they were young, many endured a succession of large-scale political and social disasters (war, famine, social collapse). People who were born in the 1930s form a distinct cohort because their life experiences differ greatly from those of later generations who were born in times of peace and prosperity.

In this paper, we examine the results of a qualitative study of the life stories of eight elderly people born during the 1930s. The unprecedented historical events that occurred during their lifetime illuminate their means of survival and construction of a life course. Their lives were shaped by various political events, but they worked hard to “construct their life course through chances and actions they took within the constraints and opportunities of history and social circumstances” (Alwin, 2012: 214). Our study aims to challenge the dominant biomedical discourse on aging, which “reduces the human life course to mere change and deterioration of biological functions over time” (Baars, 2012: 144), and neglects the integrative and cultural perspectives that provide a meaningful understanding of human aging. As Baars (2012: 144) attests “living in time can be measured, but it should not be reduced to measurements: we need the perspective of persons who experience living in time.”

Adopting the perspective that aging is an accumulation of life experiences, we argue that it is mistaken to rely on an analysis of the biomedical and economic characteristics of the elderly to inform our views of an aging society. The differences in people's life experiences lead to diverse experiences of aging. If this diversity is ignored, then the contributions and needs of older generations will be misjudged.

Shifting the paradigm: The life-course perspective on aging and identity

We are committed to a concept of aging that is not limited to a biological and psychological understanding of the human condition. Our study adopts a life-course perspective, an approach that has gained attention over the last 50 years (Hutchison, 2011). A life-course perspective aims to understand the continuities, as well as the twists and turns, in the paths of individual lives. It also recognizes the influence of historical events and social interactions, especially those within families. Human agency is the focus: people are viewed as capable of making choices and constructing their own life journeys within systems of opportunities and constraints. For

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