Forging Care:
An Ethnography of China's Institutional Eldercare and its Uncertainties

Inaugural dissertation

to complete the doctorate from the Faculty of Arts and Humanities

of the University of Cologne

in the subject Social and Cultural Anthropology

presented by Ziyuan Shi

born on 16 January 1996

in the People's Republic of China

Note: This doctoral dissertation was accepted by the Faculty of Arts and Humanities of the University of Cologne as an inaugural dissertation for the award of a doctorate in the subject Cultural and Social Anthropology.

Examination Committee
Chairperson Prof. Dr. Ahl, Björn
1st Examiner Prof. Dr. Brandtstädter, Susanne Ellen
2nd Examiner Prof. Dr. Thelen, Tatjana
3rd Examiner Prof. Dr. Hinsch, Wilfried
Date of Oral Examination 13 July 2026

Abstract

Over the past three decades, rapid population aging in China has been met with an equally rapid institutionalization of eldercare. I diagnose the political configuration driving this expansion as welfare paternalism: a mode of rule through which the party-state claims to act in its subjects' best interests, mobilizing expertise, policy, and public funding to professionalize and standardize nursing homes in the name of "people's well-being," and staging seniors as emblematic recipients of its benevolence. Yet for many elders, these changes are experienced not as care but as a pervasive uncertainty. Based on fourteen months of fieldwork at Sunset, a flagship commercial nursing home of roughly 400 residents in eastern Zhejiang, and at an affiliated sub-district civil affairs office, this ethnography asks how people forge meaningful relations of giving and receiving care amid the tension between institutionalization and the contingencies of living with, and as, elders. I argue that welfare paternalism, colliding with state-capitalist privatization and post-reform moral transformation, generates a moral-welfare upheaval in which the value of late-life dependency, the boundaries of responsibility, and the meaning of provision are all contested—above all between elders and their significant others. To cope with such uncertainties, actors engage in what I call ethical labour: the communicative and interpretive work of speculating others' intentions and mobilizing polysemic values such as thrift, *guan* (care/control), and *zhaogu* (accommodation) to render ambiguous arrangements intersubjectively recognizable as care, however provisionally. This labour is rarely egalitarian, often relying on coaxing, control, and deception, yet it reveals the depth of moral investment rather than individual failing. Building on these findings, I propose that care is most productively understood as a fragile social realization. By decentering filial piety and recentering elders' own moral agency, the thesis contributes to the anthropology of China and to a broader anthropology of care, foregrounding ethical labour as an underrecognized form of labour in human interdependence.

Contents

Acknowledgements

My greatest debt is to the people of New Fountain. They welcomed me with generosity and allowed me to enter not only the institutional routines of Sunset Nursing Home but also their family lives. I sincerely hope that if any of them should one day read this dissertation, they will recognize in it a fair attempt to capture their uncertainties and the ethical labour through which they navigated their complex lives as elders and with elders. I also thank the bureaucrats from (quasi-)government institutions who hosted me during my fieldwork. They generously shared archival materials and allowed me access to their everyday bureaucratic work of improving the quality of institutional eldercare. To protect everyone's privacy, I use pseudonyms for all personal names, place names, and institutional names below the prefectural level.

This doctoral research and the writing of this dissertation were supported by a Doctoral Scholarship from the China Scholarship Council, the 10th Anthropological Fieldwork Grant for Dissertation Research, and a Fellowship from the Southern University of Science and Technology, Shenzhen, China. I am deeply grateful for all these funds.

This dissertation would not have been possible without the sustained guidance and encouragement of my supervisors, Susanne Brandtstädter and Tatjana Thelen. They guided my ethnographic approach, read my most preliminary drafts with patience, and consistently offered generous and insightful comments. I also owe my sincere thanks to Gil Hizi, who carefully read the entire manuscript and provided constructive suggestions that helped this dissertation realize its potential. All three have been important intellectual guides and role models.

Additionally, I wish to express my thanks to several academic communities, from which I received support in different ways. At the Department of Social and Cultural Anthropology at the University of Cologne, Fengsong Hu, Charlotte Bruckermann, and Amtul Shaheen, among others, read my research proposal or some chapter drafts of this project and offered valuable comments and suggestions. I also benefited greatly from the Deutsche Forschungsgemeinschaft (DFG) Network "Anthropology and China(s)." I am grateful to the colleagues who shared their scholarship, fieldwork experiences, and writings on the anthropology of China with me at its annual conferences, especially Christof Lammer, Jean-Baptiste Pettier, Robert LaFleur, Lena Kaufmann, and others. Through these exchanges, I came to value a deeply rewarding sense of intellectual camaraderie. During my stay in China, I spent a year as a fellow at the Social Science Center, Southern University of Science and Technology, where I greatly benefited from interdisciplinary conversations with Jinghong Zhang, Zhao Zhang, Ailin Xu, and Xiaoxu Chen. And I presented a draft chapter of this dissertation at the Institute of Sociology and Anthropology at Xiamen University, where I benefited from discussions with Zixi Liu, Bingzhao Chang, and other colleagues and friends.

Since the beginning of my doctoral journey, my family has been my greatest source of support. My wife, Lu Cai, has accompanied me throughout these years with patience and understanding. My parents, Yongming Shi and Lianlian Hu, have sustained me with their encouragement and trust. To them, I owe my deepest gratitude for their care.

List of Figures

Introduction

Institutional eldercare has risen sharply in aging China since the turn of the millennium. Support beyond the family has expanded in both scale and variety. Nationwide, nursing home residents now number about 2.3 million.[1] In my field site, New Fountain, a small county in southeastern China, the number has reached roughly 1,500, with commercial facilities growing from scratch to more than fifteen. This numerical growth has gone hand in hand with a holistic reconfiguration of such facilities. Like elsewhere in China, local facilities have shifted from state-run relief organizations into commodified living arrangements for later life. Accordingly, their provisions now extend beyond basic subsistence to include daily assistance, biomedical healthcare, and leisure activities, all aimed at bringing about a high-quality old age. At the same time, the local government is establishing public service infrastructures and piloting new universal benefits, offering free or subsidized services to residents over sixty.

This expansion is not simply market-driven. It unfolds within a longer political and historical trajectory. Decades of age-structure distortion under the one-child policy, together with low birth rates amid economic slowdown, have pushed population aging into a phase of rapid acceleration that is now widely seen as irreversible. Yet the other side of the picture is a longstanding pattern of limited official investment in elder welfare. Since the founding of the People's Republic of China (PRC), the party-state has largely delegated old-age support to families. Under this tension, the Chinese Communist Party (CCP) casts aging as both a demographic and economic crisis, and by extension as a threat to political legitimacy. Eldercare has therefore turned into an urgent political priority. Since the leadership of Hu Jintao and Wen Jiabao, it rose as a key component of "the people's well-being" (*minsheng*, 民生), the pillar of a Party that holds "Serve the People" (*fuwu renmin*, 服务人民) as its paramount doctrine (Cho 2013). Under Xi Jinping's rulership, this elevated status has only intensified, as his oft-cited slogan puts it: "people's well-being is the greatest politics."[2]

This political turn has given rise to a paternalistic welfare apparatus that mobilizes expertise, policy tools, and public funding to commensurably expand and improve institutional eldercare. One key marker is a top-level blueprint issued in 2011 under the Twelfth Five-Year Plan.[3] It promotes an "eldercare service system" (*yanglao fuwu tixi*, 养老服务体系) "based on families, supported by communities, and backed by nursing homes." My use of "institutional eldercare" aligns most closely with the latter two categories, while also reaching into people in the first. This top-down design has not only generated a cascade of national policies but also spurred local governments to launch new welfare projects and increasingly ambitious programs targeted at nursing homes.

In New Fountain and across Zhejiang Province, these initiatives are organized around two closely linked goals: professionalization and standardization. Officials promote occupational ethics and technical competence by aligning healthcare practices with biomedical routines and formalizing the workforce through tiered training, skills tests, and certification. They also foreground technocratic values of transparency and accountability by standardizing rules on safety, service routines, and documentation, and by incorporating most nursing homes into comprehensive audit systems that rank performance. All these efforts do not stay within the state sector alone but draw in a wider mix of state, quasi-state, and private actors and material

factors. Nowhere is this hybrid drive more concentrated than in nursing homes, particularly flagship facilities such as Sunset. They strive to meet baseline requirements while competing for benchmark rankings in the pursuit of official recognition and political capital.

However, for many elders, these changes are not experienced as care in any straightforwardly positive sense but more often causes uncertainties and confusions. This occurs first at the cognitive level. Most individuals in this cohort, having spent much of their adult lives during the Maoist era, internalized a clear demarcation between welfare and old-age support: the former was provided by collectives and the state, whereas the latter remained a family responsibility (Davis-Friedman 1983). The recent shift toward hybrid provision then marks a turn that is difficult to grasp. Elders frequently struggle to discern the origins and purposes of institutional eldercare—a difficulty exacerbated for those who are illiterate or cognitively impaired.

Such difficult becomes particularly visible in intersubjective frictions. Older generations' understandings of elderhood and expectations for later life remain shaped by embodied moral and political legacies such as frugality, endurance, and self-reliance. Yet younger generations, driven by concerns with health and professionalism, increasingly dismiss these values as outdated or irrational. This mismatch easily triggers disputes or even confrontations, as elders contest the worth of institutional arrangements with family members and other close actors regarding matters such as residency, service packages, and new universal benefits. Inside nursing homes, tensions likewise arise between residents and attendants, whose daily routines are structured by protocols and audit requirements. But residents' personal habits, life histories, and bodily conditions resist full standardization.

Briefly put, institutional eldercare now carries ambiguous and contested meanings, compelling elders and their significant others to rework what counts as care amid layered histories and subjectivities. This ethnography focuses on this multi-layered uncertainty. How do different actors experience and navigate officially driven modes for quality improvement? Under what conditions are those measures understood as welfare and support, as control and coercion, or their mixture—and in whose name? How do generational divergences complicate the dynamics of meaning-making? These questions condense into a core inquiry: how do people forge meaningful relations of caregiving and receiving amid the tension between institutionalization and the everyday contingencies of living with, and as, elders?

To pursue these questions, I do not treat care as inherently reparative, nor do I assume that provision counts as care by default. I approach care as practices that create, maintain, and dissolve social relations—an a posteriori phenomenon that requires ethnographic scrutiny (Thelen 2015).[4] In the same spirit, I treat "aging," "late life," and "the elderly" as morally charged categories, asking how people define and contest them in practice. When used physiologically to denote those over sixty, these terms refer to a population group administratively regulated. By contrast, I use "institutional eldercare" in a strictly empirical sense: the provision of services and benefits to older people, mediated by market-based providers and state-linked actors, with kin only partly involved. Based on 14 months of fieldwork within and beyond Sunset Nursing Home, I trace interactions among elders, family members, practitioners, and street-level bureaucrats across domains ranging from daily living and clinical nursing to paperwork, audits, and benefit distribution.

I contend that institutional eldercare, while promoted by the party-state to address population aging and concerns over political legitimacy, ironically generates a variegated sense of uncertainty among ordinary elders. The meanings of its provisions remain ambiguous and contested, especially in interactions between elders and their significant others. This uncertainty stems from a moral-welfare upheaval, in which both the ideals of old-age support and the boundaries of responsibility are in constant flux. Biomedicalization, commodification, and technocratic auditing of provisions sit uneasily with the embodied moral traditions of the older generation and the contingencies of everyday life. Meanwhile, a paternalistic welfare agenda that claims greater state responsibility for late-life well-being coexists in tension with ongoing outsourcing and privatization under state capitalism, as well as with socialist legacies that long naturalized elder support within families. As a result, these tensions turn institutional eldercare into a problem of meaning as much as of an object of governance.

To cope with uncertainties, people engage in what I call "ethical labour": the communicative and interpretive efforts to rework and align meanings. They actively speculate others' perspectives and mobilize polysemic local values such as thrift, *guan* (look after/control, 管), and *zhaogu* (accommodation, 照顾) to enact otherwise ambiguous provisions as intersubjectively meaningful eldercare, even if only provisionally. This enactment is far from egalitarian. It involves, and at times relies upon, asymmetries of power, including acts of coaxing, control, and deception, which are often directed toward elders but may also target higher-level bureaucratic actors. Yet these asymmetries reveal not so much individual moral failings as the depth of moral investments in handling the uncertainties.

Building on these findings, I further propose that care is most productively understood as a social realization—a fragile outcome forged through efforts to reconcile competing values and subjectivities. Beyond China, this perspective helps enrich our understanding of the complex lived experiences of giving and receiving support in contexts of social change. It recognizes the paramount significance of care without taking it for granted as a self-evident practice. This entails taking seriously the underestimated ethical efforts as a crucial form of labour in human reproduction, complementing existing scholarship in this domain that has focused primarily on practical and emotional labor. In sum, it helps counter two analytic temptations: overdetermining care through structural constraints and transnational forces such as neoliberal biopolitics, or, conversely, romanticizing care as a humanitarian refuge or resistance against a world flattened into cold indifference.

In what follows, I first contextualize institutional eldercare and recent welfare paternalism within the PRC's history. I then clarify my analytical approach and key concepts. Specifically, I reflect on the overreliance on filial piety in China-focused anthropology and on a vitalist paradigm in the anthropology of care, and I outline how I draw on recent work in care scholarship to develop a relational approach for tracing the uncertainties of institutional eldercare. After elaborating the concept of "ethical labour," I introduce my fieldwork and conclude with a chapter overview.

Historizing Institutional Eldercare and Welfare Paternalism

In this ethnography, institutional eldercare refers to formalized support, assistance, and management delivered through extra-familial channels for older adults. Nursing homes and (semi-)governmental service organizations are its most tangible manifestations. They appear to

have earlier counterparts. In the late Qing and Republican China eras, small-scale institutions for destitute elders were established by local religious charities and missionary groups. After the establishment of the PRC, most were replaced by state-run camps. Healthcare-oriented homes did not begin to appear sporadically in urban areas until the 1970s.

The institutional eldercare examined here, however, bears only a faint resemblance to these predecessors. It crystallizes from the frictions between welfare paternalism and state capitalism. Organizationally, today's facilities, whether state-owned or not, are staffed predominantly by non-official actors; they nonetheless have close ties with party cadres. Discursively, most of these facilities' achievements are readily woven into the official narratives that trumpet the expansion of elder welfare. Operationally, they remain subject to official initiatives and campaigns. Economically, they function as self-financed (quasi-)enterprises while relying heavily on public revenues. Taken together, institutional eldercare marks a hybrid formation that moves across, and is continually reshaped by, the domains of state, market, and kinship. This hybridity distinguishes it from many settings in the Global North and South, including some other post-socialist contexts, where boundaries between public welfare and private provision tend to be more clearly delineated, at least in an ideational sense (e.g., Coe 2021; Danely 2014; Robbins, J. C. 2020). In what follows, my historical sketch traces the rise of this formation through two intertwined trajectories: the commercialization and re-politicization of eldercare, and the features of welfare paternalism.

Throughout the Maoist period until the late 1970s, eldercare remained unequivocally a family responsibility. It was codified in the 1954 Constitution and framed as a socialist virtue. The party-state and collective entities assumed only a minimal safety-net role, offering exceptional assistance to those classified as "non-laborers," such as the disabled, orphans, and the destitute. Facilities that housed elderly people were, in effect, labour-cum-disciplinary facilities rather than nursing homes in any modern sense. Officially termed "reformatory houses" (*jiaoyang yuan*, 教养院), they housed homeless elders alongside other "reactionaries" (*fandong fenzi*, 反动分子), including beggars, addicts, and petty criminals. All the able-bodied residents, regardless of age, were obligated to compulsory labour and ideological re-education (Meng and Wang 2006; Ruan 2009).

This configuration derived directly from the ideal socialist subjecthood. Individuals were first and foremost undifferentiated subjects. Elderhood was refracted, and often subsumed, within the hegemonic ideal of the "socialist new man" (*shehui zhuyi xinren*, 社会主义新人), a figure defined by selfless service, moral remolding, and commitment to class struggle. Former premier Zhou Enlai's widely circulated dictum encapsulates this ethos succinctly: "Live into old age, learn into old age, and transform (the self) in old age" (*huo dao lao, xue dao lao, gai zao dao lao*, 学到老, 活到老, 改造到老).[5] Even in physical decline, elders were still expected to contribute to production and participate in political rituals. In rural brigades, most moved from collective agricultural work to household reproductive labour, while the able-bodied among them carried out tasks such as textile work, livestock tending, or participation in elderly mutual aid groups in exchange for food rations (Hershatter 2011; Zhang, L. 1998). In urban work units, retirees commonly continued to teach younger workers and engage in the party activities and political rituals (Walder 1986; Lv and Perry 1997).[6]

In this ideology, caring for the party-state was the highest expression of subjectivity. Devotion that had once centered on families and lineages was redirected toward the socialist

state, and elder support became less a moral end in itself than an instrument of political subjection. Meanwhile, elderhood also held a paradoxical position in the role model politics. Venerable seniors like "old poor peasants" and "revolutionary workers" were canonized as socialist paragons, imbued with potent symbolism in state propaganda. They featured centrally in political campaigns, most notably "speaking bitterness" (*suku*, 诉苦) sessions, where they often were encouraged to recollect pre-revolution suffering and re-affirm the CCP's liberation narrative. Nonetheless, seniority itself could be refigured as a remnant of feudal patriarchy. This logic at times justified denunciation and violence against older intellectuals, teachers, and retired cadres during mass political movements, most brutally during the Cultural Revolution.

A major shift began in the late 1970s when the market-oriented reform took place and deeply reshaped the welfare landscape. The transition was not straightforward privatization. Rather, it combined commercialization with depoliticization under the conditions of nascent state capitalism. The collapse of the work-unit and collective entities entrenched the family as the primary locus of eldercare. At the same time, even as the state retained its minimal safety-net role, it began to stimulate and steer the development of a professional eldercare market. Policy scholars have described this shift as "welfare pluralism," which promotes cooperation between the state and different sectors (Carrillo and Duckett 2011; Gu 2001). Yet the influence of the party-state remained dominant, not through the volume of benefits it provided but through its decisive role in shaping how eldercare was organized, allocated, oriented, and politically credited (Leung and Xu 2015).

One outcome of this shift was the emergence of healthcare-oriented nursing homes dedicated exclusively to older adults. These homes were stripped of earlier labour and re-education functions. Some were converted from former reformatory houses, while others were newly established to serve seniors classified administratively as "three-no's" (*sanwu*, 三无), meaning childless, work-incapacitated, and livelihood-deprived. These facilities remained state-run through the late 1980s. Only thereafter did some regions begin experimenting with hybrid ownership and management models, outsourcing services to third-sector operators and admitting self-paying residents. Despite these developments, institutionalization was primarily stigmatized among ordinary people, due to its long association with childlessness. After 2000, commercial homes proliferated rapidly, particularly in megacities (Zhan et al. 2006).

With the renewed prioritization of "people's well-being," the past two decades have seen unprecedented state investments in the domain of eldercare. We can conceive such rise as responses to economic slowdown and the disillusionment and pessimism that accompanied it (see Hizi 2025; Zhang, D. 2025). In this sense, the recent surge of eldercare is not simply a belated fulfillment of long-delayed commitments, nor can it be measured solely in terms of whether those commitments are substantively fulfilled. It also represents a strategic move to regenerate political legitimacy amid mounting socioeconomic anxieties, paralleling the monumental poverty alleviation campaigns of the same period.

Political rhetoric and national programs reflect this shift. In October 2021, around the Double Ninth Festival (*chongyang jie*, 重阳节), Xi Jinping called on governments to ensure that seniors "share the fruits of reform and opening up and enjoy a happy later life."[7] Against this backdrop, the period after 2010 marks a decisive re-politicization of eldercare. In 2011, the *Twelfth Five-Year Plan*, a recurring blueprint for national economic and social development, articulated the "90/7/3" model for the eldercare system for the first time. This model aims at

ensuring that 90 percent of older adults remain at home, 7 percent use community services, and 3 percent reside in facilities. By 2019, "Actively Coping with Population Ageing" (*jiji yingdui renkou laolinghua*, 积极应对人口老龄化) had been elevated to the level of a national strategy that required not only improving the quantity and quality of eldercare provision but also addressing demographic change and its collateral problems.

Within this top-down framework, the party-state intervened with greater intensity and mobilized local governments and third-sector actors to standardize, professionalize, and expand institutional eldercare. Although these initiatives targeted home-, community-, and facility-based provision, their most visible effects were concentrated in the latter two domains. As central policies filtered down through the bureaucracy, they became progressively elaborated and translated to quantifiable tasks. The very category of "the elderly" has become the principal rationale for programs and policy innovation. Their implementation has produced tangible outcomes in economically developed areas, including smaller regions like New Fountain County.

First, public service infrastructure has expanded rapidly. "Elderly Centers/Palaces" gradually permeate every administrative tier: from urban streets (*jiedao*, 街道), communities (*shequ*, 社区) to rural townships (*xiang/zheng*, 乡/镇), offering senior citizens over sixty free access to amenities spanning canteens, rehabilitation clinics, and leisure spaces.[8] Concurrently, preliminary forms of universal benefits have also emerged. Some individuals over sixty, irrespective of their household registration (*hukou*, 户口), receive monthly vouchers for home services and meals. Finally, the most significant development has been the quality improvement initiatives targeted at nursing homes. Regional assessment and ranking systems, usually organized at the provincial or municipal level, integrate nursing homes into standardized audit regimes that evaluate management practices, infrastructure, staffing, and levels of professionalization (detailed in Chapter 1).[9] These different projects expect elder residents to embody a hybrid "passive elderhood," which displays dispositions of tranquility and submissiveness, and display gratitude to official benefits (see Chapters 1 and 2).

Across these historical changes, welfare paternalism persists as an evolving thread. In its broadest sense, it names a configuration of rule in which the party-state claims to act in its subjects' best interests and safeguard their well-being. As in other socialist regimes, it serves as a pillar of legitimacy by making the enhancement of well-being and even its dysfunctions publicly attributable to state accomplishment (see also Holbraad 2021; Verdery 1996).[10] In specific conjunctures, however, it is enacted through different moral-political idioms. Maoist paternalism relied on a sovereign-subject intimacy, in which welfare was framed as the state's solicitude for, and repayment to, the class-coded political members who counted as "the people" (*renmin*, 人民) or the "revolutionary masses" (*geming qunzhong*, 革命群众) (Cho 2013: 4ff; see also Steinmüller 2015; Yang, J. 2015). Entering the reform era, this intimate grammar does not totally disappear. It gets partially braided into with state-capitalist modes of provision that break welfare responsibilities into hybrid channels. In this process, paternalism gradually takes a biopolitical form. Its object shifts towards biomedically legible population categories, governed through technocratic management and intervention, even as the state keeps displacing much of the practical burdens onto individuals and families (Ma 2025: 6ff).

Contemporary elder-focused welfare paternalism is distinctive in both its form and its moral-political grammar: it turns seniors into a vehicle for the party-state to stage a rearticulated

claim to unconditional benevolence. Unlike biopolitical paternalism directed at patients or people with addictions, it rarely justifies intervention in the name of correction or social risk management (e.g., Hyde 2017; Ma 2025; Ma, Bi and Jiang 2025). Nor does it resemble developmentalist paternalism, which often frames certain populations as targets of educational discipline and modernization (e.g., Liu, S. 2011; Zhang, Q. and Zhan 2021). Instead, it deploys biopolitical instruments without a risk-governing telos and, more crucially, stitches them with a Maoist moral language of political intimacy. In this fusion, quasi-universal benefits and quality improvement projects emerge as demonstrable signs of benevolence. Despite their work of demographic objectification, these direct and indirect measures are folded, within this intimacy-inflected grammar, into an undifferentiated idiom of state solicitude for seniors and for the social whole, thus neither reducible to loyalty-based repayment nor fully recast as rights-based entitlement. This paternalism is of course not thoroughly ideological but depends on material resources and administrative capacity. This also why it is especially pronounced in fiscally capable regions, where local governments most actively convert "people's well-being" into branded programs and auditable packages, and where seniors become emblematic recipients through whom the party-state narrates itself as caring and present.

Even so, welfare paternalism does not determine the lived experiences. Its promises collide with state-capitalist realities and with the long privatization of eldercare, while post-reform socio-moral transformation further complicates the evaluations about ideal kinship and later life. Together, these misalignments amplify the uncertainties of institutional eldercare among actors across positions and generations, especially elders. They struggle to locate this emergent arrangement neatly within private family care or public state welfare, and they often disagree over what institutional eldercare is supposed to be good for, or whether it counts as care at all. Relatedly, nursing home scarcely constitute Goffmanesque "total institutions" governed by any singular ideology (Goffman 1961; see also Foucault 1994).[11] As key local agents of diffuse paternalism, they must implement officially driven protocols and programs that are themselves frequent sources of residents' anxieties and uncertainties, and they must handle the fallout in everyday practice. Sunset, the largest private flagship facility in New Fountain County and my primary field site, exemplifies this role as well as the disorder that accompanies it.

In sum, I locate the uncertainties of institutional eldercare in the synergy and disjuncture of historical, socio-moral factors, both as socio-political configuration and as lived experiences. To analyze such uncertainties, we must first address filial piety, a persistent point of reference in discussions of elder support and intergenerational relations in China, and clarify how to situate it within the contemporary institutional landscape.

Not Just Filial Piety

Filial piety (*xiao*, 孝) is a key Confucian concept that prescribes respect and support for one's parents and ancestors and, by extension, for older adults. In classical literati Confucianism, it establishes the parent-child relationship as the foundation of cosmological order. In modern times, although its meanings and practices have changed significantly, it continues to have social efficacy in China and elsewhere in East Asia. This thesis adopts an ethnographic approach to the concept, treating it as one situated moral resource among others rather than as a singular causal driver. Two interrelated issues motivate this choice. First, filial piety presents interpretive ambiguity as both a historical ideal and a contemporary discourse. Second,

understanding elder support only through intergenerational reciprocity results in analytical narrowness. Together, these limitations render filial piety inadequate as a totalizing analytical framework for capturing the full relational and institutional complexity of contemporary eldercare.

Given its prominence, filial piety has long occupied a central position in scholarship on elder support and kinship in China. Ethnographies of post-reform China documents shifting intergenerational reciprocity, mapping how demographic mobility, services commodification, and new residential arrangements have reshaped the patrilineal modality of filial piety once taken for granted, that is home-based elder support provided by male heirs' households (e.g., Brandtstädter 2003; Brandtstädter and Santos 2009; Shi, L. 2009; Shea, Moore and Zhang, H. 2020; Yan 2003, 2023; Zhang, H. 2009, 2016). In his ethnography of a Northeastern village in the late 1990s, Yan Yunxiang is among the first anthropologists to explicitly spells out the "collapse" of filial piety (2003: 162ff). Younger generations were no longer bound by ancestor cult and the sacralized hierarchy of seniority; some began treating the provision for parents as strategic investments, something to be negotiated rather than unconditionally obliged (ibid.: 178-182; see also Yan 2011, 2016; cf. Ikels 2004).[12] Even as Yan later refined his arguments and terminology to avoid strong terms like "disintegration" or "crisis," he keeps exploring filial piety's decline. He introduces a new concept "caring and supportive but not obedient" (*xiao er bushun*, 孝而不顺) to highlight that, filial piety no longer demands unconditional obedience but refocuses instead on intergenerational mutual support and solidarity oriented towards the third generation (2016: 245; see also Yan 2018). More recently, Yan (2023) goes even further, arguing that filial piety should be abandoned as an analytic altogether because it functions as a conceptual "gatekeeper" that filters out emergent moralities, especially the growing importance of emotional attachment, or what he calls *qinqing* (亲情, lit. familiar affections) ethics.

In contrast, a later-coming body of scholarship argues that filial piety has not declined but adapted. This work emphasizes its expanded moral register: no longer confined to patrilineal provision by sons and can encompass daughters(-in-law)' contributions, emotional companionship, and the purchase of services (Evans 2007; Sun 2017; Shea et al. 2020; Wu 2020, 2023). Rose Keimig's ethnography conducted in nursing homes shows elders' voluntary institutionalization as an expression of *ren* (benevolence, 仁), a way to minimize burdens on their children. Drawing on Confucian classics, she contends contemporary filial piety derives from and complements *ren*, a more fundamental virtue, with both eventually aiming for intergenerational harmony (2021: 43). Wu Xinyue (2023) extends this by linking filial piety's transformation to eldercare commodification. She identifies an emergent division between "labour" and "love" in nursing facilities, in which family companionship becomes the new and ultimate marker of "authentic care and emotional intimacy," constituting "the core values of filial piety [that] could never be subcontracted" (ibid.: 14).

Although appearing to be opposing positions, these two strands do not directly engage each other because they rest on different notions of filial piety. Much of the "decline" argument invokes a rather orthodox, scholar-literati conception of filial piety as cosmological duty, under which children are perpetually indebted, both morally and spiritually, to their parents and ancestors, bound to unconditionally provide, respect, and obey.[13] This view, which emphasizes norms of conduct so overwhelmingly that it leaves scant room for intentions or agency, has a long root in earlier comparative works. For instance, Gary Hamilton (1990), in his analysis of

premodern China, argus that filial piety is distinct from European notions of (religious) love for being centered around respect/obedience. Similarly, Fei Xiaotong (1992: 85) describes the Republican era's rural family as prioritizing economic efficiency over affective bonds and spousal connections.[14] The "adaptation" literature stretches the term of filial piety as capacious enough to encompass service purchase, emotional presence, or autonomous decisions to institutionalize.

Juxtaposing both strands together exposes an epistemological conundrum: does the rise of intergenerational intimacy or other variables signal the decline of filial piety, or its adaptation? Or put it another way, what constitutes a qualitative transformation sufficient to declare filial piety has fundamentally changed? Given the vast corpus of Confucian texts, anthropologists can readily find divergent historical discourses to define an "original" filial piety, along with other virtues, against which to measure the present. This is precisely what underlies the contrasting interpretations advanced by Yan and by Keimig (see Shi, Z. and Brandtstädter 2026). This semantic elasticity of filial piety dilutes its analytical clarity. Ordinary people, policymakers and even anthropologists themselves alike can arrive at diametrically opposed readings of the same practices. As anthropologist Zhang Hong succinctly observes, the now-common parental aspiration "not to become a burden on their children" can equally be interpreted as evidence of filial decline or as a realistic recalibration under new demographic conditions (2017: 241).

The limits posed by this interpretive ambiguity becomes more evident when filial piety is used as a totalizing lens for institutional eldercare. For conceptual fuzziness compounds the analytic narrowness. However debated, filial piety invariably centers on intergenerational reciprocity, whether material, emotional, or symbolic. Such a narrow frame flattens the heterogeneity of institutional actors and moral logics into a familiar dyad of parents and children. In reality, institutional eldercare operates at the intersection of kinship norms, professional standards, biomedical rationalities, bureaucratic audits, market incentives, and the party-state's welfare paternalism. These regimes of value coexist unevenly, often colliding in ways that cannot be adequately described as extensions or deviations of filial obligation. Everyday interactions in which elders, adult children and practitioners puzzle over and negotiate meaningful caregiving and receiving relations are not peripheral noise; they are constitutive of what institutional eldercare is today. Anchoring analysis in a single filial frame risks rendering these complexities invisible.

For these reasons, my approach to filial piety ethnographically is not to reify it as a fixed cultural essence but attend closely to its social usages and effects: to treat filial piety as a situated moral resource whose implications and practical force depend on the specific relations, expectations, and institutional circumstances in which it is invoked. In my field, filial piety surfaced intermittently: at times invoked with pride, sometimes with irony or resignation, sometimes not mentioned at all. Its invocation could also serve strategic purposes. People do not rely on it uniformly or consistently; its relevance shifted across encounters and frequently intersected uneasily with other values such as thrift, gratitude, and *guan*. Approaching filial piety in this situated manner preserves its social meaningfulness without predetermining the analysis or subordinating other moral grammars to its orbit. This decentering stance thus enables me a clearer view of the uncertainties of institutional eldercare and of the ethical labour through which people navigate it.

To pursue this analysis, I turn to another concept: "care." In its ordinary English sense, it encompasses both intentional concern and protective action. This breadth makes it well suited for capturing the heterogeneous actors and practices featuring institutional eldercare without reducing or disqualifying some of them through any single lens like filial piety. Yet "care" also carries conceptual baggage and scholarly assumptions that require critical handling. In the next section, I review anthropological engagements with care, clarify my critical usage, and show how my ethnography of contemporary China contributes to current discussions.

Unsettling the Concept of Care

A Vitalist Specter

Although not yet a fully consolidated subfield, the anthropology of care is a growing body of scholarship that examines how people sustain one another across diverse temporal and spatial contexts.[15] It traces how practices of attending, assisting, and managing others are shaped by, and in turn reshape, sociocultural ideas and political-economic conditions (Buch 2015; Thelen 2015, 2021). Its ethnographic scope ranges from clinical labour and the commodification of assistance to welfare distribution, livelihood strategies, biopolitical governance, and humanitarian interventions. Across this literature, anthropology's enduring cognitive passion broadens what counts as care, where it happens, and how it is done. Yet this curiosity often travels alongside, and at times yields to, a moral passion to diagnose and denounce the structural forces that fray human interdependence.

China's eldercare sector similarly suffers from structural scarcity and injustice. This ethnography, however, takes a different analytical path. It does not assume care as a self-evident category. Rather, it examines how practices and relations come to be recognized as "care" in the broadly defined positive sense. This question is especially acute in institutional eldercare, a fractured moral terrain where plural values coexist and collide. To engage this complexity, I develop a perspective that foregrounds unsettledness rather than repair, and ethical labour rather than therapeutic success. Before outlining this perspective, it is necessary to unpack the vitalist specter that has long shaped anthropological thinking on care.

The growing prominence of care in anthropology is inseparable from wider intellectual and global shifts. As Joel Robbins (2013) observes in his review of anthropology since the 1990s, the discipline's primary focus has moved from the "primitive" as the West's imagined Other toward the "suffering subject," a figure of humanity united in its shared vulnerability to suffering (2013: 450). This intradisciplinary reorientation aligns with a broader cultural moment in which the Euro-American countries increasingly imagine themselves as implicated in global inequalities and failures of responsibility. In a parallel disciplinary review, Sherry Ortner (2016) identifies the rise of "dark anthropology," centered on structural suffering but inflected by a more activist stance that calls on anthropologists not only to critique but also to confront and resist the injustices of contemporary capitalism.

Within this trajectory, a vitalist specter has come to haunt much anthropological thinking on care. This specter confers on the concept a moralized and therapeutic aura that links care to the sustenance and the restoration of life. After all, in English, "care" and "suffering" form a relational pair: suffering summons care, and care is organized around suffering. Ethnographic attention to how people responds to individual or collective suffering has therefore become a

common route into an anthropology of care; conversely, foregrounding care often reinforces ethnographic attention to human affliction. Annemarie Mol's (2008) influential contrast between the "logic of care" and the "logic of choice" exemplifies this vitalist tendency. While the latter rests on an abstract notion of individuals as autonomous "citizens" or "consumers" exercising rational choices, the former suggests for a mode of practical adjustment and tinkering that mitigates vulnerability and holds life together in the face of decay. In defining such tinkering care as that which renders life "more bearable" amid chronic illness and mortality (ibid.: 46, 89; see also Mol, Moser and Pols 2010), Mol quietly installs a therapeutic horizon, one that orients care toward repair, compromise, or at best, a slower failure.[16]

Arthur Kleinman, a prominent medical anthropologist, emphasizes this vitalism more explicitly, elevating care as an indispensable component of being human. For him, care comprises "all the emotional and practical acts that enable life" (Kleinman and van der Geest 2009: 161) and serves as a moral education through which subjects cultivate empathy, solidarity, and responsibility, thereby completing their humanity (Kleinman 2010: 4ff, 293ff). He derives this universal claim from synthesizing his personal experiences of looking after his wife during her early-onset Alzheimer's, ethnographic findings, and insights from Confucian philosophy, once elaborating it elsewhere in a more comprehensive way: "in a threatening world where things often go terribly wrong and where what we are able to control is very limited……caregiving is one of [the] relationships and practices of self-cultivation that make us, even as we experience our limits and failures, more human" (2009: 293).[17] Although neither Mol nor Kleinman simply romanticizes "care," both purify it into a normative ideal oriented toward restoration or completion of the human condition, channeling social critique through a therapeutic register in which care serves as a counterforce to bureaucratic indifference or structural alienation.

A parallel line of ethnography has evaluated care by scrutinizing the effects of concrete caregiving practices. Some reveal how humanitarian or medical interventions undertaken in the name of compassion generate unintended suffering when absorbed into neoliberal or biopolitical agendas (e.g., Biehl 2005; Ma 2025; Ticktin 2011).[18] Another strand performs an ethnographic reversal, reinterpreting coercive or painful acts—familial discipline, control, or even violence—as forms of care that sustain relational continuity and mitigate structural violence (e.g., Garcia 2015; Livingston 2012; Zhang, Y. 2022).[19]

Despite their differences, many works in both strands often share an evaluative impulse: dismantle care's on-the-ground, often unintended, effects, sorting them into a series of binary moral categories, for instance, homogeneity versus heterogeneity, compassion versus entitlement, curing versus attending, exclusion versus inclusion, and so on. In each case, scholarly critique systematically discredits one pole whilst valorizing the other (see Brown 2010: 129; Stevenson 2014: 177ff, ft. 7). Such dichotomous framings still implicitly tether "care" to a moral telos of repair, a fixed ideal that, nonetheless, is neither always stable nor discernible in ethnographic reality. As Patrick McKearney contends in his reflection on Garcia's (2015) "violence as care" thesis, even the strand of ethnographic reversal also "fixes care's [moral essence] without reference to the vicissitudes and variability of social life," therefore risking reinforcing therapeutic ideologies (McKearney 2020: 228ff; see also Seaman, Robbins, and Buch 2019). In sum, the persistence of the vitalist specter does not stem from anthropologists' naïveté so much as from a moral passion to deliver social critiques. It is against this fixity that

my own analysis departs and takes the unsettledness as a productive entry point to examine the social realization of eldercare and its failures in institutional life.

Value Frictions and Moral Workshop

To move beyond moral certainty, it is necessary stop taking the notion of care for granted. This involves more than detaching care from its presumed goodness. It requires treating care as an ethnographic event: examining how people locally define, negotiate, and contest which acts and arrangements fulfil recognized needs, and how these ongoing processes configure their relations with others (Thelen 2015). This orientation draws especially on Joanna Cook's and Catherine Trundle's (2020) call for "unsettling anthropologies of care," which emphasizes that caregiving and receiving emerge within relational dynamics that shift over time, accumulating competing affects, expectations, and aspirations that defy neat classification. They and their collaborators thus propose approaching care as "an ethnographically grounded consideration of ongoing and morally ambiguous practices with which actors strive to grapple, achieve, or indeed curtail" (ibid.: 180; see also McKearney 2024; Hopkinson 2024).

Building on this "unsettling care" approach in its verbal sense, this thesis ethnographically seeks to approximate, as closely as possible, the first- and second-person perspectives through which actors understand the stakes of institutional eldercare. This entails reconstructing how they articulate its value, how divergent value commitments generate friction or misunderstanding in everyday encounters, and how they attempt to reach for provisional meanings of appropriate care. In short, I focus on the situated processes through which institutional eldercare becomes meaningful as care or fails to do so. In doing so, I attend both to negative or unintended outcomes and to the ordinary messiness and unpredictability that arise as actors navigate differing moral perspectives and positions (McKearney 2020; see also Brown 2010: 130; Steinmüller 2023; Thelen 2015).

Such an approach is especially suited to institutional eldercare. As discussed so far, it marks a hybrid formation neither wholly private nor fully public. It occupies a middle position across kinship obligations, state-subject relations, and market transactions. Conceptually, these spheres correspond to what Max Weber's conception of differentiated "value spheres" (*Wertsphären*), each bound to incommensurable values regarding aging and elder support. There spheres envision divergent ideal of support, which, as scholars postulate, may force actors into making "tragic choices" between incompatible goods (Weber 1946, cited in Robbins, J. 2023: 54).

On the ground, these frictions manifest in multiple ways. One salient example concerns the clash between familial virtues and institutional standards of autonomy and professional healthcare. Medical arrangements that appear unquestionably beneficial from an outsider's perspective—such as around-the-clock nursing—may be rejected by older adults, who instead invoke values of frugality and hardship-endurance (Chapter 3). Likewise, the official push for accountability and transparency generates a paperwork overload that burdens frontline nurses and paradoxically undermines the efficiency and responsiveness that commercial healthcare ideals celebrate (Chapter 5).[20] Meanwhile, these ideals do not always dominate practices: frontline practitioners frequently mediate between rules and residents' lived realities (Chapter 4). Historical legacies further compound such dynamic: elders socialized under a high-

collectivist regime that normalized family responsibility now find themselves disoriented by today's expanding welfare (Chapter 6).

As the chapters demonstrate, this complex value-scape renders institutional eldercare a moral workshop in which multiple, often incommensurable values coexist and sometimes collide. These collisions rarely take the form of classic moral dilemmas, as in the trolley-problem sense, that forces actors to make either-or choices. Rather, they unfold as interpretive frictions, for which the central issue is to situate and create the meaning of institutional eldercare, and which often entangles with various values as people act. The opening vignette of Mr. Li illustrates this. The dispute between him, his children, and the attendants resulted from their divergent understandings of whether institutional residency constituted a "good" arrangement. His children and the attendants linked the move to professional service and state benevolence; Mr. Li then mobilized values of autonomy and proper generational order to reject the same arrangement.

Similar interpretive frictions also recur throughout routines—from mealtime, mobility, hygiene, documentation, to visitation—and intensify under quality-improvement initiatives that embed singular values such as order, transparency, and standardization. Although the "state," in a political-scientific sense, enters this institutional domain in a technocratic and paternalistic mode, it never achieves total dominance. Nor does it stand in a simple binary relation with residents, practitioners, or even the very bureaucrats tasked with implementing its policies. Instead, the state acquires a contradictory everydayness. On one hand, different generations summon divergent images of the state, each shaped by distinct political pasts. On the other, people project ambivalent cognitive and affective orientations onto it: partially recognizing it as benevolent yet also fearing it as a source of control and harm (see Steinmüller 2015; Steinmüller and Brandtstädter 2015). This dual ambivalence motivates me to adopt the term "family-state," an affectively and morally charged vernacular notion, to analyze how people feel, accommodate, and instrumentalize the everyday state in various ways (Chapter 6).

The notion of moral workshop captures this interpretive messiness. It highlights how people draw on different values as moral resources to manufacture the situational meaning of care. This conceptualization departs from Cheryl Mattingly's (2015) "moral laboratory," which foregrounds imaginative experiments oriented toward personal transformation and future-oriented becoming. By contrast, the moral workshop I develop focuses on the improvised, relational work through which actors make concrete behaviors and arrangements intelligible and acceptable in the moment. It opens inquiries into how people stabilize, contest, or redefine what care should mean, and how far it should reach, in specific encounters, without presuming a fixed telos of moral improvement.

This capacity to mobilize moral resources points to another key concept in this ethnography: ethical labour. In the next section, I elaborate this conceptual tool and explain how I distinguish and employ morality and ethics to analyze the everyday making of institutional eldercare.

Ethical Labour and Social Realization of Care

Ethical labour names the ongoing efforts through which actors navigate surplus and scarcity of moral values to establish intersubjectively meaningful actions and social relations. It involves

conscious judgment, reflection, and communicative work grounded in moral repertoires and in speculation about others' perspectives. My formulation draws on two strands of scholarship.

First, it builds on anthropological discussions of ordinary ethics, which treat ethics as immanent to everyday life rather than confined to abstract principles or moments of crisis (see Das 2012; Lambek 2010; Stafford, C. 2013). While debates continue about whether, and how to distinguish "morality" from "ethics," I here adopt an analytic division: the former involves structural norms and conventions, whereas the latter denotes "the agentive side of moral life," encompassing reflection, judgment, and decision-making in praxis (Stafford, C. 2013: 3; cf. Laidlaw 2002, 2014; Zigon 2007).[21] Ethical labour, in this sense, highlights how actors in concrete circumstances actively judge and persuade each other to accept what counts as "good" or "bad" eldercare.

Second, this concept draws inspiration from Arlie Hochschild's (1983) discussions of "emotional labor" and "emotional work," while departing from them in significant ways. Both concepts concern the management of human feeling, guided by socially structured feeling rules and enacted through surface or deep acting. Their difference lies in whether such feeling management is incorporated into market exchange: emotional labor is commodified and performed for a wage under organizational control, whereas emotion work unfolds in private settings, especially within families. Ethical labour, as I conceptualize it, fundamentally concerns the management of moral value and meaning. Yet it does not follow a pre-given divide between public and private, paid and unpaid. Rather than presupposing these fault lines, ethical labour situationally defines, negotiates, and at times redraws their boundaries. In so doing, it imbues social action with moral force and sustains meaningful social ties. Admittedly, frontline attendants are prominent practitioners of such labour. But elder residents, adult children, and bureaucrats also engage in it in equally consequential ways. I use "labour" here in the broadest sense, as "energy expenditures" (Firth 1979: 179).

Ethical labour is therefore relational and intersubjective. It must land, meaning it must be recognized by others to generate a shared sense of what is intelligible and acceptable. This agentive dimension foregrounds communicative labour. Although everyday life often unfolds through small, embodied gestures, their ethical ordinariness it is not unproblematically given. As Michael Lempert (2013: 371) cautions, the immanence of ethics is precarious: "ethical events require [interactants'] communicative labor to happen and are hence precarious achievements." For Lempert, such labour resides in micro-level speech acts such as rhetoric, hesitation, and tone. My formulation extends his insight to include the selective mobilization of moral discourses and value hierarchies—resources actors use to make their judgments legible and defensible. In institutional eldercare, where moral plurality is acute, people regularly invoke one moral language over competing others, to negotiate a common ground. Ethical labour thus becomes the connective tissue that enables other works, from the physical, the emotional, and bureaucratic tasks.

An illustrative example is the polysemic notion of *guan* (管), which my ethnography traces across contexts. Unlike English "care," which fuses affective concern and practical action (see Aulino 2020; Strathern 2024), Chinese features a constellation of differentiated terms: *yang* (养, lit. to nurture, see Stafford, C. 2000), *zhaogu* (照顾, to attend), *zaiyi* (在意, to mind), *cihou* (伺候, to steward), among others. *Guan* stands out for its semantic openness. It can denote concern, responsibility, and guardianship, yet it equally names management, discipline, and hierarchical

control, all of which are not always justified. The term is not morally positive or negative in itself. Its valence depends on how actors foreground certain implications while downplaying others (see Ma 2025; Pettier 2023; Shi, Z. 2023; cf. Zhu et al. 2017). This ambiguous duality spans scales: parents *guan* children, administrators *guan* workers, frontline staff *guan* older residents, and the state *guan* its population. Precisely because it straddles care and control, it invites contestation.

Ethical labour comes into play within this semantic openness. Actors ask what kind of *guan* is at stake. Does an intervention express care or coercion. Along which relational axis, kinship, responsibility, professionalism, citizenship, should *guan* be read. How much *guan* counts as appropriate. These questions surface in routine encounters and lead to divergent interpretations. Workers may frame hygiene protocols as protective and professional, whereas residents may denounce them as intrusive. Families may justify increased supervision as fulfilling filial responsibility, while staff interpret the same demand as unreasonable interference. Bureaucrats may diminish top-down protocols as *guan* to achieve complicity with administrators, another strategic deployment of the term.

Not limited to *guan*, these efforts of communication and negotiation also unfold around other values like thrift, political loyalty, and *zhaogu* (照顾, lit. to accommodate), which have their own polysemy due to contextual and historical shifts. These efforts are rarely driven by pure altruism but remain integral to how people cope with the uncertainties of institutional eldercare. By assembling dispersed forms of ethical labour, this ethnography demonstrates that such uncertainties are not a symptom of systemic failure or filial decline, or adaption, but constitute a moral workshop, where the continuous ethical efforts of reasoning and communications situationally define what make up proper eldercare.

On this basis, I advance a more general argument about the social realization of eldercare. This realization depends on the ethical labor of relation-making and, by extension, world-making. Ethnographies across different regions show that providing for seniors rarely conforms to a single principle but repeatedly confront tensions among values and intergenerational expectations (e.g., Buch 2018; Coe 2021; Lamb 2009; Thelen, Thiemann and Roth 2014). Treating eldercare as a socially realized outcome therefore requires attention to how concrete acts of offering and receiving become, or fail to become, intersubjectively recognizable, and to how recognition shifts and fluctuates amid global knowledge flows, local political-moral transformations, and the rhythms of everyday life. This perspective also makes room for analyzing practical wisdom (phronesis) and moral luck that are as much vulnerable to failure, as other social actions (see Williams 1985; Kuan 2015). By seriously considering contingency and personal strivings, it avoids overdetermining failure of provision through structural explanations alone and symmetrically treats success and failure as ordinary components of how eldercare is made in practice.

This attention to striving and misalignment has broader significance, even though my Chinese case features an unusually intense degree of institutionalization. It is apt for unraveling older people's own accounts of aging and care. As the global paradigm of "successful aging," grounded in the ideals of permanent personhood and autonomy, continues to circulate, "old age" increasingly becomes governed by institutional and abstract regimes. This domination loosens elderhood's former moral moorings in religious, kinship, and moral-economic worlds, often marginalizing alternative goods once associated with late life (Lamb 2014, 2017; Whyte 2017).

Yet, as ethnographic sensitivities persistently remind us, no one's lived experience is ever fully determined. The misalignment between dominant ideals and everyday realities is not confined to rapidly changing contexts such as contemporary China (see also Coe 2021; Lynch and Danely 2013; Robbins, J. C. 2020). It reflects a broader existential condition. The temporal and affective textures of old age are themselves plural, when contrasted with the physically abled adult subject that underwrites much social theory (Grøn and Mattingly 2018; Grøn and Meinert 2025; Mattingly and Grøn 2022). This gap invites anthropologists to see the world from the standpoint of the socially defined old.

To conclude, my aim here is not to produce yet another critique in the name of care. It is to examine the moral texture of eldercare as it is socially realized, and as this fails. To this end, ethical labour offers a tool for tracing how people in today's China engage the uncertainties of institutional eldercare. It also travels. It illuminates how, in other contexts as well, meaningful connections are forged not merely through provision but through the ongoing work of making, contesting, and revising what counts as care, even if only momentarily.

Fieldwork

I entered China in early October 2022 to begin fieldwork. At that time, the zero-COVID regime still imposed stringent controls on international arrivals and inter-jurisdictional domestic travel, effectively fragmenting the country into sealed units of epidemiological governance. Upon landing at Shanghai Pudong International Airport, ground staff in hazmat suits confiscated all passengers' passports and national IDs before transporting us to government-designated quarantine hotels. After seven days in confinement and repeated negative PCR tests, I was conditionally released, only after authorities recorded my detailed travel plans, registered my phone number, and updated the digital "health code" embedded within Alipay from red (high-risk) to green (low-risk). The latter finally restored my ability to move through public spaces.

My initial plan was to return briefly to New Fountain County, then proceed to Hohhot Prefecture in the Inner Mongolia Autonomous Region. During transit, I received a call from a woman who identified herself as the grid manager of my destination community. Having been notified through bureaucratic data-sharing networks, she addressed me by full name and mandated a further seven days of home quarantine. Within hours of my arrival, she and a male colleague appeared at my residence and installed surveillance equipment, including a motion-activated camera trained on the entrance door, linked to a remote monitoring system designed to detect any unauthorized departure.

Once this second quarantine ended, I was able to meet Zhou Jun, a Mongolian entrepreneur operating two postnatal healthcare centers in Hohhot. These facilities blend traditional Chinese postpartum practices with modern nutrition science. I first met Zhou two years earlier during preliminary fieldwork, when he was exploring expansion into Zhejiang, including a planned center in New Fountain. He updated me on his business and expressed willingness to accompany me back to Hohhot.

But we never left New Fountain. A sudden outbreak in Hohhot turned the city into a sealed "risky zone," barring both entry and exit. This was a textbook zero-COVID response. Over the next weeks, infections mounted without plateau. As Zhou predicted, families with newborns were unlikely to welcome strangers during such an unstable period. My planned fieldwork in Hohhot collapsed entirely.

These events unfolded against the ideological backdrop of a powerful official narrative. In state discourse, the extreme measures of zero-COVID were framed as manifestations of the Party's paternalistic benevolence toward society, especially vulnerable groups such as the elderly and children. Through this framing, the Party distinguished itself morally from Western governments, portrayed as politically compromised entities that had "lain flat" (*tangping*, 躺平) in the face of the pandemic. This rhetorical model conflates welfare and control, making them ontologically indistinguishable. And this logic that resonates with the vernacular notion of *guan*, a central trope also running through my fieldwork about institutional eldercare.

My fieldwork took a decisive turn one evening when Zhou hosted a banquet. Among the guests were construction and real-estate entrepreneurs and their bureaucratic associates. There, I was introduced to Wu Bin, an influential businessman in his sixties who owned a construction conglomerate responsible for operating Sunset, the largest commercial nursing home in New Fountain for nearly a decade. The massive institution, spanning 50,000 square meters and housing around 400 residents, immediately captured my interest. Upon hearing that my research interest about "care," Wu invited me to conduct fieldwork at Sunset, believing my experience abroad could contribute to improving service quality.

A few days later I visited Sunset, located in the hills of Nanwan Village. Although still officially designated as a village, Nanwan has, in recent years, been fully absorbed into the suburban belt through the city's ongoing urban expansion, only about a fifteen-minute drive from the county seat. Sunset stretches across a gentle slope, organized into clearly demarcated functional zones within a sprawling modernist complex (see figure 1). Its architecture reveals a layered history: the core structures comprised of rectangular, socialist industrial-style buildings, concrete frameworks and rows of utilitarian windows suggest that it used to be collective factory before being converted and embellished with decorative red tiles and façades.

Wu introduced me to Xu Haiying, one of Sunset's four wardens, and asked her to show me around. Sunset consists of two major zones. The Life-Cultivation Zone (*yangsheng qu*, 养生区) hosts elders with partial self-care ability, who live alone or as couples in hotel-style private rooms equipped with a small kitchen, private bathroom, refrigerator, and standard furniture. Monthly fees range from 2,000 to 3,500 RMB depending on room size and orientation. Meals are taken in a communal dining hall. The Nursing Zone (*huli qu*, 护理区), in contrast, resembles a hospital ward: three to four residents share a room equipped with medicalized amenities; meals are delivered directly by staff. While professional principles dictate that room assignments should follow medical assessments, in practice decisions are also shaped by elders' preferences, family negotiations, and institutional considerations—part of the topics I explore in Chapter 3.

My entry into Sunset was remarkably smooth thanks to Ms. Xu. She arranged an unpaid staff position for me with no fixed duties, granting exceptional access. My assigned workspace was in a Life-Cultivation office shared with three warm, gregarious ladies who oversaw daily administrative tasks. This room quickly turned out to be an excellent spot for participant observation. It is a hub where gossip, problems, news, documents, and people from across the institution constantly circulated. I was given a private residential room as well, along with two sets of crimson uniform jackets marking my identity as administrative staff and visibly distinguishing me from attendants in pink scrubs and from medical personnel in white coats.

Yet the first weeks were disorienting. Sunset's workforce is overwhelmingly female and mostly over fifty—women who jokingly referred to themselves as "little elders" (*xiao laoren*, 小老人), only slightly younger than the residents. As a young man in a crimson uniform, I stood out awkwardly. My presence sparked constant questions, like "Who are you?" "Why are you here?" Attempts to explain my research met with puzzled looks. Some suspected I was a government inspector in undercover. A few elders whispered that I intended to copy Sunset's model for another region. Ironically, when I said I was simply a new employee, reactions turned sympathetic: people reassured me that work here was easier than those in the "outside."

These misunderstandings reflected a deeper assumption: a man like me does not belong in a nursing home. Over time, I came to understand the structural basis for this sentiment: in contemporary China, nursing homes are often perceived as places of diminished moral and social value, and the work performed within them is devalued accordingly. And this perception is closely linked to contemporary Chinese valuation of elderhood and elder support—the focus of Chapter 2.

Still, the anthropological "being there" gradually dissolved the identity barrier. As staff and residents grew familiar with me, they began calling me "little Shi," a friendly local nickname for younger men. I developed close relationships with key informants: wardens Xu and Yu, nurses Wang and Ying, rehabilitation therapists "little Jing" and "little Zhong," and attendants nicknamed "loudspeaker Ding," "older sister Li," "chubby Yang" and so on, along with many residents and their adult children. Daily, I ran errands, assisted with chores, joined meetings, observed interactions, and chatted whenever possible.

As I became more embedded in Sunset from November 2022 onward, the institution revealed itself as deeply entangled with local governance. Paperwork, inspections, and infrastructure linked Sunset to the Clear Water Sub-District Office, which oversees the jurisdiction. There, I met Zhang Yidan, a Civil Affairs bureaucrat tasked with liaising with Sunset. Her visits intensified during the pandemic as she enforced fluctuating containment mandates. Through these interactions, I began to understand the administrative ecology surrounding institutional eldercare.

In early 2023, as Sunset prepared for a third lockdown, I asked Ms. Zhang whether I could intern at the Clear Water Civil Affairs Office. My goal was to trace how state paperwork translated policy visions of improved institutional eldercare into everyday administrative practice. Although internships in sub-district offices are common for elite undergraduates in China, my status as a foreign-affiliated doctoral student made my presence unusual. Luckily, Clear Water's deputy Party secretary generously permitted my stay and offered me a workstation facing Zhang's desk. From that seat, I observed Ms. Zhang process paperwork, navigate directives from higher authorities, and mediate between state regulations and public demands. I accompanied her on site visits to other nursing homes and to community-based elder service programs. The office also serves as a continuous stage for welfare politics: elderly petitioners arrived daily to articulate moral and political appeals, which are often framed as claims to "country-family's support."

I continued participant observation at Clear Water until February 2023. Meanwhile, despite official lockdowns, Sunset was never fully sealed. Family members and staff—including myself—could still enter and exit discreetly due to the strategic manipulation of paperwork, a practice analyzed in Chapter 5. After the abrupt termination of zero-COVID in

late 2022, Sunset officially reopened, and I returned to continue fieldwork. From this point onward, I alternated between Sunset and Clear Water: spending most days at Sunset while dedicating at least half a day per week to the sub-district office, tracing how state protocols and everyday caregiving practices continually shaped one another.

In the final phase of fieldwork, from August to October 2023, I joined an universal welfare program known as the Loving Card (*aixin ka*, 爱心卡) program. It issued vouchers to citizens over sixty based on ADL assessments, allowing monthly stipends of 100-500 RMB to be redeemed through platform companies for in-home services or meal deliveries. Introduced by a Sunset warden, I joined an evaluation team—one licensed nurse, one social worker, and myself. Together, we conducted home visits to more than 300 seniors across urban neighborhoods and a hollowed-out village with over 60% elderly population. These encounters revealed mixed political feelings towards welfare and the "family-state"—a discovery anchoring Chapter 6.

Metaphorically, my fieldwork unfolded as repeated traversals across a spider web. If institutional eldercare is this web, Sunset and Clear Water form two critical nodes, which are neither isolated nor stably connected, but make up shifting junctions where diverse actors, infrastructures, and moral worlds intersect. Across this terrain, relationships are continually spun, stretched, broken, and rewoven, and so too is the social realization of care, shaped through various forms of everyday ethical labour. Four threads anchor this ethnography: relations between elders and their adult children; paid workers and residents; street-level bureaucrats and practitioners; and the state and citizens. Taken together, they reveal how care is made, unmade, and remade within China's evolving moral-welfare landscape.

Figure 1 The vertical view of Sunset

Chapter Outline

Chapter 1, "Elder Support in New Fountain," introduces the field site and the local landscape of aging. It begins by tracing the county's uneven demographic aging, before sketching the evolvement of eldercare facilities since the 2000s alongside alternative, home-based forms of support. Using Sunset as a focal lens, the chapter situates institutional eldercare within its political context, showing how flagship institutions have been refashioned through the interplay of national policies and local bureaucratic practice.

Chapter 2, "The Contested Elderhood," focuses on competing visions of late life. I show that elderhood is a broad moral repertoire in which "appropriate" dependence varies across generations and social contexts. On the one hand, filial support remains an axiom, yet generations often disagree over its form and limits. On the other, as flagship nursing homes implement state-led professionalization and standardization, they materialize what I call a mode of passive elderhood that prizes socio-economic disengagement and tranquility—often at odds with older people's own visions of eldercare. Together, these two axes define the terrain on which institutional eldercare becomes uncertain. The chapters that follow trace how this uncertainty plays out across actors, producing multiple meanings and uneven experiences.

Chapter 3, "Calculating Institutional Residency," explores how older and younger generations mobilize what I call "healthcare calculation" to engage with the uncertainties of institutionalization. Although its stigma has waned, nursing home residency remains morally ambiguous, leading to intergenerational disagreements over their worth. In these moments, the virtues of frugality and hardship-endurance become key moral resources. Actors mobilize and reinterpret them to argue for or against residency as cost-effective and therefore meaningful eldercare arrangement. Both institutional and non-institutional residency can become multivalent forms of good care that circulates among parents, children, and an imagined collective family, so long as it affirms elders as moral persons embedded in kin relations.

Chapter 4, "The Ethical Labour of *Guan* in Institutional Life," turns to the lived experiences in nursing homes, focusing on standardized measures and rules. These factors intensify institutional uncertainties for residents and attendants alike, as they collide with everyday messiness and indeterminacy. Measures designed to ensure safety and wellbeing may be experienced as intrusive or coercive. The ethical labour mobilizing a polysemous notion of *guan* is central to how both residents and attendants navigate such uncertainty. By pragmatizing and dispositioning this polysemic value that entwines repair and control, they make otherwise ambiguous measures intelligible, forging provisional yet intersubjectively recognizable forms of eldercare.

Chapter 5, "Eldercare Audit and Documentary Fabrication," shifts the focus to practitioners and local cadres operating within an audit regime that has expanded alongside initiatives of standardization and professionalization. This regime intensifies their everyday uncertainty by pulling them between paperwork compliance and hands-on eldercare. In response, they engage in a mode of documentary fabrication referred to as "doing homework." I show that such fabrication is not merely an expedient workaround, but a morally consequential way of managing institutional uncertainty. By invoking *zhaogu* (照顾, accommodation), actors turn this otherwise dubious practice—and the complicity it entails—into a meaningful form of care for colleagues and, more importantly, for residents: it reconcentrates attention on them while also expanding their access to the kinds of assistance they actually seek.

The final Chapter 6, "Thankful for "Country-family's Care," moves to examine the ramifications of universal elder benefits expansion, another key expression of welfare paternalism beyond nursing homes. It centers on the affective interactions between recipients and street-level bureaucrats distributing those benefits. Rooted in a complex blend of rupture and continuity with Mao-era collectivist provision, this new welfare model often disorients recipients. They navigate this uncertainty through mixed feelings—gratitude, bitterness, dissatisfaction, or even resentment—that work to delineate the boundaries between themselves

and the historically layered notion of "country-family" (*guojia*, 国家). At times, these emotions conjure the "country-family" as a caregiver obligated to protect the vulnerable; at other times, they evoke a patrimonial version that allocates preferential support based on political devotion and sacrifice. Though implying different forms of statehood, these configurations consistently offer recipients a temporary sense of intelligibility and familiarity toward the latest provision.

In the conclusion, I will bring together recurring themes in previous chapters and assemble them under this ethnography's core concepts: welfare paternalism and ethical labour. In so doing, I will elaborate my contributions to the anthropology of China and the general anthropology of care.

---

[1] This makes up about 0.7 percent of those aged sixty and above in China. Although low by European or North American standards, this proportion is on a steady rise (OECD 2023). The report indicates that in 2021, an average of about 11.5% of the population aged 65 and over in OECD countries received long-term care (LTC), including both home-based and institutional. It also notes that among these recipients, about 69% received services at home, meaning roughly 31% received institutional services. Although this is not a direct measure of the proportion of older adults living in nursing homes/institutions, a rough estimate suggests that about 11.5% × 31% ≈ 3.6% of the population aged 65 and over may reside in institutional settings.

[2] In Chinese, this formulation is "民生是最大的政治 (*minsheng shi zui da de zhengzhi*)." It comes from Xi's remarks during an inspection tour in Hubei in late April 2018. In that context, he urged local officials to focus on citizens' "most immediate and practical" livelihood concerns, casting *minsheng* not as a technical policy domain but as a political imperative (Xinhua News 2018). This phrase tends to become a slogan as it since been repeatedly excerpted in authoritative Party outlets and "study" (*xuexi*, 学习) materials as a portable slogan that links welfare provision to governing legitimacy.

[3] Its full name is the *Outline of the Twelfth Five-Year Plan for National Economic and Social Development of the People's Republic of China* (2011-2015). The Five-Year Plan Outline is a central state planning for China's economic and social governance approved by the National People's Congress (NPC), functioning as a key instrument through which policy priorities, administrative targets, and fiscal resources are coordinated across levels of government.

[4] This does not mean to deny care's positive connotations altogether. I take seriously the affirmations that local actors attach to "care" and related concepts, which may diverge from it as in the vernacular English (see Aulino 2016; Buch 2015).

[5] This sentence originates from a public speech delivered in 1957 by Zhou Enlai, at the 40th-anniversary celebration of the establishment of the China Vocational Education Society. It was later included under the same title in Zhou's (DRO 2004) official anthology. Delivered during the Rectification Movement, the speech was aimed at intellectuals—mainly teachers and technical staff—and its primary purpose was to urge them to persist in ideological transformation and to free themselves from the lingering influence of the "bourgeois" and "old society" education they had previously received.

[6] Many retired professionals in units continued contributing through rehired roles: training younger workers or advising on organizational affairs. Retired cadres often remained active in Party activities like steering political education. Crucially, this post-retirement engagement extended to common elders. Since work units functioned as integrated social ecosystems (providing housing, healthcare, and childcare), even non-cadre retirees maintained institutional

ties through collective events and political gatherings. This enduring participation is reflected in one of the era's common slogans, like "Retired from position, not from service/Party."
This reached the pinnacle in Maoist bureaucratic system: senior cadres, particularly early Communist Party members, held key leadership roles for life. Their revolutionary experience and class consciousness were viewed as valuable assets. This practice continued until Deng Xiaoping introduced retirement policies in the 1980s, gradually bringing it to an end.

[7] Assessed from the official website of China Central Television (CCTV), https://tv.cctv.com/2021/10/14/VIDEVi2yPgdhYrt29e66nMY7211014.shtml.

[8] In local publicity, these institutions are presented as forming a "1+3+15+N" four-tiered comprehensive service system: one county-level integrated service centre, three subdistrict-level integrated service hubs, fifteen community-level service stations, and "N" neighbourhood-level activity homes. Their scale, staffing, and service capacities decrease at each successive level.

[9] For instance, the Ministry of Human Resources (2022: Art. 5) set a target of 70% certified nursing attendants by 2025. This is a goal likely to be surpassed given past performance. Even so, the ambition extends beyond quantitative growth. All the diverse policies share a vision to develop an integrated institutional elder support system that mobilizes hospitals, grassroots government units, and nursing facilities, proclaiming its mission to enhance elders' health, dignity, autonomy, and well-being holistically.

[10] The resilience of such paternalistic claims stems partly from its temporal horizon. Like the teleology of socialism, the fulfillment of welfare promises is projected toward an ever-deferred future, and official discourse consistently praises its perseverance in working toward ideals that remain only partially realized.

[11] Many recent ethnographic studies have challenged the traditional, reductive view of nursing homes as inherently disconnected spaces. While nursing homes in different contexts exhibit certain characteristics of what Erving Goffman (1961) describes as a "total institution" or what Michel Foucault (1994, 1995) conceptualizes as a "disciplinary institution"—such as physical isolation, standardized schedules, and the medicalization of both the environment and residents—their actual operation is far more complex. In practice, interactions among residents, caregivers, and family members are rich and multifaceted, involving improvisation, value conflicts, and moments of negotiation. These dynamics suggest that nursing homes are culturally embedded spaces shaped by their wider social landscape (e.g., Lamb 2009; Stafford, P. 2003; Wu 2020).

[12] He attributes this collapse to the dual impacts of collectivization and market reforms. Collectivization eroded patriarchal authority and patrilineal property ownership that had upheld parental authority. Meanwhile, marketization further "demystified parenthood and filial piety," subjecting intergenerational relationships to a "rationally calculated principle of balanced exchange" akin to other forms of reciprocity (Yan 2003: 189; see also Guo 2001).

[13] Although discussions on filial piety evolved in imperial China, "uncaring filial piety" reflected its core characteristics: a moral obligation rooted in hierarchy and parental authority. Confucian texts like the *Classic of Filial Piety (Xiaojing*, 孝经*)* and the *Analects* emphasized reverence (*jing*, 敬) and duty over emotional care. Filial piety began with providing for and respecting parents and culminated in self-cultivation to honour them (*Xiaojing*, Ch. 1). As Confucius noted, mere provision was insufficient without reverence (*Analects* 2.7), highlighting the prioritization of respect and moral duty over emotional intimacy (cf. Fei 1992).

[14] This view also closely relates to with the paradigm of the Chinese family's "corporate model," which Yan's early ethnography (2003) positioned itself against. It is against this intellectual backdrop that Yan later draws extensively on Ulrich Beck's theories of modernity and individualization and has been consistently focusing on individual feelings in Chinese families.

In general, he interprets them as an intimate shift in which adult children not only gradually disengage from "the patriarchal order" but also prioritize emotional bonds in their relationships with parents (Yan 2011: 208).

[15] This has deep roots in feminist care ethics. Carol Gilligan's groundbreaking work In a Different Voice (1982) first posits that relational attentiveness and interdependence forms the bedrock of "making humans." She challenges Kohlberg's stage theory of moral development, emphasizing female care ethics over abstract justice. Gilligan and the subsequent theorists—including Virginia Held (2006), Eva Kittay (1999), and Joan Tronto (1993)—develops this position, suggesting care to be an ontological foundation of ethics countering rights-based justice and Western notions of autonomy and individualism dominant in male-centric disciplines. Despite internal debates, the feminist care ethics highlights the political significance of care ethics, often contrasting it with the commodification of care under capitalism (Hankivsky 2004; Held 2006). Proponents argue that care ethics can foster greater social justice, impartiality, and solidarity (e.g., Tronto 1993; Hamington and Miller 2006), rejecting the liberalistic ideal of the autonomous, rational subject in favor of acknowledging mutual dependency. Perhaps most pivotal here is Fisher and Tronto's seminal definition of care: "A species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible" (1991: 40). This formulation has been widely adopted by many late-coming anthropologists in one way or another.

[16] Mol imbues care with a vitalist essence: despite death's inevitability and potential non-negativity, caregiving persists as the worthwhile known precisely because it "persistently [poses] the questions of life and death out," allowing "we [may] hope to incorporate the best answers into the technologies, the drugs, and the healthcare." (2008: 89). She later extends this logic beyond the clinical setting, highlighting its profound socio-political significance in a manner that resonates deeply with earlier feminist ethics of care. Through a philosophical grounding, Mol elucidates how the "logic of care" can be mobilized to improve the "world" we inhabit (ibid.: 93-4).

[17] The full excerpt reads: "If the ancient Chinese perception is right that we are not born fully human, but only become so as we cultivate ourselves and our relations with others—and that we must do so in a threatening world where things often go terribly wrong and where what we are able to control is very limited—then caregiving is one of those relationships and practices of self-cultivation that make us, even as we experience our limits and failures, more human. It completes [or at least burnishes] …… our humanity. And if that Chinese perspective is also right (as I believe it is), when it claims that by building our humanity, we humanize the world, then our own ethical cultivation at the very least fosters that of others and holds the potential, through those relationships, of deepening meaning, beauty, and goodness in our experience of the world."

[18] For instance, France's "sans papier" policies reduce undocumented refugees to Agambenian "bare life" by recognizing only their biological suffering whilst denying them any social inclusion (Ticktin 2011). Canada's Inuit youth anonymous suicide prevention, prioritizing biomedical ethics of anonymity and population governance over social connectivity, become locally deemed as indifferent or even murderous (Stevenson 2014).

[19] Take Angela Garcia's (2010) account of impoverished families in New Mexico's Española Valley. They express deepest commitment to their addicted kin through violent rehab confinement and even heroin sharing. Clara Han (2012) observes that Chilean urban poor sustain kinship through indebtedness and patient waiting under neoliberal precarity. Others also show how seemingly asymmetrical behaviors such as concealment, manipulation, coercion and control may function as nurturement under different ethnographic conditions (e.g., Brown 2010; Driessen 2018; Livingston 2012).

[20] Such tension between formalized biomedical/legal protocols and the daily caregiving praxis is also evident in the institutional settings of Global North, where standardization processes are normally believed to commence earlier (e.g., Dekker 2019; McKearney 2024; Mol 2010).

[21] For instance, James Laidlaw (2002), aligning with virtue ethics, treats ethics as self-reflective practices and morality as codified systems. Jarrett Zigon (2007), drawing on phenomenology, distinguishes morality as unreflective embodied habits and ethics as deliberate responses to moral breakdowns. Inspired by philosopher Bernard Williams, Webb Keane (2016) situates virtues, values, and lifestyles within the realm of ethics, while categorizing obligations and prohibitions under morality. Yet Keane resists rigidly demarcating the two, emphasizing their overlaps and interplay, and positions ethics as the broader, more encompassing category. These examples illustrate how scholars' terminological choices are deeply shaped by their theoretical frameworks and philosophical traditions.

Chapter 1: Eldercare in New Fountain

My field site, New Fountain County (anonymized), lies in southeastern Zhejiang Province, China. Its story begins in the Five Dynasties and Ten Kingdoms period (908 AD). While administrative structures shifted through centuries of dynastic and modern change, one constant remained: the county's territory. One may picture it through the local saying: "Eight out of ten parts are mountains; the rest is half water, half farmland." For generations, this landscape anchored an agricultural economy sustained by green tea and mountain harvests. Then came the pivot in the 1980s when private manufacturing industries—specializing in pharmaceuticals, chemical products, automotive parts, and mechanical hardware—underwent rapid development, eventually surpassing agriculture in output value at the end of the last century. Today, despite its modest size and below-average population for Zhejiang, New Fountain punches far above its weight in economic output and fiscal revenue.

New Fountain is experiencing rapid and profound population aging. Over the three decades from 1990 to 2020, the proportion of residents aged 60 and above doubled from 10.66% to 26.03%, exceeding over 100,000. This is not an isolated phenomenon but reflects a common trend across smaller counties in Zhejiang Province: collapsing birth rates, a steadily shrinking workforce, and an elderly cohort both large and growing larger still. Several persistent factors are the aftermath of the One-Child Policy, declining labor demand as local manufacturing upgraded, and the relentless pull of the provincial capital and larger cities, siphoning away the young (detailed below).

Population aging has been accompanied by the rise of institutional eldercare. The first predecessor can be traced back to 1984. The first official "Respect-the-Elderly Home" (*jinglao yuan*, 敬老院) was established in one administrative village, sheltering only the destitute. There, residents traded light labor, such as weaving sandals, tending livestock, growing vegetables, for the essential "Five Guarantees" (*wubao*, 五保) of food, clothing, fuel, education, and burial. Within a decade later, such facilities had formed in every administrative village, though they housed fewer than 100 residents. This model did not change until 2001, when the first mixed-ownership "Old People's Home" (*yanglao yuan*, 养老院) appeared and blended welfare for the poor with fee-based services. Over the following two decades, such institutions multiplied and diversified. By 2023, New Fountain had more than twenty 24-hour residential facilities, over half of which are privately owned, alongside numerous day care centers. In parallel, national and local quality improvement initiatives have integrated these facilities into a multi-layered system of institutional eldercare. Under a unified assessment framework, they have moved toward standardizing services and infrastructure and professionalizing practitioners through formal training and certification.

My ethnographic window into this world is Sunset Nursing Home (a pseudonym), founded in 2012 as the county's largest facility and a local frontrunner in standardization and professionalization. Nestled in the forested hills on the urban fringe, it greets visitors with an atmosphere of openness and light: wide corridors, sunlit windows, and carefully zoned buildings painted in a consistent soft hue, evoking the ambiance of a holiday resort. This impression stands in stark contrast to the cramped and sometimes even dilapidated conditions typical of smaller nursing homes throughout the county. Sunset offers diverse room types, comprehensive medical and rehabilitation equipment, and a full time certified medical team, all

of which underpin its strong local reputation and frequent media praise. It has also become a political showcase, regularly hosting official visits and being promoted by county authorities as a local model.

Throughout this thesis, I take Sunset as a lens to explore the institutionalization of eldercare in New Fountain and, more broadly, in China. In terms of scale, unset is not representative of most local institutions. Nationally, nursing homes vary widely in size, resources, and operational models, and 24/7 residential eldercare *per se* remains a relatively marginal form of eldercare when compared to other home-based models, such as spousal or intergenerational support (see Lei et al. 2015; UN 2017: 64ff).[1] My analysis therefore aims at analytical rather than statistical generalization. It focuses on two interrelated and tension-laden dimensions: (1) the state-driven professionalization and standardization of institutional eldercare, which has been reshaping practitioners' expertise and working routine; (2) its embeddedness in the local social world, where multiple values regarding social connections and kinship coexist, and at times conflict, with the dominant medical and political logics promoted officially. While Sunset's leading position in the county is indeed distinctive, it must be understood through the interplay of these two dimensions: how it emerges from their tension and, in turn, reinforces and produces it.

In what follows, I first trace the demographic changes and population mobility driving New Fountain's uneven population aging. I then provide a brief overview of the rise of institutional eldercare since the 2000s, and of other alternative modes of eldercare. Finally, I show how this rise has unfolded through the interaction between national policies and local bureaucracy.

Uneven Population Ageing

A profound "silver wave" (*yinfa langchao* 银发浪潮) has impacted New Fountain, as it has many other parts of China. In official discourse, the term refers not only to the rapid expansion of the elderly population but, more importantly, to the eldercare pressures that follow, namely the growing tension between rising demand and limited social capacity (e.g, Y. Zhang 2021; S. Zhou 2014). While acknowledging this sense of scale and urgency, I follow the metaphor "wave" here to highlight not only magnitude but also movement. The population aging in New Fountain is not uniform. It unfolds unevenly across space, driven by migration, urbanization, and state-led resettlement.

Census data first illustrate the sheer force of this demographic shift. According to the decennial Population Censuses from 2000,[2] 2010,[3] and 2020,[4] the local population in New Fountain aged above 60 surged from 55,007 to 67,795, respectively, and then leaped to 109,091 in 2020. Their share of the total population, which has consistently declined from 400,000, climbed from 10.66% to 17.82%, before spiking to 26.03%. By United Nations' standards, a society enters "Aging" status when 7% of its population reaches above 65. New Fountain already crossed this threshold in 2000 with 9.6%, and by 2020 with 75,037 elderly (17.91%). The latest statistics makes it readily near the "Super-Aged Society" status.[5] Given rising life expectancy and continuously declining fertility rates, it is projected that this status will be permanent. This aging process is further accelerated by the continuous outflow of working-age adults. The old-age dependency ratio rose sharply from 13.19 percent in 2000 to 44.04 percent

in 2020, meaning that every one hundred adults between fifteen and sixty now support forty four seniors above sixty. This level rivals that of Japan.

Crucially, this aging process is geographically uneven. Disparities between urban and rural areas have widened alongside the overall rise in median age. New Fountain's topography plays a central role in shaping this pattern. Encircled by mountains on three sides, the county's urban core stretches through a narrow basin in a ribbon-like form from northwest to southeast. At its western end stands the high-speed rail station completed in 2021, around which new industrial parks, commercial districts, and high-rise residences have clustered. Moving southeast toward the old town, buildings become lower, denser, and visibly older. This spatial gradient parallels a demographic one. Gray-haired pedestrians become increasingly common, and fresh markets offer a concrete illustration: vendors in the new urban zones are mostly middle-aged, while those in central and southeastern markets are predominantly elderly. In these older districts, some seniors gather along streets and under shade trees to sell seasonal produce grown on their own land.

Using Census data, I map the proportion of residents above sixty across administrative units: urban subdistricts (*jiedao*, 街道), rural village (*xiang*, 乡), and transitional town (*zheng*, 镇).[6] Although minor boundary adjustments occurred over time, these changes were negligible, and all maps use current administrative divisions for consistency. In 2000, only three subdistricts, corresponding to the ribbon-like urban core, had elderly populations below 10 percent (see figure 2). By 2010, these areas continued to age more slowly than surrounding towns and villages, despite increases in absolute numbers (see figure 3). Aging intensity rose sharply with distance from the urban center. By 2020, in several rural zones, the ratio of seniors to non-seniors approached nearly one to one, an extreme pattern impossible through natural demographic turnover alone (see figure 4). This spatial distribution closely mirrors New Fountain's topography: higher elevations, which are predominantly rural, correspond to older populations (see Figure 5).

This uneven aging results directly from migration within and beyond New Fountain. Working-age villagers persistently relocate to towns or urban areas, while elderly residents remain. Urbanization and rural economic contraction intensify this: manufacturing industries have shifted urban-ward over two decades. Adding to this trend is two major reservoir projects during the 2010s. They displaced over 20,000 residents across forties villages, further reducing farmland. Concurrently, rural livelihoods withered. Take Small Well, a village located in the southeast corner. It epitomizes such decline. As a textile hub back in the 1980s, it used to attract many migrants from other regions. By 2022, hollowed out after the industry's collapse, over 60% of its 2,000 remaining residents were seniors. Its primary school closed; adobe houses and workshops crumbled, deserted.

Rural-to-urban migration is not driven solely by economic necessity but also by moral valuation. As anthropologists notes elsewhere in China (e.g., Johnston 2013; Ran 2024), the post-Reform developmentalism assigns divergent moral valence to the "urban" and the "rural": the former gets elevated to symbolize center and progress while the latter often devalued as periphery and stagnated. Many of my interlocutors also identify with such ideology. Although living apart from urban-dwelling children, they often express pride in this separation. Their children's urban settlement signifies family advancement: better careers and better education for the third generation. This logic extends to urban seniors whose children migrate to the

provincial capital or other metropolises like Shanghai or Beijing. Such separated elders form a substantial proportion of Sunset's residents.

From the party-state's perspective, this aging signals a crisis that exceeds demography as such. Plummeting dependency ratios and hollowed villages not just impede economic development but directly jeopardize political legitimacy, which rests heavily on the CCP's promise to safeguard people's well-being. State intervention therefore appears imperative. It is within this perceived "silver wave" crisis that institutional eldercare has expanded rapidly under official quality improvement initiatives in New Fountain as well as elsewhere in China.

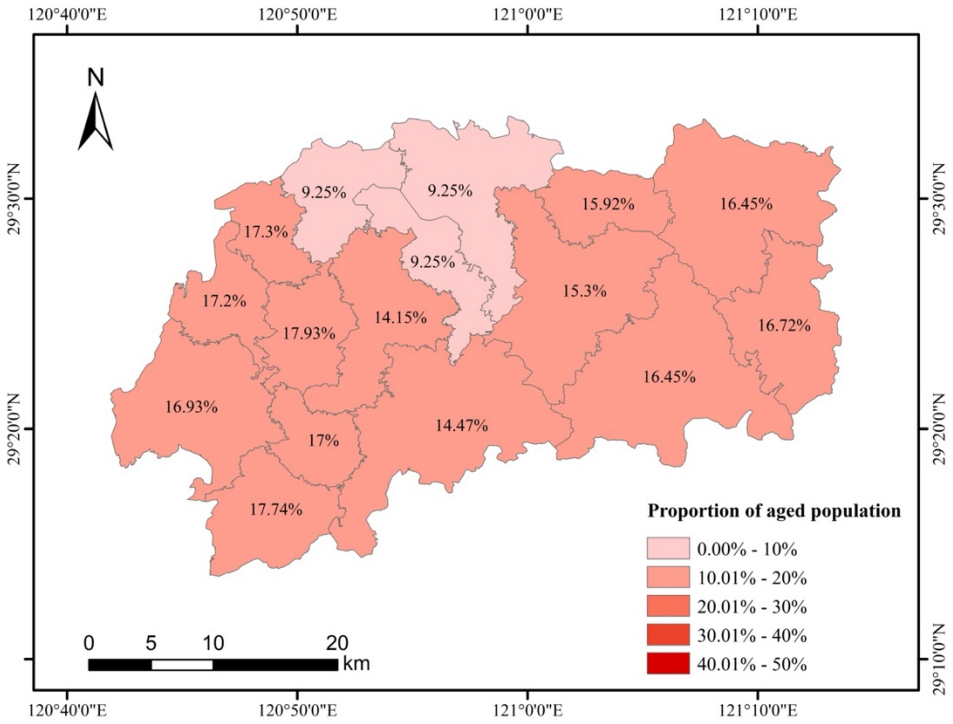

Figure 2 Spatial distribution of the population over 60 in New Fountain, 2000
(Based on the Fifth Population Census Data)

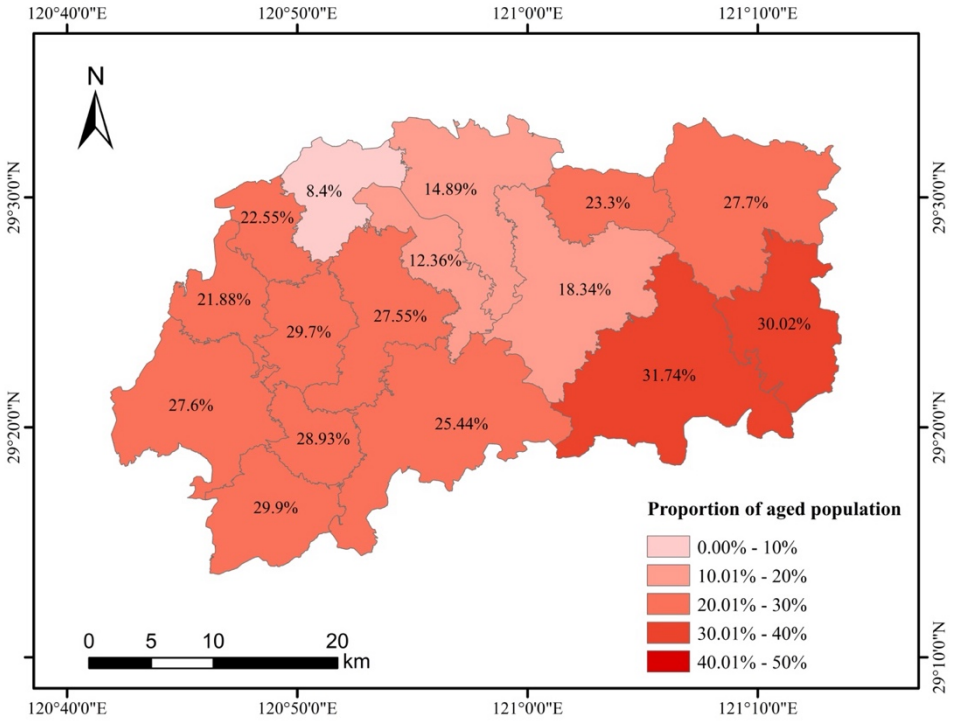

Figure 3 Spatial distribution of the population over 60 in New Fountain, 2010 (Based on the Sixth National Census Data)

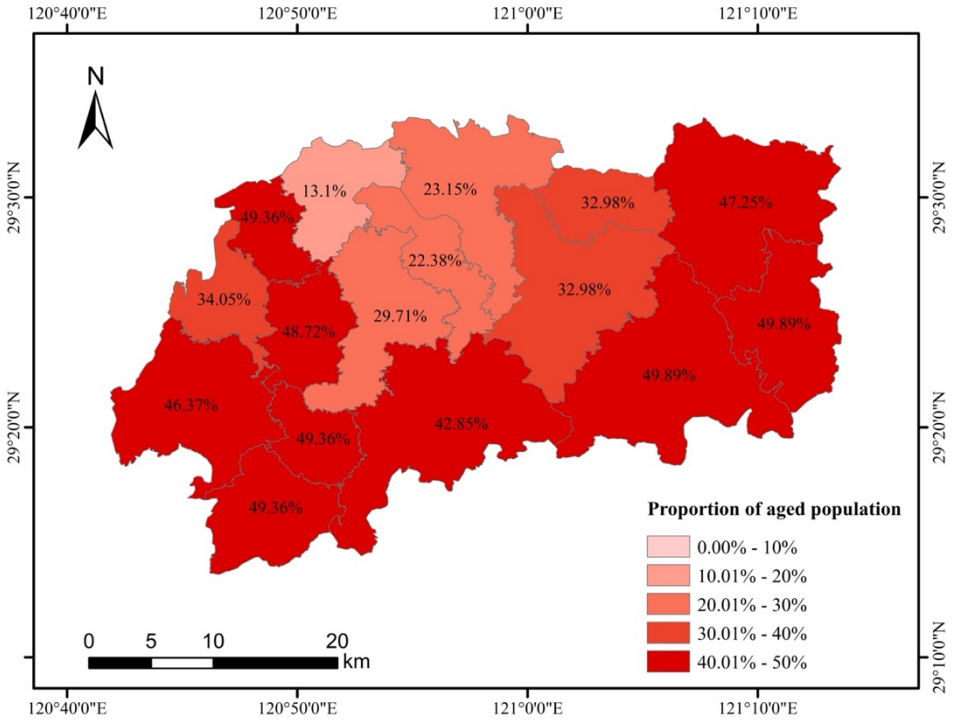

Figure 4 Spatial distribution of the population over 60 in New Fountain, 2020 (Based on the Seventh National Census Data)

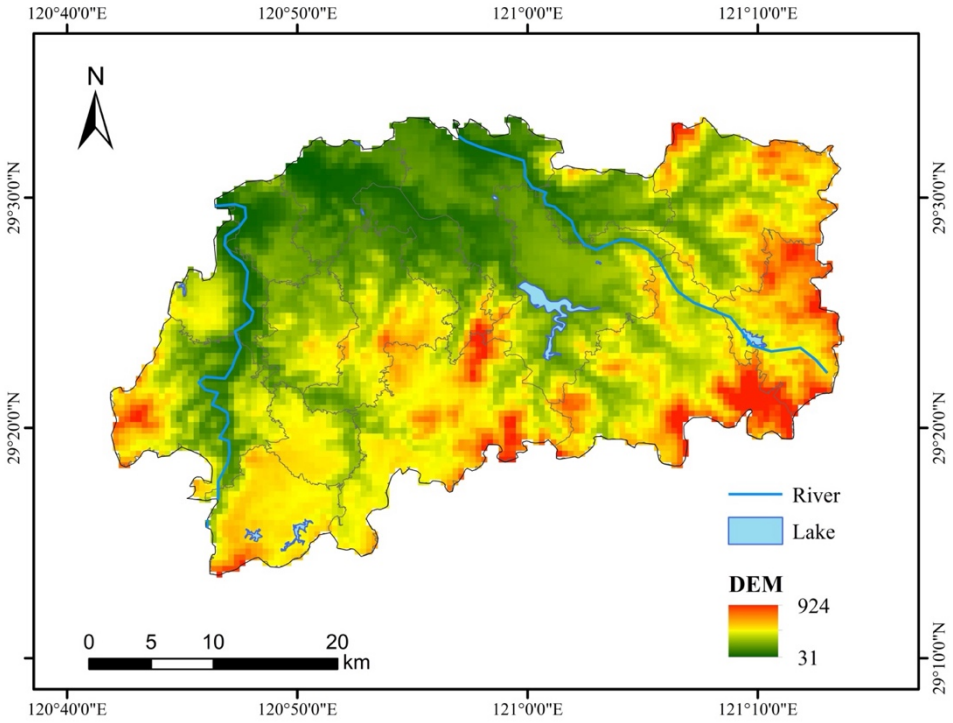

Figure 5 Elevation map of New Fountain
(Digital Elevation Data Obtained from the GeoAtlas Geographic Database)

The Rise of Institutional Eldercare, and Other Models

Over the past two decades in New Fountain, population aging has coincided with the rise of institutional eldercare. Yet the two developments do not map neatly onto each other. Rather than unfolding gradually, this rise has been abrupt and concentrated. Not just nursing homes emerged in clusters within short periods, but also a broader range of eldercare facilities has expanded even more rapidly across the county in recent years, spanning both urban and rural areas. These patterns are closely tied to recent political directives. Before examining this relationship in detail, I first outline the local history of institutional eldercare and introduce other major modes of elder support.

The first nursing home with a social relief function was established in a township in 1984. Operated by the BCA, it served only "three-nos" elders (*sanwu*, 三无), those without family, income, or working ability. Over the following decade, similar "Respect-for-the-Aged Homes" (*jinglao yuan*, 敬老院) were set up in other townships and in the county seat, and they began to admit urban "five guarantees" elders (*wubao*, 五保). According to county civil affairs records, both groups remained small, typically totaling six to seven hundred across the county. Occupancy rates were also low, usually below 20 percent. As a result, those facilities were built on a limited scale, with average construction costs of around 40,000 RMB. By 1998, total bed capacity reached 165, yet only 86 elders resided in these institutions.

During the same period, as elsewhere in China, able-bodied elders largely lived as unmarked subjects. Responsibility for frail elders fell overwhelmingly on families. Adult children bore primary duties, occasionally supplemented by female kin such as cousins or sisters-in-law. With the expansion of the market economy, an informal eldercare labor market based on hired help began to emerge in New Fountain, though it stayed marginal back then.

During fieldwork, only a few elders recalled having witnessed households employing live-in aides to help attend to severely disabled parents.

The first two service-oriented nursing homes in the modern sense appeared in 2001. They directly followed the policy opening created by the Ministry of Civil Affairs' (MCA) 1994 document, *Deepening the Reform of Welfare Institutions and Accelerating the Socialization of Social Welfare*. The core notion of "socialization of welfare" referred to introducing social forces and market mechanisms into welfare provision, diversifying funding sources, and shifting institutions toward financial self-responsibility. Unlike private nursing homes in major cities such as Beijing and Shanghai, however, these two facilities in New Fountain were still established and operated by the BCA. Their novelty lay in admitting self-paying residents alongside relief recipients.

Fully private nursing homes did not come until in 2008, and they began to proliferate in the 2010s. Their number quickly doubled from six to thirteen. Sunset was also founded in 2012 by a company previously engaged in construction. This surge coincided with the State Council's issuance of the *Plan for the Construction of the Social Eldercare Service System* (2011-2015), which encouraged public institutions to adopt public-private operation models and offered incentives and subsidies for private investment in non-profit eldercare facilities.

In summary, over the twenty-five years since the turn of the millennium, service-oriented nursing homes increased from zero to twenty-three in New Fountain, including ten public and thirteen private institutions. Total bed capacity exceeded 3,000, with approximately 1,500 residents. Of these, around 250 were relief recipients, while roughly 1,250 were self-paying elders. Sunset alone housed about 400 residents, a number that continues to grow. Despite this rapid expansion, nursing home residents still accounted for only about 2 percent of the county's population aged sixty-five and above. This proportion exceeds the national average of approximately 0.73 percent (Dou et al. 2025) but remains far below levels observed in other highly aging societies (see figure 6). Given the near-zero baseline two decades earlier, however, institutional eldercare in New Fountain can nonetheless be characterized as a quick rise.

The gap between high nursing home fees and elders' generally low social security income constitutes an important, though not sufficient, factor behind that low residency rate. At institutions such as Sunset, monthly per capita fees range from 1,500 to 3,000 RMB. Even rudimentary rural facilities that provide only meals and beds charge at least 500 RMB per month. Although rural pensions have risen in recent years, they still typically remain below 300 RMB per month. Elders who formerly held urban household registration and worked in state-owned enterprises or government agencies receive far more generous pensions and often possess savings, but they constitute a small proportion. According to my civil servant informants, this group accounts for only about 20 to 30 percent within the same age cohort.

Admittedly, admission to nursing homes is rarely an individual decision but always negotiated intergenerationally, with adult children playing a crucial financial role. As I show in Chapter 3, institutionalization relies on elders' and children's ethical labor of healthcare calculation, through which they debate the value of institutional eldercare. Nonetheless, high costs still should be taken as a practical block for potential residents, especially solitary elders or those unable to secure financial support from children.

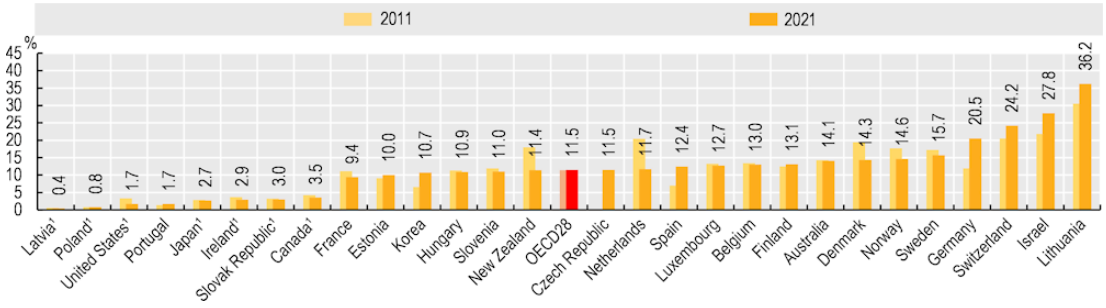

Figure 6 Adults aged 65 and over receiving long-term institutional support
Source: Organization for Economic Co-operation and Development (OECD) Health Statistics, 2023.

Beyond the narrowly defined institutional eldercare, elders continue to rely primarily on family-based provision, of which two prominent models are spousal mutual aid and children's support. These are not discrete arrangements but are usually intertwined within everyday life, often under conditions of intergenerational residential separation. The former refers to that older couples look after each other and share domestic responsibilities—a prevalent pattern noted as well by scholars in other parts of China (e.g., Gruijters 2017; Shea and Zhang, H. 2016). Wives generally assume greater responsibilities, managing household tasks in both urban and rural settings. Some also continue caregiving for the third generation. While this reflects patriarchal traditions, a more immediate factor is women's often better health and functional capacity in later life. At Sunset, I encountered dozens of residents who had agreed to move in only after becoming too frail to look after the spouse or after his/her death. Co-residence among older couples remains common; even when one partner is severely impaired, the more capable spouse often declines institutional placement, instead providing supplemental care with occasional staff assistance.

The children's support here, it should be emphasized, does not generally follow traditional models of intergenerational co-residence or meal rotation (Jing 2004), which now become even rare in rural areas. In the few cases I observed, such traditional arrangements arose from extreme poverty, where families pooled reproductive labor to look after a severely disabled elder without means to afford other marketized means. Contemporary filial support is often realized through ritualized material provision: adult children visit their parents, offering money and food. Beyond fixed occasions like Spring Festival and Qingming, visits are often irregular and negotiated among siblings. Notably, food transcends mere sustenance; the act of giving is itself ritualized, performing intergenerational reciprocity and emotional concern. This explains the patterned "humblebrags" I recorded among elders in Sunset, who complained of waste from "excessive" gifts while subtly conveying satisfaction.

There is another form of non-familial eldercare based on religious practices, primarily Christianity and folk Buddhism. The former operates through small fellowship groups scattered irregularly across urban and rural areas, in which members maintain mutual aid relations and more able-bodied participants take turns visiting and attending to ill or frail elders. The latter is less formally organized, gathering members through periodic religious activities such as sutra chanting or ritual object production, thus often aligning with the boundaries of one or several villages. Despite differences, both forms remain marginal and sometimes underground, due to

their weakening communal dimension and ongoing political supervision in the post-Maoist era (Sun, Y. F. 2013).

Finally, it is important to note that elders residing at home also encounter a newer form of institutional eldercare. As outlined in the introduction, this arises from public service infrastructures and universal elderly-oriented benefits. Although distinct in form from nursing homes, I classify these also under "institutional eldercare" not only because they originate outside the family or other social connections, but also because both have similarly acquired unprecedented political significance are situated under the context of welfare paternalism. As I shall demonstrate below, they become focal points for policy and governance at both central and local levels.

The Political Background of Institutional Eldercare

The rise of institutional eldercare over the past two decades has been propelled by the elevation of population aging to a political priority. A pivotal marker of this shift lies in the 2012 revision of the *Law on the Protection of the Rights and Interests of the Elderly*, issued by the Standing Committee of the National People's Congress (NPCSC). Whereas the original 1996 law centers primarily on familial obligation and moral duties of adult children, the amended version substantially expands the state's responsibility for organizing, financing, and supervising eldercare services. The newly added Article 4 declares that "actively responding to population ageing is a long-term national strategy," mandating "the state and society" to progressively improve conditions related to elders' livelihood, health, and safety, so as to ensure them to "live with support, health, contribution, growth, and joy."[7] Other new articles define the responsibilities of governments at all levels in the direct provision of eldercare services but also require them to organize, guide, and supervise enterprises and community organizations in delivering cultural, sports, and medical services to older adults, as well as in running nursing facilities (NPCSC 2012; cf. NPCSC 1998). Through this legal reconfiguration, eldercare has been transformed into a policy domain demanding infrastructural investment, technical governance, and administrative coordination (see also Zhang, H. 2018).

This prioritized status of eldercare has been both reflected and consolidated in political authority's public speeches and official narratives. These discourses link eldercare with "the people's wellbeing" (*minshen*, 民生) as a core governance objective. Traditionally, this notion referred primarily to basic livelihood security; its explicit association with eldercare became a recognizable feature of political discourse only from the late 2000s onward. At the Seventeenth National Congress of the CCP, then General Secretary Jintao Hu stressed "ensuring that elders live with support" (*lao you suo yang*, 老有所养) as an inherent component of improving people's wellbeing (Xinhua News 2007). This linkage has endured across successive generations of party-state leaders. For example, at the Second Session of the Thirteenth National People's Congress in 2019, then Premier Keqiang Li—responding to a question about addressing "pressing concerns regarding the people's wellbeing"—pledged to ensure that older adults could "enjoy a happy old age." He framed inadequate service supply, such as low per-capita nursing-home bed capacity, as a key shortfall and outlined measures to expand community-based eldercare, support providers, and mobilize broader social participation (Elderly Daily 2019). Similar formulations recur in other authoritative venues, where Li and other leaders repeatedly stress that enhancing the support for older adults and children constitute

"issues of paramount importance for the people's wellbeing" (e.g., The Paper 2021; Xinhua News 2019, 2025). Collectively, these high-level public statements have established eldercare as one the central objects of party-state's concern rather than merely a specific policy field.

This overarching shift was subsequently advanced through a series of national policies, especially those designed to operationalize improvements in nursing home service quality. In addition to protecting residents' safety, these policies define and target what counts as "quality" inside facilities. As the following sections show, they converge on three interrelated dimensions: engineering a multi-tiered system, professionalizing the workforce, and standardizing procedures and evaluation. Concretely, this entails integrating home-, community-, and institution-based eldercare into coordinated systems; formalizing eldercare-related occupations through training programs, multi-level certification, and skills examinations; and promulgating operational norms for institutions—specifying safety standards, service protocols, documentation requirements, and supervisory responsibilities—alongside graded performance evaluation.

Within China's political hierarchy and performance-oriented governance, these centrally initiated directives both steer and incentivize local governments to act. Yet, as in other relatively affluent localities, the BCA in New Fountain County has sought to go further by launching more detailed and ambitious local projects. Branded as the "Six Improvement Programs" (*liu da tisheng xiangmu*, 六大提升项目), the project aims to enhance what local officials describe as the "system, quality, foundations, workforce, vitality, and branding" of institutional eldercare (BCA 2022). Despite their apparent breadth, these programs remain organized around the same three dimensions outlined above. In what follows, I use Sunset as a lens to examine how these local improvement programs elaborate central directives, and how they are advanced through interactions between the local bureaucracy and flagship nursing homes.

Engineering a multi-tiered system

First, Sunset plays a central role in the local government's engineering of a multi-tiered system, which is integral to the CCP's objective of socializing and systematizing "elderly support services" (*yanglao fuwu*, 养老服务). In Chinese policy discourse, this agenda carries two core meanings. First, it is used to describe a universal trend of social change: family-based support weakens and therefore creating massive societal demand. Secondly, it denotes a political plan, which aims at developing a collaborative system involving government, communities, markets, and social organizations that fosters diversified provision (e.g., National Development and Reform Commission 2022; The State Council 2019, 2024).

Central to this agenda's envision is the so-called "90/7/3 model," which divides the eldercare across the society into three interdependent tiers: 90% of eldercare happens in home-based kinship networks supplemented by community medical resources; 7% delivered through community-assisted services such as day centers and senior canteens; and 3% provided via 24/7 residential facilities targeting older adults with significant functional impairments. First articulated in Shanghai's *11th Five-Year Plan* (2006-2010), the model was formally endorsed by the General Office of the State Council in 2011 as a guiding framework for China's eldercare system during the *12th Five-Year Plan period* (2011-2015). Since then, it has been further refined in subsequent central policy updates and local government interpretations. Although the exact percentages across the three tiers fluctuate slightly, the fundamental distribution logic

remains consistent: the family serves as the foundation, while the government provide supplementary support. This is why the 90/7/3 model functions as a guiding developmental target rather than a mandatory allocation directive.

The local government of New Fountain County has faithfully followed the spirit of this three-tier model. "Six Improvement Programs" direct most public resources toward community-assisted and facility-based models. This has led to the establishment of a "1+3+5+N" system, comprising one county-level senior center, three sub-district "Learning Colleges" that offer regular courses, weekly activities, and monthly gatherings, along with 15 community-level and multiple neighborhood-level senior wellness centers. While varying sharply in scale, all these facility can offer residents basic eldercare, daily living support, and recreational services. Support for the home-based model consists mainly of periodically held nursing knowledge workshops and training sessions. Just as important, local bureaucrats face a more immediate incentive to prioritize the former two models: investments there generate visible performance indicators that align with evaluation criteria and may even translate into career advantages. Few achievements, after all, signal "quality improvement" more tangibly than a newly built, upscale community center—or a sharply rising share of certified caregivers within a facility.

This measurability and performative advantage within the political agenda largely explain the special status that Sunset, along with other flagship projects and facilities, holds within the multi-tiered system. Sunset's private ownership does not conflict with its official integration at all; on the contrary, it receives per-resident fiscal subsidies (theoretically only reserved for non-profit use). Only in 2014, it received a bed subsidy of over 600,000 Yuan (around 70,000 Euro) from the Provincial Department of Finance and the Provincial Department of Civil Affairs. Parallel to such routine subsidy is the irregular funds to renew infrastructure. Additionally, it also gets various forms of assistance from government departments and their third-party contractors from time to time. This support includes, but is not limited to, surveillance hardware, fire-safety upgrades, and technical and medical equipment.

In fact, Sunset enjoys even greater privileged status within the local multi-tiered system than a state-owned nursing home. This advantage has been shaped by—and continues to reshape—the particularistic ties between Sunset's managers and local bureaucrats. Government agencies like the Civil Affairs Bureau and Health Commission bear regulatory responsibilities over nursing homes, which makes the contact between street-level officials and facility managers a common routine. At Sunset, such interactions occur with greater frequency and depth than others. This is mainly due to Sunset's size and polished infrastructure that renders it stands out from others, thus a preferred showcase site for local cadres hosting top-down inspections. For example, during a 2021 visit by a provincial vice-director of civil affairs, Sunset's managers selected cheerful members from residents and assigned them to participate in various entertainments, to curate an image of satisfaction. This performance strengthened their relationship with local official allies and aimed at impressing higher-ranking cadres to build political capital.

In turn, this social connections (*guanxi*, 关系) in the political sphere enables Sunset to secure disproportionate policy benefits. As the directives on improving "elderly support services" cascade through administrative layers, they get translated into quantifiable targets for local governments. Meeting these targets unlocks access to welfare initiatives and the

corresponding funds. In 2022, New Fountain's Civil Affairs Bureau issued several mandates. Three key clauses involved Activity of Daily Living (ADL) assessments for all octogenarians, the creation of 75 new beds exclusively for the elderly with cognitive impairment, and the certification of 65 new nursing attendants.[8] Bureaucrats from Clear Water Street notified Sunset's wardens of these goals in advance, and the facility provided over half the required beds. In such quota-setting processes, bureaucrats negotiate target distribution across their jurisdictions and are accustomed to relying on trusted institutions like Sunset. Over time, Sunset's wardens have cultivated dense networks across administrative tiers, weaving together public mandates and reciprocal favors into an economy of "elder support services."

Professionalizing workforce

China's nursing homes have persistently high bed vacancy rates, with the MCA's national estimates in 2024 placing the average at around 50 percent. Official policy documents often attribute this gap not only to deep-rooted filial norms but also to the institutional workforce shortage and its insufficient quality (*suzhi*, 素质), a state-inflected shorthand for "human quality" that bundles education, skills, and moral comportment (see Anagnost 2004; Kipnis 2006). As Minister of Civil Affairs Lu Zhiyuan noted in 2024, "eldercare attendants generally have low *suzhi*, are too few in number, have an unbalanced skill structure, and lack a strong occupational identity."[9] While such diagnosis partly reflects a myth of professionalism—since informal networks are not inherently ineffective or inferior—it also resonates with widespread fears of nursing home abuse. During fieldwork, some elders voiced a preference for solitary self-care despite hardship, citing rumors about domineering or frightening workers.

The emerging system of professionalization seek to address this distrust by formalizing the occupation of "elder nursing attendant" (*yanglao huliyuan*, 养老护理员). This title, and the credential that accompanies it, is awarded only after trainees complete officially accredited instruction in skills and ethics, pass standardized examinations, and fulfill a mandated period of supervised practice. This system originated in the early 2000s when the Ministry of Labor and Social Security designated "elder nursing attendant" as a statutory occupation. Subsequently, evolving standards of national skill certification have been jointly issued by the Ministries of Human Resources and Civil Affairs. The last decade saw increasingly granular classifications, categorizing workers by service type (healthcare, daily living assistance, emotional support) and tier (primary, intermediate, advanced, technician-level). Each designation has its specific official textbook compiled by expert panels, which are organized by the Ministry of Human Resources and Social Security's Textbook Office. The *Elder Nursing Attendant Manual*, for example, breaks eldercare into modular training units: hygiene, toileting, vital-sign monitoring, and rehabilitation support.

Within this framework, New Fountain County's "Six Improvement Programs" prioritize increasing the local eldercare workforce's certification rate. The programs not only fund eligible training institutions to offer specialized eldercare courses and regular rotating trainings for both new and in-service nursing staff but also provide special post allowances to certified attendants working in facilities, with amounts ranging from RMB 300 to 1,000 per month based on certification level. One-time entry subsidies are granted to university graduates majoring in nursing. Beyond workforce development, the programs also mobilize retired teachers, doctors, and cadres to serve as regular volunteers providing community-based services for the elders.

Owing to its local political influence, Sunset was authorized in 2013 to establish an in-house training base. It trains both its own staff and workers from other facilities across New Fountain. In practice, however, certification does not function as a strict gatekeeping threshold. At Sunset, most workers enter through an apprenticeship pathway. They are first assigned to shadow experienced workers, attend periodic in-house group trainings, and begin independent duties once they have acquired basic hands-on competence and received supervisory approval. At that point, many are still not formally certified as "elder nursing attendants." The credential is typically obtained later, as workers prepare for the exam in their spare time, especially its written and theoretical components, and sit for quarterly county-level tests. Given the limited literacy of many workers, this process often takes six months or longer. This apprenticeship model, while clearly diverging from the official ideal, accelerates workforce entry and enables Sunset to report significantly higher rates of certified and advanced-certified staff than peer institutions.

For workers, certification carries both practical and symbolic value. It enhances their inter-institutions employability and signals an improvement in moral and educational *suzhi*. Most attendants are undereducated women in their fifties or older from disadvantaged socioeconomic backgrounds. Certification thus constitutes one of their few portable assets. Its symbolic force lies in granting access to income and a form of generalized recognition that many had rarely experienced before. In practice, however, certificates do not markedly increase their wages or job prospects in non-institutional conditions, where households tend to give greater priority to taking a comprehensive consideration of factors like workers' social background, age, and cost. Certificates do, nonetheless, facilitate mobility across nursing homes, as larger facilities, including Sunset, preferentially recruit certified attendants. Certificates are widely understood as an advantage so long as they do not entail visibly higher expenses. For this reason, some attendants initially seek employment at Sunset precisely because it offers a faster route to certification; several even advised me to "hitchhike" on my stay there to acquire entry-level credentials.

For nursing homes, certificates function as key inputs in annual evaluations, which quantify the number of certified workers, the proportion holding advanced or specialized credentials, and staff-to-resident ratios (detailed below). Smaller institutions face structural ceilings in these assessments, whereas flagship facilities like Sunset are strongly incentivized to pursue higher-level ratings in exchange for larger subsidies and greater political capital. At Sunset, certificates can at times matter more than the individuals who hold them. Management stores all credentials centrally, and departing workers typically retrieve them only after the annual assessment period. This arrangement helps secure subsidies linked to certified headcounts while discouraging rapid turnover.

Beyond all these practical utilities, Sunset also actively mobilizes the symbolic association between certification and *suzhi* as a marketing advantage. One prominent example is its strict prohibition on gift-giving, especially cash. During contract signing, reception staff explicitly inform residents' adult children that although such gestures are understandable, all gratuities are forbidden. They emphatically reassure that providing responsible, compassionate support is the intrinsic duty of all the Sunset's certificated employees, uninfluenced by particularistic ties or the absence thereof. Realities are more ambivalent. Informal gift-giving persists quietly, to which managers are inclined turns a blind eye.[10]

Standardizing of procedures and evaluation

The aversion to personalized ties and the prioritization of technicality converge with the third characteristic: the standardization of procedures and evaluation. Since the MCA and several other central organs (2014) together promulgated the *Guidelines on Enhancing Standardization of Eldercare Services*, series of policies have come out and pinpointed three domains that need to be standardized: foundational elements (symbols, signage, classification), service delivery protocols (codifying specific activities), and supporting infrastructure (IT systems, architectural specifications, safety regulations). They aim to eliminate ambiguities through granular quantification and norms, transforming "elder support services" into governable products and disciplining non-compliant institutions through local oversight.

Yet while central policies defined the scope and objectives of standardization, they leave substantive content largely unspecified. This task is delegated to local governments and third-party actors. As the *Guidelines* emphasize, standard setting should combine "government guidance" with "market orientation," meaning that public authorities provide macro-level coordination while enterprises, experts, and industry organizations actively participate in drafting and implementing standards (ibid.). In practice, beyond tightening existing mandatory regulations such as fire safety and food hygiene, this hybrid approach also promotes competitive rating-based standards. In Zhejiang Province, the most prominent outcome was the establishment in 2015 of the Eldercare Service Quality Star Rating Committee. Led by the provincial Department of Civil Affairs as the primary regulatory authority, the committee incorporates members from the Provincial Social Welfare Association, the Social Welfare Service Center, the Senior Service Industry Association, the Institute of Standardization, and several flagship facilities. This body developed the Star Rating Assessment (*xingji pinding*, 星级评定).

The Star Rating system sets out an extensive and highly quantified framework for institutional services and facilities, based on which nursing homes are audited and annually classified into a five-tier hierarchy. The standards cover six broad domains: basic requirements, credit and ranking, safety, infrastructure, management, and service provision. These are further divided into 34 modules and 468 subitems. The Rating is modularized and grounded in nursing science, reflecting a managerial and performance-oriented logic. Institutions accumulate points by meeting specific thresholds, and higher total scores translate into elevated official rankings. The service provision domain, which carries the greatest weight, includes admission and discharge services, daily support, catering, hygiene, laundry, healthcare, cultural and recreational activities, psychological and emotional support, palliative services, entrusted services, rehabilitation, education, and community outreach. Healthcare, one of the largest modules, specify required medical infrastructure such as clinics, nursing stations, and health offices, alongside detailed standards for staff composition, clinical procedures, equipment maintenance, medication management, and infectious disease control, including prescribed frequencies. Other service modules are similarly regulated through step-by-step protocols. All the standards are continuously updated in line with evolving provincial professionalization policies. Between 2020 and 2024, for example, substantial additions were made to psychological support and palliative services, requiring qualified institutions to provide mental health counseling, pain management, and hospice.

Implementation of the Star Rating centers on the review of operational records, supplemented by several days of onsite inspection. Facilities must submit voluminous documentation, including nutritional logs, fire-safety checks, care implementation reports, labor contracts, and more. This pursuit of legibility imposes heavy administrative burdens on staff already working under strained conditions, as they struggle to comprehensively document everyday practices. Yet the realities of everyday eldercare are far more complex Many situations resist quantification, elude straightforward documentation, or fall outside standardized frameworks altogether (see Chapter 5).

Nevertheless, flagship institutions such as Sunset always strive to meet these requirements. Securing higher rankings not only unlocks fiscal subsidies but also generates political capital, as top tier certificates are recognized as achievements of supervising bureaucrats, their agencies, and by extension local government leadership. By 2022, preparing for the Star-Rating became Sunset's top priority. All the staff were mobilized to check and polish the documentations, to make it ascend from four-star status and become one of the few elite facilities across the whole Zhejiang province—a goal they eventually achieved.

In sum, these state-driven shifts toward professionalization and standardization have profoundly reshaped eldercare. Beyond the official subsidies and aids, they catalyzed the emergence of credential-based labor markets, formalized caregiving as a recognized occupation, and established bureaucratic structures of regulation and assessment. In New Fountain, the rise of this apparatus over the past two decades is marked by the proliferation of nursing facilities and the growth in their resident populations: from virtually non-existent to steadily increasing numbers. While this institutionalized cohort remains a small fraction (estimated at less than 1%) of the overall elderly population, its expansion is nonetheless significant. Awareness of this system has permeated the local community; even elders who staunchly prefer family-based support now also know this organized alternative.

Within the official meta-narrative, this institutional model has been framed as an emergent substitute for familial care, which delivers standardized service commodities governed by contractual obligations and work standards rather than personal sentiment (*ganqing*, 感情) or social connections (*guanxi)*. Nonetheless, even in Sunset, providing for elders has not turned into a purely object of commercial transaction or optimization. As the next section will show, it also remains embedded in the spheres of kinship and state-citizen political relationships, entangled with other shifting moral values like reciprocity and loyalty.

Conclusion

New Fountain stands as a microcosm of China's unfolding "silver wave." Its particularities notwithstanding, it resembles many county-level localities across southeastern China. Rapid urbanization and sustained population outflow have produced an uneven yet accelerated aging process. These demographic shifts intersect with broader social transformations. Regional clan traditions have largely eroded since the 1950s, and evolving intergenerational dynamics and household arrangements have reshaped expectations of filial support. As a result, self-care among elders has become increasingly common, as has reliance on spousal mutual aid. At the same time, New Fountain offers an exemplary vantage point for observing China's expanding institutional eldercare sector. Its regional centrality in economic and administrative terms

exposes it more directly to state-led campaigns for professionalizing and standardizing elder services than more peripheral areas.

Yet, New Fountain remains the lived social and moral world, where through which its inhabitants experience and make sense of aging. Here, institutional eldercare is embedded in multiple and often competing value registers. It is perceived as an expression of kinship reciprocity and familial co-adaptation, as a test of welfare provision and political commitment, and as a domain of service consumption. These layers do not neatly align; they coexist, overlap, and conflict, producing much of the uncertainty that shapes eldercare practices and their valence on the ground.

To better engage with these dynamics, an overview of the contested meanings of elderhood provides a solid starting point. In the next chapter, I will demonstrate that old age is no longer merely a life stage traditionally linked with authority and wisdom, nor is it integral to the socialist subjectivity as seen during the Maoist era. Instead, it has become both a site and object of ambiguous tension, shaped by dynamic inputs from transnational knowledge and reinvented traditions. In doing so, I will take passivity as a central trope and examine how it becomes polarized across generational and contextual lines—variously idealized as a desirable condition of later life or rejected as a state despised by elders themselves.

---

[1] Regional disparities in institutional eldercare are stark. In metropolitan centers such as Beijing and Shanghai, large-scale facilities often accommodate over a thousand residents, integrating medical services and offering hotel-like amenities. Some high-end institutions even operate on a membership basis, requiring substantial upfront deposits in addition to monthly fees that can reach several thousand yuan. By contrast, in many inland counties, nursing homes may comprise only a few dozen beds housed in converted dormitories, offering minimal services with very few staff.

[2] Based on *Materials of the Fifth National Population Census (2000), New Fountain County, Zhejiang Province* [in Chinese], complied by The Office of the Leading Group for Population Census of the People's Government of New Fountain County, 2000, internal publication, held at New Fountain County Archives, File No. C924.25/067.

[3] Based on *Materials of the Sixth National Population Census (2010), New Fountain County, Zhejiang Province* [in Chinese], complied by The Office of the Leading Group for Population Census of the People's Government of New Fountain County, 2010, internal publication, held at New Fountain County Archives, File No. C924.255.5/067.

[4] Based on *Materials of the Seventh National Population Census (2020), New Fountain County, Zhejiang Province* [in Chinese], complied by The Office of the Leading Group for Population Census of the People's Government of New Fountain County, 2020, internal publication, held at New Fountain County Archives, File No.C924.255.54/067.

[5] *World Population Prospects 2022*, by United Nations, Department of Economic and Social Affairs, Population Division. Accessed on 02. 07. 2025, from https://www.un.org/development/desa/pd/content/World-Population-Prospects-2022.

[6] Subdistricts, towns, and villages collectively form the foundational units of governance in China. But they differ significantly in legal status and functional roles. Subdistricts operate as administrative extensions dispatched by county-level city governments (or municipal districts), functioning as urban management arms primarily serving concentrated urban populations through community services and municipal oversight. By contrast, both towns and villages constitute full-fledged local governments with autonomous administrative powers yet diverge

in their economic orientations: townships govern predominantly rural, agriculture-based territories, while towns typically occupy transitional urban-rural corridors where non-agricultural industries feature prominently alongside agricultural activities.

[7] In Chinese, this slogan reads "*lao you suo yang, laoyou suo yi, lao you suo wei, lao you suo xue, lao you suo le* (老有所养、老有所医、老有所为、老有所学、老有所乐)."

[8] The ADL assessment evaluates six essential functions: eating, dressing, transferring between bed and chair, using the toilet, indoor walking, and bathing. Individuals are classified as having mild impairment if unable to perform 1-2 tasks, moderate impairment for 3-4 uncompleted tasks, and severe impairment when 5-6 tasks cannot be accomplished.

[9] Lu made such comment at the 11th meeting of the Standing Committee of the 14th National People's Congress on September 10, 2024. Accessed from http://www.npc.gov.cn/c2/c30834/202409/t20240911_439362.html.

[10] Two salient forms of compromised gift-giving are food sharing and commendation banners presenting. Such banners are silk wall-hangings embroidered with gratitude statements. They are acknowledged by Sunset as tokens of recognition and can be translated into staff bonuses.

Chapter 2: The Contested Elderhood

Introduction

Caregiving and receiving are rarely neutral practices; they are co-constituted with the prevailing social understandings of the groups they engage. The emergence of the child as a paradigmatically vulnerable subject was not a timeless fact but a historical formation in Euro-American societies from the nineteenth century onward, accompanied by the rise of welfare, educational, and legal institutions oriented toward protection and cultivation (Cunningham 2014). Likewise, the organization and meaning of eldercare also shifts alongside the notions about what elderhood is and ought to be. Over the past century in many parts of the Global South, long-standing images of elders as embodiments of authority, wisdom, and moral seniority have been challenged by the rise of the nuclear family, mass media, and public education, which therefore changes the previous eldercare pattern in significant ways (e.g., Coe 2022; Cohen 1998). In the previous chapter, I traced how new political forces have facilitated the rise of institutional eldercare in China as an emerging form of eldercare. To better understand how this commodified arrangement is experienced on the ground, it is necessary to first examine the meanings of elderhood in contemporary China.

This chapter will demonstrate contested constructions of elderhood. Popular media offer a revealing entry point. Rather than advancing a unified vision of old age, media representations are marked by the coexistence of competing images. On the one hand, public discourse often emphasizes fragility and dependence. The widely circulated term "empty nesters" (*kongchao laoren*, 空巢老人) portrays older adults living without children as lonely, depressed, and socially isolated figures deserving pity and concern. In everyday public spaces, such as buses and subways, one often gets reminded to give up seats to seniors by announcements repeatedly invoking Confucian injunctions to "respect the old and cherish the young." On the other hand, images of resourceful and active elders are no less prevalent. In Zhejiang Province, local newspapers and WeChat official accounts—subscription-based public channels in China's all-purpose social media app—regularly feature older volunteers who cut hair for peers, organize cultural activities, or mediate community disputes. Some others are praised as "silver-haired talents" (*yinfa rencai*, 银发人才) for continuing to work, preserving intangible heritage, or contributing to local development.[1] Still others are honored as "moral exemplars" (*daode mofan*, 道德模范) in public campaigns for their virtuous deeds.[2]

Beyond media portrayals, similar tensions between vulnerability and resilience, dependence and contribution, passivity and activity are evident in everyday life. Across the day, older people visibly inhabit public spaces, engaging in practices from taiji and qigong to walking birds, writing water-calligraphy, and joining self-organized groups for square dancing, hiking, or collective strolls. In parallel, adult children often expect their parents to adopt a docile and sedentary lifestyle: to withdraw from physically demanding or agricultural labor and to defer to their children's decisions regarding medical and lifestyle arrangements. Yet it is equally common for older adults to be expected to remain active in reproductive labor, particularly by assisting with childcare.

Anthropological scholarship on post-reform China has productively analyzed elderhood through the dialectic of rupture and continuity. Two major ruptures are particularly salient. Two ruptures stand out. The first is the disintegration of the Confucian cosmological order, which

has substantially eroded the elder's traditional role as a moral authority and exemplar of virtuous maturity, thereby displacing the patrilineal male elder and the ancestor from a position of assured reverence and material support (Fei 1939; Hsu 1967). This transformation unfolded over the past century, as political movements directly challenged Confucian norms and age-based hierarchies and, subsequently, expanding marketization and the retreat of collective structures further reinforced the rise of individualism (Yan 2001). The second is the collapse of Maoist moral compass and historical teleology, which stripped the older generation of its political identity as witnesses to and participants in socialist revolution. Yet these transformations did not entail a linear erosion of all prior norms related to age. Many values adapted to new political-economic and moral landscapes. Virtues associated with labor, such as frugality, diligence, and self-reliance, persist among the older generation, though no longer oriented toward collective socialist ends but increasingly toward family well-being (Boermel 2010; Bruckerman 2017a, 2017b; He 2021; Wang 2023). Along gendered lines, some normative scripts have likewise evolved but also retains constraining force in regionally differentiated ways. Ideals of female modesty and domestic devotion continue to shape expectations of older women (Huang 2021), as do enduring taboos surrounding elder sexuality (Shea 2011).

This chapter adopts a similar dialectical lens to analyze elderhood, tracing how it becomes contested through the reworking of older norms, the intersection of transnational influences, and their local adaptations. However, while much existing literature relies primarily on a temporal scale and treat the reform era as the key coordinate for understanding change, I introduce a horizontal dimension of social context. I examine how contestations among different moral visions of elderhood vary across settings and social relations. Specifically, I focus on institutional eldercare as a distinct medical-political-moral environment for later life, one that differs markedly from other less standardized contexts in everyday life. In doing so, I build on a crucial insight from anthropological studies of aging: although biomedical paradigms increasingly shape later life, they do not wholly determine how aging is lived (Lamb 2017; Lynch and Danley 2013; Gammeltoft 2014: 60). I attend closely to how structural forces intersect with, or rub against, local moral worlds, and to how older adults respond situationally to normative scripts of aging. Ethnographies from both the Global South and North show that older people, like individuals at other life stages, actively rework their social and moral identity (e.g., Kavedžija 2019; Lamb 2009; Seidel, Prendergast, and Saris 2025).

I will demonstrate that in today's China, elderhood lacks a singular, totalizing framework but instead forms a broad moral repertoire, in multiple meanings and values of late-life dependence not only coexist and clash but, more critically, acquire differentiated worth across contexts. One prominent mode emerging within this repertoire is what I call "passive elderhood," characterized by two interrelated features: the taken-for-grantedness of dependence and the normalization of socio-economic disengagement and tranquility. This mode is context-specific, becoming most pronounced within institutional eldercare. As a proxy of welfare paternalism, institutional eldercare advances professionalization and standardization that align closely with biomedical and technocratic rationalities, thereby framing older adults as relatively homogeneous objects of management and protection. Yet older adults themselves, including nursing home residents, embody heterogeneous understandings of aging and eldercare, and thus variously attenuate, reinterpret, resist, or strategically perform the mode of passive elderhood.

The tensions among these coexisting meanings manifest as intersubjective frictions between elders, their adult children, and practitioners, ultimately producing the pervasive sense of uncertainty that characterizes institutional eldercare.

In what follows, I first trace the formation of "passive elderhood" at the intersection of local politics and transnational influences, highlighting its salience in institutional eldercare. I then turn to intergenerational frictions over what accounts as appropriate dependence, to illuminate historically divergent visions of elderhood and personhood. Finally, taking the polysemic vernacular phrase "*xiangfu*" (享福, lit. enjoy the blessing) as the trope, I analyze how elders and their significant others deploy this term differently to ascribe contrasting values to late life in nursing homes. In so doing, I expose the intensified tensions between competing visions of late life within institutional confines. Collectively, this chapter illuminates the contested elderhood in contemporary China and highlights how it produces and amplifies the uncertainties of institutional eldercare.

Passive Elderhood: An Emergent Mode under Welfare Paternalism

By the notion of passive elderhood, I refer to one salient normative mode within the broader moral repertoire of elderhood. This mode defines later life as a condition shaped less by individual agency than by the acceptance of external provisions and arrangements and treats such acceptance as a desirable way of aging. It does not constitute a totalizing framework. Rather, its prominence in ideological discourse and institutional practice makes it a useful point of reference for grasping the more diffuse configuration of contested elderhood in contemporary China.

Specifically, within in this mode, older adults are expected, first, to withdraw from "labor" in the broadest sense, understood as energy expenditures (Firth 1979: 179) and, correspondingly, to accept reliance on others. Such dependence may be material, bodily, or practical in form. Dependence itself is not valorized as a moral good, nor is it interpreted as a moral failure or a loss of personhood. Instead, the conditions that enable elders to become dependent are taken as evidence of a well-functioning social and moral order, one marked by orderly intergenerational reciprocity, capable families, and a party-state attentive to the public welfare of its subjects. Closely related to this feature is an expectation that older adults cultivate a tranquil and benevolent disposition: refraining from expressing confrontational emotions or oppositional opinions and instead displaying compliance and emotional composure. These dispositions are treated as markers of personal virtue and good fortune. They also signal one's entry into a threshold stage of life characterized by gradual detachment from worldly concerns, or, in local idioms, by a form of wisdom associated with "knowing one's mandate of Heaven" (*zhi tianming*, 知天命).

Although this mode resonates with familiar cultural idioms, it is not a simple continuation of local tradition. It takes shape under state-led welfare paternalism and emerges as a hybrid formation at the intersection of transnational influences and local political arrangements. One key site where this formation becomes visible is the localized reworking of the paradigm of "successful" or "active" aging, which has contributed to the normalization of dependence described above, particularly in the context of institutional eldercare.

The paradigm of "successful/active" aging is a cultural-biopolitical project that gained prominence in the late twentieth century. Initially articulated by gerontologists John Rowe and

Robert Kahn (1987), it was subsequently institutionalized through international health organizations and development programs. The paradigm promotes four core values: individual agency and control, independence from others, continued productivity through activity, and the aspiration toward enduring personhood across the life course (see also Waddell et al. 2025). Anthropological research has shown that this paradigm bears a strong Euro-American cultural imprint. Concepts such as the "ageless self" (Kaufman 1985) and the "permanent self" (Lamb 2014) capture an ideal that has prevailed in societies shaped by long-standing traditions of individualism, where frailty, illness, and even old age itself are often associated with shame and moral failure. Within this framework, older adults face a moral imperative to maintain an autonomous, able-bodied self throughout an ideally extended adulthood, even if youthfulness cannot be preserved (Buch 2018; see also Rose 2007).

Over time, this paradigm has taken on an increasingly biomedical orientation. Recent gerontological research has reinforced this tendency by drawing a clear distinction between a "third age" and a "fourth age," referring respectively to older adults who are healthy, active, and socially engaged, and those who experience dementia, chronic illness, and dependence on intensive healthcare (Higgs and Gilleard 2015). Subsequent work by Lamb and her collaborators demonstrates that this biomedicalized paradigm has extended widely to the Global South, where it has undermined local visions of later life by disembedding aging from alternative understandings of the life course (Lamb et al. 2017; see also Lamb 2014; Carr, Biggs, and Kimberley 2013).

China is no exception to this transnational circulation. The party-state has acted as an active promoter in incorporating that paradigm.[3] China joined its earlier institutionalization through the WHO and the 2002 Madrid International Plan of Action on Ageing. After 2010, Chinese engagement intensified through evaluation and collaboration within international aging initiatives. The UN Population Fund and the China National Committee on Aging launched county-level pilot programs beginning in 2006 to promote healthy and active aging through evidence-based approaches, while supporting the preparation of China's implementation and assessment reports for the Madrid Plan in 2007. During the 12th Five-Year Plan (2011 to 2015) period, active and healthy aging entered municipal planning in cities such as first-tier Beijing and Shanghai. By the 14th Five-Year (2021 to 2025) Plan, it had become a guiding principle integral to the national strategy of "actively respond to population aging."

This state-led promotion does not amount to a straightforward transplantation but involves a selective translation and reinterpretation. As discussed in the first chapter, the party-state has expanded public investment in elder welfare with unprecedented intensity and has framed such expansion as a source of political legitimacy. Meanwhile, it has retained the family as the primary locus of eldercare. Within this context of welfare paternalism, polices preserves that paradigm's emphasis on "activity" and "autonomy" literally, but shifting them from as individualist and neoliberal ends into collateral outcomes of welfare provision.

The priority placed on provision is evident in policy design. The 14th Five-Year Plan for Healthy Aging, implemented across administrative levels, calls on older adults to cultivate "proactive health management capacities," whilst lays more emphases on the responsibility of local governments in safeguarding elder welfare and designating the family as "the first line of defense" (SCS 2022).[4] At the local level, this emphasis becomes even clearer. In New Fountain, the BCA issued the "Six Improvement Programs" in 2022, a policy package modeled on central

blueprints. The document devotes most of its content to how the government, either directly or through third-sector actors, should expand and enhance service provision for different categories of older citizens. Only a small portion addresses initiatives such as health education lectures or activities that might reshape older adults' subjectivity. This imbalance is mirrored in the everyday work of local bureaucrats. In annual reports delivered by municipal leaders, he mentioned active aging rhetorically but focus overwhelmingly on the development of a multi-tiered system of eldercare (Zhou, Qiu, and Fan 2022). Such patterns are not local anomalies but are widely observable across Zhejiang Province and likely elsewhere.

A commentary that directly engage with "active aging," published in *Zhejiang Education News* by Cheng Xianping, associate researcher and deputy director of the Research Center for Aging Society Development at Zhejiang Open University, clearly confirms this tendency. Writing from the perspective of a political insider, Cheng (2026) criticizes the current orientation of elder education for treating it primarily as a welfare or leisure activity rather than as a platform for capability development. This "emphasis on interest over capacity," he argues, reduces elder education to a form of diversion and undermines the goal of enabling elders to "age with contribution" (*laoyou suowei*, 老有所为). If we still remember, this notion exactly originates from the 2012 revision of the *Law on the Protection of the Rights and Interests of the Elderly*. That revision also marked a decisive expansion of eldercare provisions by formally mandating adult children to provide not only material support but also "spiritual consolation" (*jingshen shanyang*, 精神赡养) to their parents, including attention to emotional needs, avoidance of neglect, and maintenance of regular contact when living apart.

This selective reworking of the active aging paradigm helps explain why its official endorsement does not contradict the emergence of passive elderhood. Older adults may welcome opportunities to actively manage their health or participate in public activities. Under the political logic of welfare paternalism, however, such engagement functions primarily as evidence of well-organized social and familial support, demonstrating that welfare provision is sufficient to support continued participation only if certain elders happen to be interested and capable. More importantly, the overriding priority placed on expanding and enhancing welfare provision often reinforces the passive mode, particularly in specific social settings, for instance, institutional eldercare.

At Sunset Nursing Home, residents are indeed encouraged to participate in recreational and social activities. Far greater emphasis, however, is placed on standardized and biomedical management of residents and daily provisions they receive. Like other flagship facilities in Zhejiang, Sunset relies on unified assessment scales to classify residents by degree of disability, routinizes provisions through standardized packages, and manages risk through monitoring and documentation. In principle, these arrangements need not normalize dependency, as seen in other nursing facilities in other parts of the world (e.g. Driessen 2023; Robbins, J. C. 2020; Stanford, P. 2003).

In practice, the institutional normalization of dependency is intensified by a governance environment oriented toward risk minimization and performance evaluation. As the political stakes of institutional eldercare have risen, flagship facilities have become important partners for local governments in accumulating administrative achievement. On one hand, avoiding accidents, particularly those involving injury or death, has thus become a paramount concern, as such incidents can escalate into serious political liabilities for responsible officials. Ensuring

smooth service delivery and minimizing operational uncertainties turn into a rational risk preference. One illustrative example concerns mobility. To reduce the risk associated with flexible outings, Sunset administrators seek to persuade guardians not to authorize residents' independent movement, even for those who are physically and cognitively capable. A local civil affairs official confirmed that this arrangement aligns with her expectations. On the other, the high demand of performance evaluation further reinforces daily provision to be organized rigidly around specific audit requirements for food, hygiene, and health. As a result, many residents are unable to organize their living spaces or daily rhythms according to personal preferences and instead rely heavily on attendants' arrangements, which are sometimes experienced as intrusive or controlling (detailed in Chapter 4). In matters of hygiene, for instance, residents may consider themselves capable of cleaning their rooms according to personal standards that differ from those required by institutional protocols. Attendants, however, are expected to meet specific hygienic benchmarks, such as the absence of expired food or odors. Consequently, rooms are regularly reorganized or cleaned regardless of residents' preferences. Such discrepancies in standards deepen residents' dependence across everyday domains.

This section has shown that passive elderhood emerges as a hybrid mode under state-led welfare paternalism. Its influence is partial and context-specific, refracted through localized articulations of the active aging discourse and materialized most clearly in institutional settings where professional and standardized measures directly or indirectly intensify residents' dependence. The situational scope of this mode anticipates the frictions it generates, as its values and assumptions encounter alternative visions of aging.

Intergenerational Frictions over Appropriate Dependence

In contemporary China, dependence constitutes a contested dimension within the broad moral repertoire of elderhood. From a macro cultural comparative perspective, dependence does not generate the same level of anxiety that it does in societies where individualistic autonomy and dignity are tightly coupled, such as the United States (Buch 2013), the Netherlands (van der Veen 2016), or Japan (Kavedžija 2019).[5] My elder interlocutors often spoke matter-of-factly about their reliance on others and on material aids, as well as about the disabilities and illnesses that gave rise to such reliance. Conditions that might elsewhere be treated as clear markers of lost capacity, such as the use of walking aids or assistance with toileting, can also be openly displayed and discussed without evident embarrassment.

This relative acceptance, however, does not imply that dependence is valorized in itself. While it might be the case in specific circumstances, it more often underpins negative experiences of aging. "That's what it's like when one gets older," elders frequently remarked when I asked about their later life experiences. This tautological expression, and others like it, carries a stance of refusal, as if the meaning of old age were self-evident and beyond further explanation. As conversations unfolded, such remarks consistently point to a cluster of negative associations: illness and physical decline, but also boredom, frustration, marginalization, and resigned acceptance. It is in this context that pejorative descriptors such as "useless" (*meiyong*, 没用) and "worthless" (*buzhiqian*, 不值钱) are repeatedly invoked to describe a perceived decline in productivity and the resulting dependence on adult children's households.

The negative experiences associated with dependence cannot be reduced to the normative mode of passive elderhood discussed above. Rather, they reflect an existential crisis concerning elders' self-worth and sense of meaning. This crisis is embedded in the post-reform historical context, in which shifting visions of personhood have profoundly reconfigured the meanings and values of dependence. Dependence is therefore best understood not as a personal attribute that one simply possesses, but as a relational status through which older adults are socially recognized, evaluated, and positioned within concrete relationships. To analyze dependence relationally, I draw on Lamb's (2013; 2014: 45) concept of "appropriate dependence," which directs attention to which forms of reliance are recognized as acceptable or unacceptable, dignified or humiliating, at particular life stages and within specific relational configurations. Building on this insight, I examine how such recognitions become contested across generations.

First of all, filial-based support remains as an axiomatic form of appropriate dependence. In most circumstances, the older generation generally expects and welcomes support from adult children, particularly in material and financial terms. Regular visits that bring food, holiday gifts, payment of medical bills during hospitalization or treatment, and periodic allowances are widely taken by my interlocutors as morally self-evident. This expectation applies not only to rural elders who lack sufficient pension income and depend on children for daily subsistence, but also to retirees with stable pensions, who interpret such support, even when unnecessary in economic terms, as children's expression of concerns. Some elders may go further and take pride in financial dependence when it compares favorably with that of their peers. At Sunset, for instance, residents from rural backgrounds often told me that they could not afford the residency fees and emphasized that these costs were fully covered by their children. By openly foregrounding their dependence, they affirmed their children's filial support as appropriate. The more they contrast their own perceived backwardness, limited education, or rural origins with their children's capacity to provide, the more strongly they confirm such dependence.

However, filial-based support is also major source of intergenerational friction over what constitutes appropriate dependence. How so? The reason lies in the forms that support takes and in its divergent meanings across generations. As ethnographic studies have shown, filial practices have changed substantially. Material support has increasingly been mediated through commodified services, while filial obligation has expanded to encompass emotional and psychological support (e.g., Wang 2025; Yan 2023; Zhang, H. 2016). At the same time, visions of a good late life have diversified, shaped in part by emerging models such as passive elderhood. Under these combined dynamics, the degree to which support intervenes in elders' lifestyles and daily routines becomes a focal point of contestation. In short, what younger generations frame as appropriate dependence is very likely to be perceived by older adults as intrusive or even objectionable.

Debates over whether and how elders should continue to work constitute a key site of such friction. Here, I use the term "work" not in the neutral sense of energy expenditure but follow Wallman's (1979: 4ff) definition of activities that provide meaning. Except for a small number of retirees from SOE or governmental agencies, most of my elder interlocutors had engaged in various forms of informal or semi-formal productive work in varying degrees prior to entering Sunset. For rural residents, this typically involves growing seasonal vegetables or, in some cases, cultivating cash crops such as tea or peanuts. Urban elders usually pursue a wider range of activities, including collecting and reselling recyclables, providing religious services, or

undertaking domestic labor for pay. While economic gain matter, these activities differ markedly from the "ceaseless toil" described by Davis-Friedmann (1991) for rural elders in the 1960s, who were driven primarily by subsistence needs. My interlocutors' works carry meanings beyond income generation: structuring daily rhythms, maintaining social ties, and avoiding a sense of complete idleness (detailed in Chapter 3). Such work participation also carries moral weight, as commitment to work has long persisted as a core component of personhood oriented toward family's thriving (Harrell 1985, 2000).

By contrast, for many adult children, born in the 1960s and 1970s who spent most of their adult lives in the reform era, elders' insistence on continued work is partially intelligible yet problematic. It is often attributed to habits formed under pre-industrial scarcity and to lingering trauma from material deprivation during the Great Leap Forward famine. Whether or not this interpretation is accurate, it motivates children's intervention in their parents' lifestyles. They seek not only to persuade elders to withdraw from productive labor, but also to encourage an idle and carefree late life, especially when they perceive declining health or physical capacity. Some even treat rest and leisure as evidence of proper filial provision and read parents' continued work as a visible sign of their own failure, one that risks moral embarrassment. One daughter, for instance, described why she had persistently tried to stop her seventy-year-old mother from selling vegetables at the wet market. A former colleague once mentioned seeing an older woman vending and asked whether it was her mother. Although the daughter believed the remark was casual and not malicious, she recalled feeling ashamed. "It gives others the impression that we (herself and her siblings) haven't taken good care of her," the daughter explained. "That she had to go out and set up a stall at such an old age."

Accordingly, it is common that adult children promote reproductive labor as a more acceptable and valuable alternative to productive work. Two interrelated forms are particularly common: managing domestic tasks for adult children and assisting with the cultivation of grandchildren. These activities are valued not only for alleviating the burdens of dual-income families, but also for aligning with an ideal of late life centered on family happiness—an ideal encapsulated in the phrase *han yi nong sun* (含饴弄孙, lit. to enjoy playing with grandchildren). Elders mostly are willing to accept the proposals for reproductive work. Recent studies have noted the prevalence of multigenerational cooperation, that grandparents either stay in rural areas to look after grandchildren while their children migrate for work or relocate to the city to assist nuclear families (e.g., Qi 2021; Shi, Z. 2023; Thomason 2021). Although my case does not involve long-distance migration, similar collaborations are common. Across both rural and urban families, older adults often recall periods of commuting between their own homes and their children's, or moving in with them, to provide reproductive support. This arrangement is especially salient when grandchildren are in kindergarten or primary school, a stage that demands intensive supervision while the middle generation is often at a peak moment of career development.

Yet such willingness does not mean that elders share the same interpretation of its significance as their adult children. For the latter, promoting reproductive labor can also serve to redirect elders' time and attention to curtail their productive work. A street-level bureaucrat in Clear Water Subdistrict, for instance, told me that she deliberately "assigned" her father-in-law a daily responsibility to stop him from tending the family garden, instructing him instead to pick up and drop off his great-granddaughter from school. A similar logic of redirection also

informs children's encouragement of leisure and cultural participation. Many collect information about local programs and urge their parents to join activities such as square dancing, *taiji*, music, or choral groups. Compared with the broad acceptance of childcare and domestic help, however, elders' engagement in these activities is more uneven and depends largely on personal interests and existing social networks.

With all being said, elders' participation in reproductive labor or leisure activities rarely means that they would cease productive work altogether. The balance among these activities varies by individual. Some redistribute time more flexibly; others adjust the content or intensity of their work. Productive engagement often persists, even if it gradually declines. Its termination typically requires a major life event, most commonly an illness that impairs mobility, such as a stroke, or relocation to a nursing home. Such persistence precisely constitutes the reason that adult children may label their parents "stubborn" or "irrational." Take Ding, a woman in her early seventies, for instance. She had lived for many years with her second son's family on the outskirts of the city. During this period, she both helped escort her school-aged grandson and collected recyclables in her neighborhood for resale, while also tending vegetables in her son's courtyard. She and her son repeatedly clashed over this arrangement until she suffered a stroke and was semi-coercively relocated to Sunset. Recalling this period, she told me, "There are so many hours in a day. I must find something to fill them anyway."

The substitutive relationship among reproductive work, leisure participation, and productive work as perceived by adult children, in contrast to their parallel relationship as seen by elderly individuals such as Ding, reflects more than just divergent views on three concrete categories of acts themselves. Instead, this contrast sheds light on the generationally differentiated understandings of appropriate dependence. And these differences point to broader disagreements over how old-old age should be lived: how to avoid accidental risks, how to protect personal health in a more scientifically informed manner, and what kind of relatedness to establish with younger family members and the extended family. While these issues exceed the scope of this section, my data suggest that adult children in New Fountain tend to persuade older parents toward substantive dependence on family provision. Such total reliance, however, is not endorsed by the older generation, who embody moral legacies and possess their own agency.

In sum, frictions surrounding elders' dependence do not stem from the presence or absence of filial support in substance but rather emerges from the specific form this support takes when intervening in elders' lifestyles and engagement with work. When such friction escalates, moving into a nursing home readily emerges as a considered option. After all, within official discourse and media, advanced nursing homes represent the symbol for a safe and comfortable late life, a setting in which dependence can be properly arranged and enjoyed. But many residents hold different perceptions and feelings. In the following chapter, I will take Sunset as the lens to examine how the tension between differing visions of old age is experienced and navigated in the context of institutional eldercare.

The Polysemy of *Xiangfu* and Contested Elderhood in Nursing Homes

Within institutional eldercare, the vernacular phrase *xiangfu* (lit. enjoying blessing) becomes a key trope through which different actors articulate competing valuations of late life. Historically embedded in the cosmology of ancestral blessing within Han folk religion, *fu* once signified the

accumulation and transmission of moral merit across generations.[6] In contemporary usage, the term has largely detached from those transcendental associations and has come to approximate a broader notion of happiness, referring to a multidimensional sense of life fulfillment that includes, but is not limited to, material sufficiency, stable family and social relations, bodily health, and inner contentment (Chen, L. 2019; Stafford, C. 2015). But *fu* is not reducible to hedonism or individual satisfaction. Across the entangled transformations of political morality and commodification over the past half century, it has retained a strong moral orientation, indexing a meaningful life realized in alignment with family continuity and wider social change (Hizi 2024; Shi, Z. and Hizi 2026).

As an umbrella term, *xiangfu* readily extends to older people. In general, it invokes an image of a fulfilled later life marked by longevity, physical well-being, and intergenerational harmony. At the same time, its semantic breadth renders it highly polysemic, capable of carrying divergent visions of what constitutes a good old age. The derivative expression *qingfu* (清福, lit. tranquil blessing), often associated specifically with later life, provides one illustration. It typically refers to a tranquil and leisurely old age and is commonly interpreted as encouraging elders to cultivate detachment and withdraw from worldly matters, including disputes within and between their children's families.[7] Yet some older adults themselves dismiss this interpretation as a "utopian fantasy of lying flat," one that risks undermining positive psyche (Deng 2026). It is precisely this polysemy that makes *xiangfu* analytically revealing in the nursing home context, where different actors mobilize different dimensions of the term of *fu* to negotiate and debate over the value of institutional eldercare. This helps reveal how the institutional context produces and intensifies the contested elderhood.

For some adult children, *xiangfu* signifies a late life secured through visible withdrawal from productive work and reliance on familial provision. This is especially evident when they invoke the term to describe or imagine life inside a nursing home to their parents suffering varying degrees of impairment, investing institutional residence with positive moral meaning. Meals, hygiene and medical needs are handled by attendants and doctors, so that elders are relieved of tasks that might strain their frail conditions. Practitioners at Sunset endorse this interpretation, while adding a professional and affective dimension. They emphasize not only the safety protocols and biomedical standards that ensure high-quality services, but also the sincerity and compassion that should drive those services. As one manager remarked, she repeatedly instructs middle-level managers to train frontline attendants to be "filial" attendants: "treat your elders as if they were your own parents." These nuanced differences notwithstanding, adult children and practitioners alike narrow *xiangfu* to signify more to the acceptance of external provision, thereby reinforcing the mode of passive elderhood discussed earlier.

These converging interpretations crystallize into a script that distinguishes "good" from "problematic" residents through markers of compliance, manageability, and limited initiative. Sunset attendants praise residents who readily accept assistance and refrain from making extra requests. In contrast, residents who exhibit excessive initiative, such as insisting on performing small chores independently, questioning arrangements, or openly expressing dissatisfaction, are often subject to negative appraisal. They are often described as difficult, or, in attendants' common phrasing, "hard to *guan*" (管, a term that connotes both nurturance and control; detailed in Chapter 4). This evaluative logic also extends to emotional comportment: composure, gentleness, and optimism are markedly favored over irritability or visible despondency.

Common admonitions such as “Don’t overthink it” and “Just relax and enjoy your life here” are routinely directed at residents perceived as problematic, serving to realign their conduct and affective disposition with the narrowed version of *xiangfu*.

Elders themselves, however, understand and deploy *xiangfu* in more ambivalent ways. The term indeed encompasses relief from hardship and the comfort of being provided for in advanced age, while also signifying stagnation, excessive idleness, and loss of rhythm. These meanings do not align neatly with individuals in a binary manner but can coexist within the same individual. Even when residents quietly contest this narrowed interpretation of *xiangfu*, they do not necessarily reject institutional provision. They can exhibit contextual flexibility when navigating the tension between the institutional script and their own personal aspirations through different, sometimes overlapping, modes of adjustment.

Endurance is perhaps the most common and least visible of these responses. As Sunset’s daily routines are highly organized around meals, medication, naps, and scheduled activities, they easily produce a repetitive tempo and a sense of monotony (see also Keimig 2021). “Waiting” is a recurring expression residents use to describe life inside: waiting for visits, for the next activity, or simply for time to pass. Some liken it to confinement. Yet such remarks often coexist with acknowledgments of safety and convenience. One male resident in his eighties o frequently spoke of feeling “not like himself” (*bu zizai*, 不自在) for being barred from woodworking, an activity that had once structured his days as a carpenter in his rural hometown. At the same time, he recognized that Sunset spared him the risks and loneliness of living alone. He endured the loss of that rhythm while seeking modest substitutes, such as mahjong or daily walks. His stance combined dissatisfaction with pragmatic adjustment rather than outright rejection.

The search for substitute activities points to another mode of engagement: selective embodiment. Residents participate in both organized programs and self-initiated group activities. Those in relatively stable physical condition have access to exercise sessions, singing groups, holiday events, Buddhist chanting, or Protestant worship. Residents with more limited mobility also take part in activities adapted to their capacities. Participants rarely describe these activities in the elevated language of “active aging,” but more often frame them pragmatically as ways to pass time or avoid loneliness. In this way, participation does not erase attachments to earlier value orientations and identities. A retired middle school teacher, for example, initiated and led a *Baduanjin* (Eight-Section Brocade), a traditional Chinese qigong routine of gentle stretching and breathing exercises, group of about a dozen members. “Even after I’m retired,” she once commented, “I should still shine and heat (*fa’guang fa’re*, 发光发热).” The phrasing echoes the Mao-era “Learn from Lei Feng” campaign, which elevated selfless service and social contribution as emblematic socialist virtues (see Jefferys and Su 2016).

Humor and guarded composure provide further ways of negotiating the institutional script. Some residents utter self-deprecating expressions such as “old and useless,” “not good for much anymore,” or “stubborn old one” interchangeably with laughter, especially when being corrected or advised by attendants. Such remarks indirectly negate the narrowed version of *xiangfu* and preempt criticism. Residents who combine light humor with a cooperative demeanor are regarded as easier to care for. Liu, a near-centenarian widow, exemplified this balance. Publicly, she maintained a calm smile and expressed gratitude to staff. In private conversation with me, she once explained that she keeps intentionally doing so to maintain

smoother relations with peers and attendants. Her such strategic composure helps preserve dignity while drawing distance from external interventions.

Taken together, these overlapping practices of endurance, selective embodiment, humor, and guarded composure illustrate how *xiangfu* reflects the contested elderhood. The younger generation's version of *xiangfu* narrows toward managed tranquility and visible contentment. Residents inhabit and rework this version in various ways. Institutional eldercare therefore does not stabilize a single vision of good old age. It becomes a site where multiple visions intersect and situationally come into tensions.

Conclusion

Multiple and sometimes contradictory images of older people circulate in contemporary China. Older adults appear, at once, as frail dependents waiting for assistance from kin and others, as laggards gradually falling out of sync with a rapidly digitizing society, as victims vulnerable to telecom scams and health-product schemes, as leisurely participants in public sociability and recreation, as reproductive contributors who shoulder domestic and childcare responsibilities for nuclear households, and as civic-minded volunteers celebrated for social contribution. These representations are undeniably heterogeneous, and some scholarship has begun to address this heterogeneity through variable-based analyses that proceed through fine-grained categorizations such as gender, region, or socioeconomic strata (e.g., Li et al. 2024; Huang 2021; Song et al. 2025).

This chapter takes a different tack. It attempts to offer a holistic analysis of elderhood. Drawing on a dialectic of rupture and continuity, I focus on disagreements over appropriate dependence in late life to delineate the contours of a contested elderhood. Ordinary people and policymakers alike express a deep concern for older adults' well-being, but their visions for what accounts as meaningful late life largely diverge across generations and social contexts. These changing visions do not reflect a linear transition from a Confucian filial order to a more complex, marketized modernity. They emerge in the context of welfare paternalism in which political forces, transnational inputs, and moral legacies become entangled and mutually reconfigure one another. In this configuration, the question of which forms and degrees of elders' dependence count as legitimate, appropriate, or even desirable becomes highly contestable.

This contestation becomes especially visible in flagship nursing homes. As proxies that implement state-led professionalization and standardization of institutional eldercare, they tend to stabilize a mode of passive elderhood, one that frames residents as manageable subjects characterized by socio-economic disengagement and tranquil compliance. Yet this mode is never fully consolidated. Not only do residents struggle to comprehend and inhabit this new script of elderhood, but practitioners, too, cannot simply enact it without adjustment. These frictions produce and intensify the uncertainties of institutional eldercare.

The next chapter follows this uncertainty to the decisive moment of residential entry. Admission into a nursing home is not merely a service transaction; it crystallizes intergenerational negotiations over money and moral worth. Many of the values mobilized in these negotiations have roots in the Maoist era and continue to animate present-day acts. Precisely because these values remain consequential for elders and adult children alike, the decision-making process necessitates their ethical labour to work out what institutional residency means for care, responsibility, and a meaningful late life.

[1] For instance, see one of the reports from Shaoxing Municipal Office for Retired Senior Cadres. Accessed from https://mp.weixin.qq.com/s?__biz=MzIxMzQyODExNA==&mid=2247596588&idx=1&sn=0ac04bac4f109b771567dc72c30241e9&chksm=96db7f85f436c4791fe4121fb6e520397eea809b3e85ecbe57a0ba1f75d383bb40317d51f5e9&scene=27.

[2] See, for example, a retired teacher officially recognized as a "Zhejiang Good Person" for long-term volunteer service and for rescuing a drowning individual, see: http://jx.wenming.cn/xjdx/ddmf/202602/t20260205_9158250.html. In another instance, an impoverished older adult who had lost his only child was designated a Zhejiang Provincial Moral Model for his insistence on repaying debts and maintaining volunteer engagement, see: http://news.cnnb.com.cn/system/2025/03/03/030651815.shtml.

[3] The biomedical orientation and biopolitical approach to population governance echo earlier one-child policy, which treated population as an object of technocratic management while encouraging citizens to engage in self-regulation (Greenhalgh and Winckler 2005). This "scientific" approach persisted into the late twentieth and early twenty-first centuries, when policy discourse increasingly objectified population aging as a social problem requiring systematic intervention.

[4] This national policy demands local authorities to "[expand] geriatric health education content through nationwide aging-awareness campaigns to cultivate positive ageing perceptions. Guiding elders to establish "maintenance of physical functionality and independent living capacity" as primary health objectives, while fostering recognition of personal health accountability and reinforcing familial responsibility as the first line of health defense. These measures aim to institutionalize healthy lifestyle practices among seniors and their families." Accessed From https://www.gov.cn/gongbao/content/2022/content_5692863.htm, on November 5, 2025.

[5] While Japan is often considered culturally close to China, strong notions of shame and ideals of not troubling others make dependency emotionally fraught for many Japanese elders. As Iva Kavedžija (2019) shows, Japanese elders do not seek total independence but work consciously to maintain self-reliance and preserve dignity. Many prefer to live alone, relying on paid services through the Long-Term Care Insurance system, rather than accept assistance from children that might incur emotional debt (ibid: 116ff; see also Danely 2013: 173-8).

[6] *Fu* referred to blessings accumulated through virtuous conduct and transmitted across generations through ancestral worship. Properly venerated ancestors were believed to bestow blessings such as longevity and prosperity, while neglected spirits could become malevolent. Different from predestined fate, *fu* (福) is conceived as a malleable supernatural force, one that can be actively accumulated through virtuous deeds or geomantic rituals (*feng shui*, 风水).

[7] For instance, see https://baijiahao.baidu.com/s?id=1652868062559922190&wfr=spider&for=pc.

Chapter 3: Calculating Institutional Residency

Introduction

One day in early summer 2023, I drove Zhu, a forewoman working in Sunset, to her rural hometown. That was a routine trip to restock her widowed father's blood pressure medication and deliver essential supplies. As we navigated the winding mountain road, she grumbled about the trouble insistence on staying in that isolated village caused her and her siblings, half-jokingly calling him as an "old stubborn" (*lao wangu*, 老顽固). Lately, she had been devoting most of her time to her only daughter, who was about to take the college entrance examination—the family's top priority. Had her father not run out of medication, she would have postponed the trip to next month.

"If he had listened to us (adult children) and moved into the city, it would be much more convenient for everyone and good for himself," Zhu said.

She recounted her and her siblings' previous attempts to persuade him to relocate. Two options were proposed: either the father could live with one of his two sons, or move into Sunset, where Zhu could ensure he would be well attended. In either case, all three siblings are willing to split the costs and take turns visiting. Zhu sighed, recalling how these efforts had failed. She added that he was now seventy, had long suffered from hypertension, and just had a stroke a few years ago. If the neighbor had not noticed and alerted the eldest son in time, he would have already been left paralyzed or even died.

"Then why does he insist on staying?" I asked. "There must be a reason."

"Farming," Zhu replied. "That's his serious business. Planting vegetables, picking tea leaves for sale." She took his decision to be economically motivated, consistent with his extreme frugality. As the previous chapter shows, such a reading aligns with the passive elderhood that encourages socio-economic disengagement. Zhu's father, like many of his peers, perceived matters differently.

We arrived at the village in the late afternoon. It is a hollowed village, common throughout New Fountain. Two elderly women stopped Zhu on our way through, informing us her father was in the fields. That is a long, narrow plot on the hillside. There, a man in a brown-tinted shirt was fertilizing two rows of pakchoi and peanut seedlings, a walking stick resting on the earth bank nearby. He predicted a good peanut harvest this year.

"A *harvest* year." Zhu mimicked sarcastically. "Let's hope there would just be enough earnings to cover surgery if you fall while farming."

The man laughed. Zhu and I helped finish the work, then we returned to his home. She cleaned the house and organized his medicine box. No later, she raised the relocation proposal again, presenting an economic comparison about the gains and losses. Her core argument was that living and farming alone is not just cost-ineffective and even worse: a "money-losing business." The meager returns could not offset the risks: accidents, delayed rescue, irreversible bodily harm, and ultimately, and long-term healthcare, all of which would eventually lead to a huge bill that far exceeds farming gains and incur a financial burden on his children. She called this reasoning *suanzhang* (算账), which literally means "doing accounts."

The older man did not refute her directly. Instead, he diverted the topic and spoke of contemporaries who had suffered strokes, implying that limited mobility and disability as an inevitable part of aging: "That's what happens when one gets old." This sounded to me as a

circular reasoning imbued with a strong pessimism and even a kind of fatalism, equating old age itself with unavoidable suffering.

Neither did Zhu respond. She silently cleared up all the leftovers on the table. On the drive back, she appeared rather relieved. “I had anticipated this [the futile persuasion].” She said, “he’s becoming a child. Willful, beyond reason.”

To spend one’s late years in a nursing home, or not, was once primarily a question of filial piety. Two decades ago, nursing facilities were a last resort preserved for the childless and destitute, while state propaganda enshrined adult children’s support as both the ideal mode of eldercare and a socialist virtue.[1] Institutionalization therefore carried heavy stigma, often cast as the moral opposite of aging in place. It signaled either the absence of descendants or the lack of children willing to provide support. Both marked profound moral failure, indicating compromised personhood, given that in the Confucian moral order “family” constitutes an internal dimension of the moral self (Hsu 1948). That stigma gradually weakened from the early 2000s onward, as welfare reforms introduced fee-charging facilities open to the broader public, individualism increasingly shaped kin relations, and intergenerational co-residence declined (see Maags 2022; Yan 2009). Nonetheless, moral anxiety surrounding filial piety lingered around institutionalization. Senior attendants recalled to me that some residents at the time would also accuse their children of unfilial behavior for sending them to institutions.

Today, such anxieties have become rare. As I observed during fieldwork, nursing home admission no longer carries the earlier, exclusive moral association with unfiliality (see also Keimig 2021; Wang 2025). This shift, however, does not mean that institutional residency has become a purely consumer choice, nor that filial piety has lost its social efficacy altogether. To be institutionalized, or not, remains an intergenerationally contested matter, one that can easily trigger debates, disputes, and conflicts. These contentions often center on weighing the advantages and disadvantages of institutionalization against alterative living arrangements. Among these, household economy often plays an equal or even dominant role alongside concerns about other valued factors like safety, health, and social connections. As reflected in the story of Zhu and her father, two generations debate whether institutionalization constitutes a “sound deal,” whether its costs generate reasonable returns, or even profits. These debates do not necessarily exclude filial piety and may be integral to children’s delivering of their perceived proper filial obligations.

This chapter, then, asks: how do ordinary Chinese enact people institutional residency or non-residency as a meaningful mode of eldercare? How do they negotiate the relationship between monetary “value” and the other, less quantifiable “values” as these become entangled in residency contentions (Graeber 2013)? Further, it explores how such local practices contribute to anthropological understandings of money and morality in relation to care. As outlined in the Introduction, I conceptualize “care” not as a fixed good or a mere provision. Rather, I adopt a processual conceptualization that understands care as practices that creates and maintains intersubjectively recognized social relations, and that ethnographically require a posteriori attention (Thelen 2015).

The chapter examines intergenerational interactions surrounding the valence of institutionalization inside and outside Sunset, especially (deceptive) persuasions, rebuttals, and concessions built upon different economic calculations. I argue that institutional residency, despite its decoupling with stigma, remains morally ambiguous. This uncertainty arises from

the multiplicity of values, and more crucially, their intergenerationally contested valences, that such residency carries for different generations. In pace with that filial piety ceases to be the sole organizing principle, institutionalization becomes entangled with other values, such as professional expertise and biomedical healthcare. These factors turn into new forms of value not only because of their life-extending utility, but also due to their role, embedded within nursing home residency as a living arrangement, in helping cultivate a holistic form of passive elderhood characterized by socio economic disengagement and dependence. The younger and older generations' divergent and sometimes contradictory valuations of these emerging values make such residency very likely fails to become intersubjectively recognized as "care," producing contentions and also sustained moral efforts to reconcile them.

This leads to the second finding of the chapter. To address that uncertainty, both generations engage in what I call "healthcare calculation." Formally, this involves presenting healthcare related choices as economically rational, high return investments. Depending on the situation, such calculation may serve to advocate for institutional residency or to resist it. Notably, the force of such calculation does not lie in arithmetic alone but in the social process through which monetary gains and losses are folded into the long-term transactional order of household reproduction. It is through redefining institutional (non)residency as a contribution to the household economy that older adults reassert a relational status as family seniors and reaffirm their moral personhood.

In this sense, healthcare calculation constitutes a form of ethical labour. Both generations actively mobilize enduring virtues of frugality and hardship endurance in different ways and exercise speculative assessments of others' perspectives. In so doing, they strive to produce persuasive calculations that temper the value surplus of institutional residency and render it an intersubjectively meaningful mode of eldercare, even if only temporarily. Such efforts can be so intense that they sometimes resort to deceptive rhetoric, particularly on the part of the younger generation. Ultimately, this ethical labour offers a counterpoint to the vitalist tendency in anthropological studies that treats "care" as qualitatively distinct from elements of commensuration and abstraction, by revealing the productive imbrication of money and morality in bringing meaningful caring relations into being.

Healthcare Calculation: The Imbrication of Money and Morality

Economic rationality has long occupied a distressing, at times even notorious, position in studies of kinship and care. Much of the literature puts both into an a priori binary, or at least an analytical distinction, separating paid services from supposedly altruistic or intimate forms of caregiving (for review, see Fraser and Gordon 1994; Thelen 2021; Tronto 1993). As Aulino (2016: 92) observers, ethnographies conducted in Euro-American contexts have tended to confine "care" to "distinct relational space," thus irreducible "to economic considerations." Sociologist Viviana Zelizer's influential concept of "hostile worlds" captures this mindset in its strongest form. This presumes not just difference but separation between market and intimate spheres, such that "[the] entry of instrumental means such as monetization and cost accounting into the worlds of caring, friendship, sexuality, and parent-child relations depletes them of their richness" (Zelizer 2004: 124; see also Zelizer 2005; 2021 [1994]).

Early-2000s ethnographies on China's "filial crisis" examine the erosion of filial piety norms, especially family-based eldercare, amid post-socialist transformations. Although these

works do not explicitly posit a rigid boundary between intimacy and economy, they often cast market forces as a heterogeneous pressure that reshapes familial structures and moral expectations. One of their general arguments hold that rising individualism, marketization, and materialism have weakened a once-asymmetric model of filial piety originally grounded in unconditional obedience and ancestral cult; consequentially, filial-based eldercare is shifting towards a more negotiated and egalitarian form of balanced reciprocity, conditioned by intergenerational affection (e.g., Guo 2001; Ikels 2004; Yan 2003; see also Y. Zhang 2017). Some elders selectively allocated assets or proactively maintained close ties with their children as a strategic investment in their future support (Yan 2003: 178ff). This reading does capture important changes during the early reform period but falls short in analyzing the nascent eldercare service market.

Recent scholarship has noticed the rising consumption of eldercare services but tends to turn the previous descriptive distinction between family and market into an analytical one. Even while acknowledging that both categories can coexist "without causing inevitable contamination and disorder" (Zelizer 2005: 20), some scholars treat both as two different domains of their own logics (e.g., Keimig 2021; Lan 2010; Sun 2017; Wu 2022). This differentiation is condensed in their recurrent use of terms such as "outsourcing" and "commodification," which cast paid eldercare as supplementing or mediating an otherwise family-bound filial practices (cf. Wang 2025). Two ethnographies exemplify this stance. Wu Xinyue (2025) shows that adult children continue to perform emotional and supervisory work to look after their institutionalized parents. This finding leads her to conclude that contemporary Chinese hold a love/labour divide: love denotes intimate connections and expressions between family members, while labour denotes repetitive, life-sustaining tasks delegated to paid attendants (ibid.: 8). Rose Keimig (2021) also foregrounds family-bound relations but comes to a different interpretation. Based on her findings that some elders voluntarily move into nursing home to ease their children's burden, she contends that benevolence (*ren*, 仁), a Confucian virtue she sees as complementing filial piety, constitutes a crucial engine for institutional eldercare (ibid.: 35-43). Across this body, the consumption thus appears primarily as a means rather than an end, implicitly positioned as secondary to the sphere of kinship morality.

Building on this scholarship, my chapter likewise shows that institutional residency is both a moral and economic issue. Yet I depart from the existing literature by refusing to cast a morality/care and economy/money as one-way causally ordered or hierarchically related. Instead, I approach them as mutually imbricated dimensions that co-emerge in the negotiation and validation of eldercare arrangements. This perspective foregrounds money as a productive ethical force. Clara Han's (2011) ethnography about neoliberal credit consumption among Chile's urban poor illustrates this point well: consumptions or even indebtedness for significant others double as gestures of care that sustain kin ties and moral imaginaries of family (ibid.: 16ff). My Chinese case differs economically but shows a comparable pattern. Sunset elders and their adult children, despite generally secure finances, meticulously calculate the costs and returns of institutional residency. These calculations exceed pragmatic budgeting. They turn monetary value into life value by embedding expenditure, savings, and redistribution within a broader transactional order that indexes household prosperity.

Here my inquiry into this imbrication draws on a classic anthropological tradition concerned with the morality of money and economic exchange. This line of work examines how money participates in what Parry and Bloch (1989: 24) call "two related but separate transactional orders": the short-term order of immediate exchange, and the long-term order concerned with the reproduction of social and cosmic relations. The short-term treatment and classification of money constitute a crucial practice for sustaining family life, embedded within long-term kinship orders (e.g., Brandtstädter 2003; Brenner 1998; Brown 2020; Empson 2020; Kipnis 2016; James, Neves and Torkelson 2020). Even in a single cultural setting, not all money is the same, not only because of its "earmarked" uses (Zelizer 2021 [1994]: 115ff) but also because of its position within symbolic and moral orders. As Janet Carsten (1989) demonstrates in her study of Malay fishing communities, men hand over "raw" money and women "cook" it, transforming it into something morally nourishing for the household. In a comparable way, my interlocutors debate the merits of institutional residency not in terms of money in the abstract but in relation to specific moral kinds of money: money spent, money saved, and money redirected to children and grandchildren.

Following this line of thought, I will show economic calculations works to overcome the uncertainty of institutionalization, which stems from the coexistence of multiple values whose meanings and desirability are unevenly assessed across generations. As institutionalization becomes entangled with biomedical security, and professional expertise, each carrying distinct and sometimes contradictory valences, it lacks a stable meanings related to care that pertain to both generations simultaneously. Calculations resolve such value surplus by performatively foregrounding the value of economic gains, which is less intergenerationally contestable. In this process of being validated as an economically sound or even advantageous arrangement, institutional (non)residency becomes temporarily stabilized and turns into a multivalent form of care that circulates among parents, children, and the imagined collective family.

This form of validation does not rest on any fixed cultural or generationally bound morality of money. It hinges on what I call healthcare calculation, a mode of ethical labour through which actors reflexively evaluate, anticipate, and seek to reshape others' moral judgments by aligning economic value with socially valued virtues. This relational labour is oriented toward persuading concrete interlocutors rather than abstract moral principles. It is also situational and contingent, continuously adjusted in response to the shifting circumstances (see Stafford, C. 2013: 3ff; Lempert 2013: 371). In this case, calculating actors align economic contribution with values of frugality and hardship-endurance. Although less explicitly celebrated today than during the Maoist period and more readily embodied by older adults, both values retain social legitimacy. Both generations thus mobilize them as moral resources to negotiate the valence of institutional residency and reach toward their desired version of validation.

This dynamic explains why both residency and non-residency can be situationally enacted as proper eldercare. When healthcare calculation succeeds, economic reasoning merges with aspirations for household flourishing, and the boundaries between individual and family, and between self-preference and self-sacrifice, become porous. In such moments, institutional decisions resemble Marshall Sahlins's (2011) notion of kinship as "mutuality of being." Receiving care becomes a way of caring for the household, for one's late-life moral personhood, and for the continuity of a family imagined outlasting one's finite life.

The Contestation of Frugality and Elders' Continuing Labour

As the previous chapter shows, ideals of elderhood in New Fountain have diversified and become generationally contested. Younger adults, especially socio-economically advantaged ones, often cast later life as a life stage in which elders should "enjoy blessings" (*xiangfu*, 享福): leisure signals familial support, and even frailty can be reframed as a fortunate longevity. Many older adults, however, remain attached to socialist legacies, value continued labour as morally and existentially meaningful, and reject the passive elderhood implied by *xiangfu*. These contrasting ideals become pronounced when families debate whether elders should move into nursing homes.

This generational friction crystallizes in divergent understandings of the virtue of frugality. It is necessary to firstly clarify its ambiguous meanings. Locals distinguish between moderate, reasonable frugality and extreme thrift, though both can fall under the umbrella idiom "doing the household" (*zuorenjia*, 做人家).[2] This phrase refers to budgeting behaviors aimed at maintaining and safeguarding household economy, including but not limited to bargaining, reusing leftovers, repairing household items, or curbing consumption. It can praise wise, resourceful housekeeping or describe a broader habitus of remaining prudent and avoiding extravagance. When prefixed with "too," however, it turns sarcastic, mocking selfish and penny-pinching actions.

In practice, the distinction between proper frugality and excess is subtle and, more crucially, varies across generationally. The key to this shift lies in historical changes in the valuation of frugality. As Andrew Kipnis (2016: 228) notes, frugality and the related value of hardship-endurance, commonly phrased as "eating bitterness" (*chiku*, 吃苦), lost their revolutionary significance after the Maoist era, since they no longer served collective interests or the national mission of communism (see also Van der Veer 2009). Hans Steinmüller's (2013: 98-105) ethnography at a Hubei village in the early 2000s illustrates a similar intergenerational disjunction: although mottos endorsing frugality like "keep house with hard work and thrift" (*qinjian chijia*, 勤俭持家) still hang on doorframes, young men especially the out-migrating ones often deride thrift as backward "peasant values" and dismiss elders who cling to subsistence economies as "stubborn." Yet frugality has not totally disappeared. In domestic contexts, self-sacrificial thrift remains essential for older generations to perform parenthood and kinship; many find existential significance from enduring hardship to help their migrant children marry and establish households in big cities (ibid.; also see Lora-Wainwright 2011; Harrell 1985; He 2021; Zou et al. 2020).

For my informants, productive labour served as a key arena where intergenerational evaluations of frugality diverged. Before moving into Sunset, most residents had taken on one or several side jobs well into old age and often derived genuine satisfaction from them. For villagers, it was mainly about planting seasonal vegetables, and some cultivate cash crops such as tea or peanuts for sale, although they mostly have long stopped growing staple grains. Just like Zhu's father, they routinely share the harvest with children living in the urban area. As for urban elders, and those who shuttle between city and countryside, they have more diverse options. Hoarding and reselling waste is common: old newspapers, cardboard, scrap metal, plastic bottles, and other recyclables (see also Boermel 2006). Two Sunset residents had worked almost full-time as intermediaries, pedaling tricycles through neighborhoods to collect waste and resell it to larger stations. In some cases, the habit of recycling can turn wild and become

almost obsessive. As one nursing attendant told me about one of her residents whose extreme hoarding caused a house fire, leading her children to enforce her in Sunset.

Beyond the urban/rural divergence, factors of gender, networks, and personal histories also shape the choice of odd jobs. Two Buddhist residents had joined a women's religious group that produced paper ingots and recited scriptures, transforming them into ritual goods sold for ancestral offerings. A male resident who can play the *Erhu* (二胡), a traditional fiddle, joined a funeral band offering funeral ritual services. Domestic service and healthcare work are especially common among elder women; at least ten residents had experiences of working in the informal market of domestic work, providing services of house cleaning, childrearing and cooking. Inside Sunset itself, this gendered pattern is even more evident: roughly two-thirds of the nursing attendants are women older than the official retirement age of fifty-five.

Admittedly, China's unfair and limited pension system has for long forced many seniors nationwide into post-retirement work (e.g., Benjamin, Brandt and Fan 2003; Davis-Friedmann 1991; UN 2024). Yet my interlocutors did not work primarily out of economic necessity. The very fact of their residency at Sunset, the most expensive facility in the locality, already indicates substantial financial support from their children at least. My fieldwork further confirms that many enjoy relatively comfortable savings; some even hold considerable cash reserves or real estate assets that required careful planning. For these elders, side jobs carry meanings beyond income generation. While they do bring extra income, they more importantly structure daily rhythms and prevent them from being caught in total idleness. As many explained to me, side jobs resemble recreational activities like mahjong or square dancing in a way, since all offer a way to pass time, maintain social ties, and "keep yourself occupied" (*you shi ke gan*, 有事可干). Wang, an elderly lady, described her previous chanting activities when she was in the Buddhist group in precisely these terms:

> "Anyhow, one must look out for something to busy oneself. Getting out, looking around, and dealing with others. Otherwise, stay put at home and watch TV all day, one would inevitably become a fool early or late……And you know what? A free lunch is offered (at the chanting congregation). Very good Buddhist vegetarian cookery."

Adult children often interpret such labour participation differently. In Wang's case, she rose at dawn to catch free buses for chanting sessions. She emphasized her physical capability and the joy these activities brought her, while her sons insisted she overextended herself for economic reasons. Her eldest son viewed her persistence as another instance of lifelong frugality, believing she "freeloaded," risking safety for petty gains and free meals. Many children voiced similar concerns, framing elders' side jobs as "irrational" attempts to maximize economic benefits in ways they considered incompatible with modern market rationality and with the ideal of *xiangfu*. Within this framing, continued labour became evidence that elders failed to adopt what children conceive as a proper late-life mode of rest and dependence, thereby reinforcing arguments for institutional residency as a corrective arrangement.[3]

At the same time, curtailing elders' labour participation often functions as an equally important, if not always explicitly stated, motivation. Although not mandated by law, most high-end nursing homes in China, including Sunset, adopt sealed or semi-sealed management

regimes for administrative convenience and regulatory compliance. These regimes cut residents off from their previous hustles, thereby enforcing a form of late-life disengagement that many elders experience as morally and existentially troubling rather than simply restful.

In sum, shifting ideals of elderhood in contemporary China complicate the question of what constitutes a good late life. Practices elders experience as ordinary are often interpreted by their children as a remnant of a past era, habits that ought to be corrected for the elders' own well-being. These frictions cluster around frugal lifestyles and, increasingly, around institutional residency as a countermeasure. On the surface, such disagreements appear to revolve around the historical transformation of frugality and hardship-endurance as values. Yet their deeper source lies in two underlying economic logics. One treats saving as an end in itself, irrespective of the actual gain. The other evaluates frugal behavior through a cost-effectiveness lens and condemns it when it yields no practical benefit. As I show below, these competing logics are folded into healthcare calculation, through which both generations invoke frugality differently to argue for or against institutional residency and to render their preferred arrangement morally persuasive as "care."

Economical Rhetoric for Institutionalization

Zhu's attempt to persuade her father to move into Sunset, though unsuccessful, exemplifies one mode of healthcare calculation, one that functions in the subjunctive mode. Next, I will also show how this form evolves into another, more deceptive variant. In both forms, actors project, recalibrate, and at times fabricate the risks, losses, and expenses of different late-life arrangements, thereby rendering nursing home relocation morally prudent and economically responsible. I will demonstrate that these practices constitute ethical labour, for their task is not arithmetic but moral alignment. Adult children must anticipate elders' attachments to frugality and continued labour, to turn institutional residency from a disputed choice into an intersubjectively recognized contribution to household reproduction, and thus a meaningful mode of care.

To illustrate the practical workings of subjunctive calculation, I begin with two cases. Mr. Jing is the only son of a couple in their seventies. As peasants, they live in a crumbling mud-brick house. Each spring and summer rain deepens the sag of the roof; long cracks vein several walls. One side room has already collapsed, and the wooden beams supporting the main frame have softened, a condition that grows especially alarming during typhoon season. County inspectors have repeatedly warned, if informally, that the house risks being classified as dilapidated. Jing lives in the county seat with no plans to return. He visits every one or two weekend to make some fixes: nailing loose boards, filling gaps with cement, and propping weakened sections with makeshift supports—all while knowing these measures cannot address the underlying structural dangers.

In this process, Jing gradually disclosed the cost of an overhaul to his parents. A full structural reinforcement would demand at least fifty thousand yuan. Complete reconstruction would cost substantially more, an unjustifiable expense given his life established in the county seat. When his father lamented rising material costs, Jian highlighted that continual makeshift repairs would, in the long run, surpass the cost of institutional living while failing to guarantee safety. His plan was to contrast the uncertain and ongoing expenses of maintaining a deteriorating house with the predictable, all-inclusive monthly fee at Sunset, which covered

meals, supervision, and emergency healthcare. These comparisons gradually reshaped how his parents' perspective. Institutionalization turns into a practical choice, one that reduces overall expenses and relieves them from the physical labour that major rebuilding project would have demanded.

Subjunctive calculation can extend from living costs to the expenditure of elders' continued labor. Mingfa, Mrs. Lei' father, tended a small peach orchard on the sloping land behind his home on the urban fringe. In earlier years, the fruit sold well, with buyers from the nearby county market regularly purchasing in bulk. However, market returns had declined for years as middlemen increasingly sourced cheaper peaches from large commercial orchards in southern provinces.[4] Simultaneously, Mingfa contended with persistent pest problems in his orchard. Rising humidity exacerbated leaf curl and fruit borer infestations, compelling him to purchase more insecticides and sulfur sprays—expenses that accumulated steadily. Moreover, the demands of pest control placed increasing strain on Mingfa's declining health. Though he insisted he remained capable, he suffered from bone spurs and meniscus wear in his knees, which made prolonged standing difficult and often forced him to seek help from neighbors or his children for labor-intensive tasks.

Against this background, Lei began accompanying him on orchard visits. During these outings, she inquired about the cost of sprays, anti-bird netting, and other necessary farming supplies. When Mingfa admitted that the earnings barely covered these expenses, Lei compared the orchard's rising costs and physical demands with the fixed monthly fee at Sunset. By reframing the orchard through this arithmetic, Lei made institutionalization appear not as a loss of purpose, but as an economically prudent choice. Mingfa eventually agreed, remarking that his orchard had turned into a "losing business" (*peiben maimai*, 赔本买卖), not merely in economic terms, but also in its overall potential toll on his well-being and on his children's household.

Although Lei's case differed from Jing's in its focus, both operated within the same subjunctive mode. Jing targeted the material risks of a deteriorating house, while Lei recalibrated the value of her father's continued labor by translating physical strain and declining returns into economic loss. In each case, institutional residency becomes reframed as a form of anticipatory prudence, grounded in projections of future inefficiency and potential lost. Here, their ethical labor entails transforming what their parents experienced as meaningful into potential burdens on the household, thereby realigning living arrangements with economic foresight.

Given that healthcare calculation relies on forecasting, it remains susceptible to misjudgment. Correspondingly, another kind of calculative strategy takes shape: deliberately exaggerating such forecasts to produce a preferred arithmetic outcome. Under certain conditions, children may even fabricate the ostensibly factual elements of the equation, particularly the actual cost of institutional residency. While morally contentious, this slippage is analytically revealing, because it reflects the depth of actors' moral investment in securing institutionalization as a recognized form of care. The following three cases exemplify this slippage in different contexts.

Li Jun, in his early fifties, owns a vehicle repair workshop. He works year-round, saving to purchase an apartment for his second son. As his two sisters are married and live far away, he is the only child living near his widowed mother, Aihua. She resided half an hour's drive

away in an apartment built for reservoir resettlers. Unlike some migrants who lament the loss of farmland and their former homes, Aihua viewed relocation as a blessing.[5] Having been disabled in her right leg since early adulthood, she has long suffered from severe joint pain and could not perform heavy physical labor. For more than one decade after her husband's passing, she had leased out her farmland and turned to bamboo handicrafts. The resettlement brought her a one-off compensation and made her entitled to a small monthly allowance as a "no-land farmers." She also enjoyed her resettlement community, where she could play Mahjong, chat, and pass the time with peers. Even after moving into Sunset for two years, she still recalls to me those days fondly.

Aihua's attachment to that past lifestyle partly explains her initial resistance to Li's suggestion of institutionalization. Li admitted he had tentatively raised the idea but only grew serious after hearing of occasional falls among elders in Aihua's community. He worried that such an accident would eventually befall his mother, especially since the building lacked an elevator and their flat was on the fourth floor. The turning point came when Old Wang, one of Aihua's neighbors, fell on the stairs and fractured his coccyx. Despite surgery and a lengthy recuperation, he never fully recovered.

"Do you have any idea how much it costs to get in and out of the hospital once like that? For your guys who only have rural medical insurance?"[6] Li recalled posing this rhetorical question to Aihua. Her response was that, were she in Old Wang's position, she would rather die outright than endure such suffering and undergo a costly yet futile treatment. Seizing this moment, Li reintroduced the topic of institutionalization. He presented three points: that it would cost less than hiring a live-in attendant or covering a major medical bill after an accident; that he could arrange a discounted rate through his social connections; and that Aihua could rent out her apartment for additional income. Eventually, he succeeded in persuading her to move into Sunset. Afterward, Li visits every week or two, sometimes accompanied by his wife and sons. This regular routine has earned him a reputation as a "dutiful" son. Yet he still regards these visits as less of an accomplishment than his persuasion. As he once explained to me:

> "You know. The older timers always quibble. Every penny counts. That's how they made it through the hard times [during the collectivist era] (shaking his head).[7] When it comes to your mother, well, you have got to use some petty shrewdness (*xiao congming*, 小聪明). There's no other way."

The phrase "petty shrewdness," though slightly pejorative, captures a core feature of deceptive calculation as ethical labor: it involves a resourceful, tactical know-how in interacting with elders, which carries the potential for manipulation. Beyond simple arithmetic, this calculation relies on anticipating elders' frugal disposition, mobilizing fear of future loss, and leveraging knowledge asymmetries. By projecting a medical catastrophe, Li reframed his mother's preferred living situation as a risk to her health and, by extension, to the stability of the household—thereby preempting her refusal.

The next two cases show how far such asymmetrical calculation can extend into explicit deception. Liu Guohong and his wife, Juxiang, are retired middle-school teachers in their eighties. They had lived in an old apartment in the county seat. Guohong relied heavily on Juxiang due to his severe disabilities, while Juxiang herself was also frail. Their children once

hired a live-in aide, but Guohong wrongfully accused her of theft and dismissed her. Alarmed, the eldest daughter concluded he was becoming "confused" (*hutu*, 糊涂)[8] and pressed for institutionalization. After repeated attempts failed, the children staged a performance. They invited a former colleague to visit the couple and fabricated a welfare policy that allegedly granted retired exemplary teachers free institutional services. Persuaded, Guohong agreed to a trial stay at Sunset. The tactic succeeded. As the eldest daughter recounted to me with a smirk, Guohong later chose to remain at Sunset and marveled at it: "Three free meals a day, brought right to your bedside, and caretakers available anytime."

In this instance, economic reasoning is entirely invented. Yet it is precisely the illusion that performs the same ethical function. By presenting institutional residency as a state-recognized reward rather than household expense, the children transform relocation into moral entitlement and economic prudence.

Deceptive calculation is not limited to families. Nursing attendants also employ it to manage residents. Li Yue, a man in his late seventies with severe Alzheimer's, was placed in Sunset by his two daughters. He never fully grasps where he is, and repeatedly tris to leave, under the delusion that his grandson's wedding is imminent. During the day, he often wanders the halls clutching a torn milk carton, searching for an exit. On one occasion, he slipped through a gap in the wall and made his way to the road, where a passing traffic officer escorted him back. Such behaviors present a significant challenge to his attendant, who worries she could be held liable for any harm that befalls him. With consent from both management and Yue's daughters, she has tried various measures, from confinement and schedule adjustments to administering sleeping pills. She eventually found deceptive persuasion most effective. She repeatedly tells Yue—whose short-term memory is unreliable—that he should remain at Sunset because doing so allows him to contribute economically to his daughters' households and his grandchildren, thereby fulfilling his role as a moral family member. And it should be a self-evident fact, as she kindly reminds him:

> "You know what? The nation-state now is caring for elders like you. It pays your bill. Everything……Just do a simple calculation. At home, you would have a lot to pay. Food, water, electricity, and so on. But here, everything is free. Even better, you have me to care for you, again, free of charge. Isn't that making money for your family? Others would praise you as a good father and grandfather."

Taken together, these cases reveal healthcare calculation as a spectrum of ethical labor, ranging from subjunctive projection to outright deceptive fabrication. The former operates by projecting future risks and translating them into moral justifications for relocation. The latter intensifies this labor by selectively reshaping or inventing economic numeric. In both modes, calculation is less a matter of numerical accuracy than a means of producing moral alignment. Through their sustained efforts to frame institutional residency as a form of responsibility and a contribution to household reproduction, actors transform it from a mere living arrangement into a socially recognized and legitimate mode of care.

Doing Senior Personhood and Extracting the Value of Life

Economical rhetoric of course does not work like a charm. We cannot imagine any elders would act like totally passive recipients. They also respond, contest, or reinterpret such reasoning in diverse ways shaped by their life histories, bodily conditions, and relational positions. Because the pursuit of economic prudence carries strong legitimacy, outright refusal is often unacceptable, and elders are expected to provide comparably legitimate reasons of their own, at least some tenable excuse. And the fact is, they do actively practice their own versions of healthcare calculation, not merely limited to the issue of residency, but also to grapple the uncertainty of institutional eldercare and, more fundamentally, to sustain a meaningful personhood.

In what follows, I verb missing several residents' biographies to illustrate three distinct forms of elders' calculations. The first echoes and even amplifies their children's reasoning, as elders actively plan, categorize, and distribute their assets in ways that validate institutionalization as a household contribution. The second moves in the opposite direction: it frames institutional residency as a losing arrangement and thus justifying staying at home. The last, also perhaps the most constraining one, takes place in conditions of profound economic and bodily precarity. Here elders endure an unpleasant residency because doing so becomes the only remaining way to extract value from a future that otherwise appears depleted. Despite their differences, all three modes share a common impulse. They reintegrate elders as active moral agents within the long-term economy of a malleable household, blurring the line between personal preference and familism.

The obedient elders rarely develop articulated expressions of economy. Their articulation is often embodied in the small-acts dealing with their savings and possessions. Aihua, for instance, maintains her frugal disposition after moving into Sunset. She prefers to handle her own laundry and room cleaning, convinced that relying too much on attendants would improperly burden them. Although reserved in expressing emotions, she greets others courteously and sometimes even with gentle flattery. I observed only one moment when her restraint faltered. An attendant had discarded food leftovers that were about to spoil in the refrigerator, along with several empty plastic bowls Aihua kept beside her bed. The quarrel escalated rapidly, to the point where she reported the matter to the ward director and accused the attendant of theft. The attendant defended herself by stating that these items were not valuables but garbage that hygiene rules required her to remove. Aihua rejected this explanation emphatically. She stressed that the bowls were clearly reusable. They had contained home-cooked dishes brought by her children, and she had washed them carefully with the intention of returning them during their next visit.

This intense frugality extends to Aihua's personal savings. Her son gives her money every quarter, which she is supposed to load onto her smart card for food and daily necessities. Instead, she deliberately minimizes her expenditures and creates a small reserve she can convert into ceremonial "red envelopes" (*hongbao*, 红包) for her grandchildren.[9] These savings also allow her to avoid spending the larger sum she had accumulated earlier in life. As she put it, this fund helps her continue "doing a senior personhood" (*zuo dairen*, 做大人). This colloquial is about living up the social norm that a senior kin should continue offering monetary gifts to younger generations, even in conditions of dependency and declined productivity. The act of giving,

regardless of its amount, affirms Aihua and other elderly alike that they perform the proper elderhood, at least defined in traditional terms.

The practices of saving and "earmarking" money can extend to residents with more affluent financial situation (Zelizer 2021 [1994]: 115ff). Cao Jufen, a widowed resident, is a retired elementary school teacher. Before moving into Sunset, she sold her apartment and distributed the proceeds among her four children equally. This decision drew both admiration and criticism. Some nursing attendants praised her generosity, while others quietly described her choice as unwise. Given the high price of property back then, they suspect that she had relinquished her most effective leverage for ensuring future support too early.

Yet advance distribution of inheritance does not trouble Jufen. She relies on her pension to cover her monthly expenses. Most of the surplus is set aside for her special fund for grandchildren, reflecting a form of earmarking that distinguishes different money assigned for specific relational purposes. Alongside this frugal provisioning, she spends much time on her smartphone reading app. By completing the "Everyday Reading Tasks," she gains virtual points that can later be converted into small cash amounts. Despite the extremely low conversion rate, she once accumulated enough to purchase two pots of succulent plants for herself. The plants became symbols of her continued ability to make decisions and produce small gifts for herself and others.

For obedient residents like Jufen and Aihua, residency acquires moral significance as it operates partially as a means for both accumulating wealth and fulfilling longstanding expectations of senior kinship roles. But elders' calculation is not limited to this. Just as children use "petty shrewdness" to lure parents, they can also similarly deploy strategic rhetoric to resist institutionalization. In this counter-frame, the nursing home remains an object of calculation, but the arithmetic is reversed to portray institutional residency as unreasonable consumption.

Consider the case of Liu Yuqin, a former resident who had stayed in Sunset for about four years while accompanying her bedridden husband. When he became terminally ill, he was transferred to the hospital, and Yuqin returned to her rural hometown. Her youngest daughter, the only one living in New Fountain, encouraged her to return to Sunset, arguing that she would be safer there and had already adapted to its routines. Other siblings supported this plan and agreed to continue sharing the costs. But Yuqin refused. Her objection focused on the meals at Sunset. Standardized food is a common complaint among residents, but her grievance concerned not taste but value. As she explained, "Two yuan only for a small bowl of stir-fried vegetables. Outside, you can even get a quarter of one kilogram."

When I asked why the small difference mattered, especially since her children were paying, Yuqin responded that money itself made no difference to her personal comfort. What mattered was that any unnecessary expenditure ultimately diminished what she could leave to her children. She expressed anger at the idea of wasting money daily on a bad deal. Her children eventually compromised. The youngest daughter treated the complaint as an excuse but still asked a rural neighbor to check on her regularly.

At times, some senior people may resort to more radical rhetoric that contends "worthless elderhood." Lin Yongxiang, an urbanite in his late seventies living alone, recalled to me how he rejected his son's proposal of institutionalization. He claimed it would be "an unnecessary waste on someone like him with perhaps only a few years left." Meanwhile, he also expressed suspicion toward nursing homes, believing that residents "pay for a miserable life of abuse."

His reasoning blends fear, frugality, and existential resignation into a critique that places institutional residency outside the bounds of meaningful eldercare.

It is difficult to disentangle how far such refusals arise from intricate personal feelings versus reasoned judgments that undervalue residential services and elderhood. Within intergenerational negotiations, feelings of bitterness blur with economic calculations and potentially mutually reinforce each other. When framed in the rhetoric, institutionalization appears both inadequate and displeasing, while staying put takes on the legitimacy for saving what would otherwise be squandered. In this sense, Yongxiang's insistence on avoiding waste and the careful earmarking practiced by Jufen and Aihua represent two sides of the same logic. Both reframe the elder's choice as oriented toward household prosperity regardless of whether their children acknowledge or desire such a framing.

This mentality is vividly captured by Lin, a general manager of Sunset, who recounted her attempt to dissuade her own elderly father from returning to farm work. Almost ninety, he had reluctantly agreed to move into her urban household. Lin arranged him a small task to stave off boredom: escorting his granddaughter-in-law to and from school. Yet he occasionally returned to his rural hometown to farm until a fall left him with a broken arm. At that point, Lin gave him formal exhortation, which she relayed to me:

> "I told him frankly, unpleasant as it was. Dad, of course, you are living first and foremost for yourself. But it is also for us. Should you be paralyzed, you would depend on us. Me and your son-in-law. But we have work and not much time. Mom is too old to care for you. Then we must hire someone, at least four to five Yuan per month. Or I could arrange you a bed in Sunset, which also costs more than three thousand. Do the simple math yourself. In fact, you're already making money as long as you just sit at home, stay safe and sound."

The cases discussed so far, despite their entanglement with control and deception, retain a relatively optimistic tone. They involve elders who still have cognitive clarity and physical capacity. Yet this is not the whole picture. For some, old age, as both a physiological and social process, has drained life of anticipatory meaning. Chronic illness produces disability and persistent pain. Long-term partners and friends have died. Children, meanwhile, struggle with precarious livelihoods. Under such conditions, extracting whatever economic value remains, so that something can still be passed on to the next generation, becomes the paramount reason some elders endure a later life they do not expect to improve. For them, moving into a nursing home, and thereby giving up other living arrangements they may prefer but that would cost more, becomes a practical means to that end. This calculation, which commensurates life in economic terms, can be read as an extreme instantiation of what Yan Yunxiang (2021) terms "neo-familism," in which socioeconomic pressure prompts older generations to protect younger generations' prospects through self-sacrifice, while also resonating with broader discussions of how neoliberal configurations intensify late-life precarity and sharpen older adults' existential crises (e.g., Danely 2014; Lamb 2014; Grenier, Lloyd and Phillipson 2017).

Zhou Rizhang's trajectory exemplifies this bleak form of healthcare calculation. A retired physician in his late eighties, he has openly disliked living in Sunset's nursing district since his first day there, yet he has remained for more than seven years. At the beginning, his two sons

deceived him into a trial stay, and he has stayed ever since. He bears no resentment. Instead, he repeatedly insists that his sons acted out of genuine concern. Diagnosed with diabetes, severe depression, and bladder cancer, he acknowledges that he requires intensive medical attention.

What he finds unbearable is the nursing district itself. He considers it a "prison," a place where he is merely surviving rather than living. His wife's death a decade earlier marked, in his words, the true end of his life. The loneliness he experiences in Sunset intensifies this despair. With rare exceptions, such as myself or a young nurse he particularly praises, he speaks to almost no one. The attendants are always busy. His ward mates, in his view, are either "brain-damaged" or "barely educated." As he stressed with indignation, "they do not or cannot read books or newspapers, and some do not even know Chairman Xi."

For once, Rizhang proposed two relocation plans. The first was to hire a one-to-one aide and return home. The second was to transfer to Sunset's other district for residents with partial self-care abilities. His sons rejected both. They argued that the nursing district was the safest place for a frail, wheelchair-bound elder like him. He again acknowledged their concerns. And he also later realized that either plan would cost more than his current monthly pension of about 7,000 Yuan (about 870 Euro), therefore demanding additional allowance from his sons. Considering their strained finances, he abandoned both plans.

"One day lived makes a day,"[10] Rizhang told me. "I had stopped thinking about self-suicide. At least my sons and workers here care about me." Depressed yet still darkly humorous, he likened himself to Ah Q in Lu Xun's novella. This literal figure is well-known escaping predicaments through self-deception.[11]

Notwithstanding the exceptional intensity, the subtle texture of Rizhang's feelings, which mix depression, resilience, and self-deprecating resignation altogether, resonates with some underlying dimensions of many other residents. The phrase "waiting for death" (*dengsi*, 等死) recurs in my everyday conversations with them from time to time. It indeed literally conveys a readiness to depart the world at any moment. Yet this pathos, which sometimes even implies a suicidal yearning, does not contradict the speaking elders' agency in practicing the calculation that turns residency into meaningful endurance. In popular Buddhism, the Eight Sufferings (*baku*, 八苦) that applies to every human being include aging, sickness, and death; and these Sufferings are not merely afflictions but the very nature of life's impermanence.[12] Though only very few residents have a clear Buddhist convictions, most are familiar with this cosmology. When they describe themselves as "waiting for death," they rarely imply an active desire to leave, but reaffirm their submission to life-fate (*ming*, 命, see Steinmüller 2011: 269), accepting the institution as the setting in which their final chapter will unfold.

Thus, enduring residency, not despite but precisely because of its unpleasantness, can serve as a final mode of contribution, a way to extract whatever residual value life still holds and to send it forward. Then, what constitutes this terminal? It goes beyond biological passing and encompasses the cosmologically lasting self. Rizhang and alike have been preparing for their death also via calculation: curating burial garments, sorting possessions, organizing inheritance inventories and distribution plans. These acts and, ultimately, a proper ritual, shall benefit both themselves and their families beyond corporeal existence.

Whether older people in China move into nursing homes, and why they do so? All the cases above have shown that the answer varies with their personal idiosyncrasies and the concrete circumstances of extended families. Institutionalization becomes morally ambiguous

as multiple values gather around late-life arrangements. Within this uncertain field, a recognizable form of healthcare calculation also emerges. Younger and older generations engage in ethical labor, anticipating each other's judgments and mobilizing economic rhetoric to make institutional (non)residency appear as a sound deal. They render bodily decline, time, and risk commensurable, aligning prudence with relational responsibility. Relocation or refusal may still register as preference, but it becomes persuasive only when it can be framed as a meaningful contribution to oneself, to kin, and to the household economy. In that framing, elders' moral personhood is affirmed together with their connectedness to children and the imagined continuity of family life. Across these modes, money is not external to care but an integral medium through which caring relations are made and sustained.

Conclusion

As elaborated in the Introduction, much anthropological scholarship on care explicitly or implicitly reserves a special slot for "care," treating it as qualitatively distinct from elements of commensuration and abstraction. This distinctiveness draws from a dominant vitalist orientation in which "care" is understood as the maintenance and cultivation of human life, a stance that foregrounds relationality, embodied practice, and moral responsiveness (see also Aulino 2016; Stevenson 2014: 176, fn. 6). This inclination echoes with a long-standing Western suspicion of money as a corrosive and polluting substance, described by Bloch as an "acid operating through impersonal relationships," which has a deep rooted in Judeo-Christian moral thought and early sociological theory. (Bloch 1989: 170). In this tradition, acts of relief and nurturance are situated within a religious-moral sensibility that prescribes an unquantifiable ethic relations among people and between humans and the divine.

In this chapter, the most immediate finding is that money-making constitutes a good form of eldercare. This by no means suggests that China possesses a unique moral order surrounding money. Like elsewhere, money has long been subject to moral scrutiny and even condemnation in China's history, especially during the high socialist period. Rather, I have shown that healthcare calculation, by framing institutional or non-institutional residency as a cost-effective arrangement, transforms such decisions into a multivalent form of good care that circulates among the parent, the child, and the imagined collective family. The efficacy of this calculation does not lie in whether monetary gains are factually realized or on their precise amount. It depends on translating and incorporating short-term interests into the long-term transactional order of the family's moral economy, therefore endowing such interests with the significance of contributing to the household prosperity. In this sense, this calculation reconstitutes the elderly as moral persons embedded in familial ties, rather than passive recipients.

A broader view shows that the necessity of such calculation arises from the uncertainty of institutional eldercare in contemporary China. Although nursing homes have shed the earlier stigma linked to childlessness and do not carry the same threat to personal autonomy that is often imagined in North America, they remain deeply uncertain for many older adults within the context of moral-welfare reconfiguration. Elders do not automatically equate nursing homes with proper eldercare, nor are they always clear about what kinds of support they can expect. More fundamentally, they often diverge from both their children and the state in their understanding of whether they need support at all. Within this ambiguous landscape, healthcare calculation functions as a form of ethical labour. Through it, actors mobilize long-standing

values of frugality and hardship-endurance and endow institutional residency with palpable intergenerational meaning, thereby resolving or circumventing the uncertainties surrounding it.

Predictably, such calculation offers only a temporary resolution. It only helps ease the frictions between generations at the very moment of institutionalization. Once elders actually enter a nursing home, they confront a world that is unfamiliar and markedly different from their ordinary life outside. New uncertainties arise, as they start to interact with peer residents, attendants, and managers, and as their daily activities become shaped by state-driven rules and protocols. The next chapter moves into this interior world and focuses on *guan*. As a rather polysemic and ambiguous cultural value, it gives rise to multiple forms of ethical labour and becomes central to how residents navigate the uncertain terrain of institutional eldercare.

---

[1] See also the *Law on the Protection of the Rights and Interests of the Elderly* (1996), Article 10.

[2] "Do the household" is a colloquial expression in the Wu-language region of China. As one of the major branches of the Sinitic language family, Wu comprises a variety of dialects primarily spoken in Shanghai, Jiangsu province, and Zhejiang province. Across these localities, the phrase shares a common meaning: earning and saving money for the family. To illustrate this usage, I cite and translate two historical nursery rhymes below.

One once popular in the Suzhou region, Jiangsu, reads:
Earn and save, "do the household" for the gains (做人家, 做人家)
Refuse this duty, where will your roots remain? (要是不肯做人家, 只有人来哪有家?)
If heavens served, snow's not silver's rain. (要天替你做, 飞下白雪不是银)
If earth served, brown grass's not golden grain. (要地替你做, 草里黄花不是金)
If people served, will their hearts entertain? (要人替你做, 他人哪肯发善心?)
Who lives sans cash, in life's barren terrain? (哪个活命不要钱,)
Nowhere does wealth fall, that's a truth plain. (没有地方空手能拾钱)
Seek riches, labor hard, in diligence reign, (你要钱，劳心劳力)
No idling, no sleep, no greed to stain. (不贪游荡不贪眠)
To talk, not act, is a futile strain, (就说空说能拾到)
Rise early, lest others seize the gain. (要是起身不肯早, 早被他人拾完了)

Another one circulating in Shaoxing, Zhejiang, reads:
In February's tide, on the incense boat they glide, (二月里, 烧香船里做买家)
Earning for the household, with elders by their side. (伴着一班老公公)
Eastward they gather, westward they stride, (东化缘来西化缘)
With copper coins amassed, their household does abide. (多来铜钱去做人家)

[3] One cannot deny that this seemingly prejudicial view has a certain logic, especially when viewed from the children's standpoint. Even I, as an observer, found it counterintuitive to see elders with considerable savings or steady remittances persist in working and maintaining a near-ascetic lifestyle: minimizing consumption, reusing leftovers, and living among worn or even mold-stained objects.

[4] In New Fountain, the cultivation of yellow peaches as a cash crop reached its peak around the turn of the millennium. At that time, most locally grown peaches were transported for canning. With the national shift toward fresh fruit consumption and the emergence of lower-cost canning peach sources in Jiangxi and Fujian, most medium-to-large orchards in the area

fell into disuse. Only a small number of individual farmers like Mingfa have continued cultivation to this day.

[5] Rationed farmland, officially termed "fields of responsibility," used to refer to land collectively owned by the village and contracted to individual farmers. They are responsible for its cultivation and management but are not permitted to buy, sell, or arbitrarily repurpose it. Nonetheless, informal leasing practices are widespread and generally overlooked by local bureaucrats. The criteria and amount of land allocated vary from region to region. On average, rural residents receive only a limited share of land resources, typically about 3 to 4 acres per person.

[6] The most basic health insurance program available to rural residents is the New Cooperative Medical Scheme (NCMS), introduced in 2003. Operating on a cooperative model, the program pools funds from rural households through relatively low personal premiums (380 yuan as of 2023, about 48 euro), which are then supplemented by local and central government subsidies. Reimbursement rates under the NCMS vary widely across time periods, regions, and medical categories. In general, however, its coverage remains significantly lower than that of employee medical insurance, and even more limited compared to commercial medical insurance.

[7] In ordinary conversations, the "past bitterness" recalled by elders often refers to the material deprivation that marked the years before the Reform and Opening Up, and particularly, the Great Famine of 1959-1962 (see also Hershatter 2011). Among my informants, especially those of the younger generation, this vague notion of a difficult "past" is frequently invoked to explain elders' dispositional frugality, effectively objectifying them as a kind of historical other.

[8] This vernacular is also commonly used to refer to the elder's irrationality.

[9] A traditional custom in which elders gift money in red envelopes to younger family members during holidays or special occasions, such as the Lunar New Year. The practice symbolizes the passing of blessings, good fortune, and care from the older generation to the younger, while also reinforcing family bonds and intergenerational ties.

[10] I often hear this articulation from elder residents. It expresses their resignation to life in the nursing home while also implying a hierarchy of life's value by age: for the young, life is promising, with numerous days still ahead; for the old, "each day lived makes a gain" signals that only a few remain.

[11] *The True Story of Ah Q*, a third-person novella, holds a revered place in the modern Chinese literary canon. Most literate Chinese people know it from school curricula. The story follows Ah Q, a poor peasant in early 20th-century rural China, who endures persistent hardships—poverty, social exclusion, and humiliation at the hands of the local gentry. Yet he sustains a sense of superiority through what Lu Xun famously terms "spiritual victory": a strategy of self-deception by which he reframes defeats as signs of hidden virtue, such as endurance or detachment. In the latter half of the novella, Ah Q becomes entangled in the 1911 Revolution (also known as *Xinhai* Revolution), which sought to overthrow the Qing dynasty and establish a republic. Misunderstanding both its aims and his role within it, he is eventually captured by the revolutionaries themselves and executed.

[12] A core concept in popular Buddhism describing the fundamental types of suffering inherent in human existence. The other four sufferings are parting from the loved, meeting the hated, Unfulfilled desires, and the suffering of the five aggregates. All the eight ones are considered universal and unavoidable in this-worldly life but can only be transcended through the attainment of Nirvana.

Chapter 4: The Ethical Labour of *Guan* in Institutional Life

Introduction

"It's not depression. It's a selfishness disorder."

It was noon in April 2023 at Sunset. Lunch hour was nearly over. Only three caregivers remained, eating together in a bright corner by the tall windows. As I carried my tray toward them, I overheard Xu, a senior attendant, declare this with certainty.

After a few moments, I understood the context. She was talking about Huaican, a widowed elder I knew well. He had had recently sunk into a deep gloom again and stopped eating, just as he had two years earlier, before his attempt to end his life with an overdose of sleeping pills.

The immediate trigger was the director's refusal to approve his request to purchase an electric wheelchair. Although the official explanation invoked the *Fire Control Law*, which restricts high-voltage devices in crowded facilities, the real objection came from his two sons. They feared potential safety risks and quietly pressed the director to block the purchase. Unaware of this behind-the-scenes intervention, Huaican remained deeply disheartened. He confined himself to his room and persisted in demanding the electric wheelchair. Xu was tasked with resolving the impasse. She was instructed to conduct "thought work" (*sixiang gongzuo*, 思想工作) with Huaican, a term that originally referred to ideological education in the Maoist era, in order to persuade him to abandon the idea and resume his routine, not only for his own wellbeing but also to meet his sons' expectations.

A few days later, Xu paid a visit to Huaican, and I joined. He did not refuse us. We greeted him and sat down, watching television together for a while. He remained quietly in his wheelchair. It was worn and customized: mismatched cloth pads layered on the seat; a cane wedged between the armrest and backrest. Xu picked up the cane, weighed it, then looked around the room before praising him for keeping his space neat. Huaican murmured in reply. She then asked about his health, whether he still practiced daily walking with the cane. She reminded him that exercise could slow his decline. Then she leaned closer, half crouching, holding both his hands. Their eyes met.

Xu brought up the matter of electric wheelchair. She promised to help transfer him to the Nursing Zone, where has no electric device restrictions, as soon as a bed turns available. She also mentioned his earlier suicide attempt, urging him to "think positively, enjoy life here," not only for himself but also for his sons. Otherwise, she implied, his sudden death would incur misfortune to his sons' families and make them bear the shame of being branded unfilial. At that, Huaican shifted, turning half away to hide his face, yet he nodded firmly. The television droned on, and the room thickened with pathos. Xu kept stroking his stroke-twisted hands. In moments of being present, communicating, and touching, I could clearly sense a subtle atmosphere of compassion and love ebbing and flowing.

In fact, the Nursing Zone had plenty of empty beds. Xu knew it, and she knew I knew it. Yet beforehand she had not asked me to not contradict her in front of him—as if assuming I would silently support the lie. On our way back to the office, Xu called the visit a success that "got him managed (*guan*, 管) for the time being."

Huaican's dissatisfaction, whether directed at specific restrictions or at Sunset as a whole, is shared, to varying degrees, by many other residents. As of Xu's intervention, it also reflects a patterned mode of services: one that blends concern and nursing with forms of control,

including deception, concealment, and persuasion. More broadly, institutional rules and protocols, however benevolently intended, do not necessarily feel caring by residents and practitioners but are more likely to cause feelings of restriction, frustration, and at times suffering, whether directly or inadvertently caused.

This entanglement of repair and control frames the chapter's central inquiry. First, I show how managerial measures contribute to a key dimension of institutional everyday life: a persistent uncertain relation between services, rules, and "care" in its affirmative sense. In the name of caring for the people, especially for older adults figured as a vulnerable population, the party-state has been actively governing institutional eldercare through multi-layered initiatives of professionalization and standardization. Flagship facilities such as Sunset serve as forerunners in implementing these agendas. They demarcate and monitor their internal and external boundaries, assess and classify residents' conditions, certify and retrain different categories of practitioners, and keep detailed records of everyday operation. In the process, these faculties become key objects of inspection by official agencies and third-party evaluators. All these interconnected managerial measures resist neat categorization into a binary of good care or its negative opposite, for they lead to the open-ended interactions between residents and practitioners, where they may be resisted, subverted, reframed or negotiated.

Yet this uncertainty is not a constant. It is navigable through people's ethical labour. As the previous chapter shows, healthcare calculation constitutes one important way of engaging uncertainty around the monetary stakes of institutional residence. The second finding of this chapter concerns another resource that enables ethical labour: *guan*, a polysemic and elastic notion that fuses nurturance and control. Residents and attendants situationally invoke and negotiate its specific referents and moral valence, thereby transforming otherwise contested measures and services into an intersubjectively recognized form of care, however provisional. Although involving deception and manipulation, I argue that these practices of *guan* are better understood as ethical labour, not because of their curative effects, but for their sustained moral weight of speculating and attuning to others—an ongoing effort of practical cohabitation.

In what follows, I first review work in the general anthropology and the anthropology of China on care and its unintended entanglement, such as violence and sufferings. Departing from the prevalent third-person stance that judges care practices by outcomes—a stance that risks casting care in a therapeutic ideology—my approach seeks to "unsettle" the moral certainty of care and examine its social production in relational dynamics (Cook and Trundle 2020). I then outline Sunset's everyday services and operational routines and explain how they produce a mixture of repair and control, resulting in uncertain experiences. Building on this, I show the ethical labour of residents and attendants to situationally speak about and practice *guan*, ultimately bring care into being. By moving beyond external judgment toward an internal view of care, this chapter offers a more nuanced understanding of the persistent dissonance and vulnerabilities that characterize not only nursing-home life in China, but perhaps, eldercare settings elsewhere.

The Entanglement of Repair and Control: Guan as a Polysemous Resource

Guan is a Chinese vernacular notion that overlaps with what is often translated as "care." Meanwhile, notably, *guan* is also a polysemous term that spans two overlapping semantic

registers: to control and to attend to. This duality is most clearly visible in its compounds, such as *guanli* (管理, management), *jianguan* (监管, supervision), *guanxia* (管辖, jurisdiction), and *kanguan* (看管, to watch over). Marked by a strongly paternalistic inflection, these expressions typically operate within hierarchical relations in which those who *guan* intervene on behalf of, or in the name of, the recipients' good (Pettier 2023; Shi 2023). The parent-child relationship provides a recurrent prototype. Based on that, the term extends metaphorically to a wide range of asymmetrical relations, including those between sovereign and subjects, teachers and students, doctors and patients, and, more abstractly, between agents and the social matters for which they are held responsible.

The notion of *guan* and, more importantly, its duality, is invoked with particular frequency in the everyday life of institutional eldercare. A cascading hierarchy of guan flows from macro level policy to state officials, from Sunset's managers to frontline attendants, and finally to residents. This hierarchy materializes in actors' differential capacity to translate their will into established or ad hoc managerial measures, which in turn shape institutional realities and the actions of those at lower levels. A crucial clarification must be made here. While this hierarchy largely overlaps with bureaucratic stratification, *guan* as an everyday term should not be conflated with "power," which, by Marx Weber's (1978: 53) classical formulation, denotes the "probability that one actor …… carry out their own will despite resistance." *Guan* more closely resembles a second-order reference to that probability. This is because, as I will reveal below, people use this notion in multiple way: not only referring to the ambivalent dimensions of relevant measures, which may highlight either their benevolent and caring side, their intrusive and restrictive side, or, more often, intertwine them, but also debating in what sense a given measure counts as *guan* and with what moral valence.

This entanglement of repair and control within care is not unique to China. Scholars across social science, philosophy, and feminist theory have long noted the ambivalence of care, pointing out that caregiving and nursing practices are very likely to reproduce asymmetry or entail suffering (e.g., Kittay 1999: 38ff; Mol 2010; Tronto 2009 [1993]).[1] Many recent anthropological works also contribute to challenged normative presuppositions—often Eurocentric—about the inherent goodness of care. One strand of scholarship focuses on the disjuncture between structural designs of care with its actual effects, demonstrating how large-scale projects undertaken in the name of compassion iconically deepen the recipients' marginality and sufferings, particularly when aligned with neoliberal or biopolitical agendas (e.g., Biehl 2005; Ma 2025; Ticktin 2011). A second strand, while maintaining critical acuity, has attended to cultural logics, showing how practices that appear coercive, indifferent, or even violent from an external perspective may nonetheless sustain well-being and relationality. When situated in local moral understandings or enacted as responses to deprivation, such practices may be understood as "care" (e.g., Brown 2010; Garcia 2015; Livingston 2012; Zhang, Y. 2022).

A comparable tendency appears in existing anthropological studies of care practices and welfare in China, which to varying degrees combine these two strands. Many ethnographies have shown how, in the post-reform context marked by the erosion of collectivist organizations, political paternalism keeps justifying party-state interventions targeted at populations such as drug users, ethnic minorities, laid-off workers, and, more recently, at public health emergencies such as the COVID-19 pandemic in the name of benevolence, while producing new forms of

objectification and reinforcing power inequality (e.g., Hyde 2017; Ma, Bi and Jiang 2025; Sorace 2025; Zhang, Q. and Zhan 2021; Yang, J. 2015). Within this broadly "dark anthropology" framework (Ortner 2016), *guan* has become one of the key local concepts mediating scholarly critique and compassion.

Two representative studies are Zhu Jianfeng et al.'s (2017) and Ma Zhiying's (2020a, 2020b) analyses of psychiatric healthcare reforms that promote the deinstitutionalization of patients with severe mental illnesses. Both demonstrate that these reforms, rather than humanizing mental healthcare, instead intensified their suffering and social marginalization by reclassifying them as social risks subject to management—that is, guan. Zhu and Ma diverge in their more specific interpretations. Zhu et al. (2017: 18) argue that guan embodies a "deeply rooted socio-political logic reflecting Chinese society's long history of patriarchy." From this culturalist perspective, guan constitutes a general feature of Chinese healthcare, in which family members, social workers, and the CCP cadres converge in infantilizing psychiatric patients and denying subjectivity. Ma also situates guan as a culturally rooted notion but sees it as one that has undergone degeneration only in modern China. It was the socialist revolution and recent biopolitical transformations that hollowed out guan: what once existed as a Confucian "cultural ideal" of parenting and socialization (2020a: 156) has, Ma contends, been reduced to "an indifferent form of risk management that betrays the concept's inherent spirit of hope and capacity for difference [that intimately and flexibly attends to the vulnerable]" (ibid.: 166).

My research builds on these insights from two groups of scholarships above but also departs from them in important ways. Likewise, I am concerned with the ways in which care practices are embedded in political-economic arrangements and cultural logics. But I move away from third-person evaluative stance that many of these studies adopt, whether explicitly or implicitly, in judging care practices by their outcomes. Such a stance presumes that "care" always operates according to one unitary and coherent logic. Admittedly, existing studies properly acknowledge such logic as culturally and socially specific and have therefore productively challenged Eurocentric assumptions that care should necessarily be oriented toward equality, privacy, or individual autonomy (e.g., Garcia 2015; Zhang, Y. 2022). But that presumption tends to overlook the unsettledness of care: the fact that particular arrangements and interventions may carry different, even contradictory, meanings and moral valences for different actors. As Patrick McKearney (2020: 228ff) eloquently criticizes, this risk freezing care's moral essence by treating its counterintuitive manifestations as revelatory inversions. McKearney notes that arguments such as Garcia's (2015) "violence as care" function as rites of reversal, that reproduces a therapeutic ideology in which care ultimately appears coherent and morally fixed. Leo Hopkinson's (2024) study about boxing in Accra, Ghana marks an ethnographic example of overcoming this reversal. He shows that care emerges as boxers and coaches navigate tensions between harm and support, livelihood and aspiration, across shifting temporal horizons. Care, in this formulation, is not a coherent category but a situationally constituted achievement.

Following this line of thought, I approach care as a social realization produced through the intersubjective alignment of differing moral perspectives and positionalities embodied by different actors (McKearney 2020; Cook and Trundle 2020: 179; see also Brown 2010: 130; Steinmüller 2023; Thelen 2015). In the highly regulated institutional setting examined here, this entails moving away from externally fixing particular arrangements as either positive or

negative instantiations of caregiving. Instead, it requires entering the uncertain institutional lifeworld and adopting a first- and second-person perspective to capture actors' meaning-making and interactive practices.[2] In doing so, I trace the ethical labour by which residents, attendants, and others situationally define, negotiate, or contest over the relationship between specific provisions or rules and what they understand as care, rendering otherwise ambiguous or even unpleasant conditions intelligible and acceptable as care—or failing to do so.

It is within this analytical focus on the crucial role of ethical labour in the realization of care that the notion of *guan* becomes central. I acknowledge its socio-politically and historically shaped polysemy, yet I do not seek to fix its meaning. Rather, I attend to its situated deployment. The analytical questions thus become when and how *guan* is invoked, by whom, and to what effect; how its flexible pragmatics relates to its praxis; and how these uses reshape relationships within the institution. In the following sections, I trace how attendants, residents, and family members mobilize *guan* to navigate the tensions between professional standards, bureaucratic pressures, and personal expectations. I argue that *guan* neither permanently resolves nor entrenches the entanglement between repair and control. Instead, it functions as a medium for ethical labour, enabling actors to engage with the uncertainties of institutional life. By selectively activating certain moral resonances while suspending others from its broad repertoire, they may work to forge or sever the link between restrictive measures and control, thereby enacting a meaningful, however provisional, version of institutional eldercare.

Spatiotemporal Restrictions

"Prison" is the term for Sunset I heard often from elder residents. Some, not without humor, even referred to their temporary leave during holidays as "airing" (*fangfeng*, 放风)—evoking the controlled yard time permitted to inmates. This semiotic association stems directly from various forms of constraints within Sunset that restrict both the mobility and daily rhythms of the residents and, though differently, those of the nursing attendants. These constraints are manifestations of an imposed form of care, part of state-driven initiatives aimed at improving the quality of institutional eldercare. I will clarify in what sense both groups experience Sunset as a prison in temporal and spatial dimensions.

Spatially, Sunset constitutes a multi-layered complex of nested boundaries. Comprised of buildings with different functions, it is separated from the outside by walls and natural barriers: located on the southeastern slope of a hill, flanked by dense woods to the north and south and adjacent to abandoned farmland to the west. The only access is at the southeast corner, connecting to a county road that leads to the urban center. Here, three teams of security guards work in 24-hour shifts. They inspect everyone entering and exiting; only staff, family members registered in the visitor log, and residents with exit permits are allowed passage. Very few of the approximately four hundred residents possess such permits. During the admission process, adult children must sign a series of contracts as legal guardians. One crucial clause involves whether the resident is permitted to leave freely. Most decline this option, citing safety concerns whilst promising to personally escort the resident when needed. This preference is also encouraged by the institution. Recent regulations have formalized nursing homes' access control and safety protocols, increasing their accountability in incidents.[3] And a political culture of holding supervising officials administratively liable makes management highly risk-averse.

Beyond perimeter control, Sunset's interior is marked by more complicate distinction. In my simplified map (see Figure 7), Zone A, closest to the entrance, houses administrative staff. Zone B, officially termed the "Life-cultivation Zone," is intended for older adults with some capacity for self-care. They live individually or as couples in self-contained apartments equipped with basic furniture and appliances, including televisions, induction stoves, and air conditioners. While they retain a degree of autonomy over these spaces, attendants also hold keys to their rooms and enter to carry out their daily tasks. Zone C, the Nursing Zone, is designed for bedridden or highly dependent residents. They typically live in groups of four to six in highly medicalized wards. Beyond movable curtains between beds, they exercise minimal control over personal space or belongings. Following hygiene protocols, attendants periodically clean their beds and cabinets. The ward door remains largely symbolic except during sleeping hours: attendants control access, and most of the time the door is left open for ventilation and to allow visual and auditory monitoring from the nursing station in the hallway. Within Zone C lies a highly secured subunit: the "dementia care unit." Theoretically reserved for residents with cognitive impairments, this space always remains locked for "safety"—both theirs and others'—with access regulated by electronic keys. Here, residents live in conditions approaching confinement. Overall, a spatial gradient is clear: moving from west to east, toward the uninhabited mountain, residents exhibit poorer health and deeper social isolation. For those with high levels of disability, this comes closer to a state of social death—a condition in which biological life is mechanically sustained (McLean 2007).

Spatial restrictions alone, however, are insufficient to fully justify the prison metaphor. Indeed, most residents move freely within Sunset's interior, which offers numerous recreational facilities. The only exception occurred during the three COVID-19 lockdowns between 2022 and 2023, when everyone was confined to their rooms. Another significant form of constraint operates temporally. Most residents, especially those in the Nursing Zone, is caught in a liminal temporality centered around meals. Importantly, this constraint targets not the residents directly, but rather operates through the normalized work schedules of the attendants.

Hygiene, healthcare, and meal services form the core themes structuring these schedules. And these three are the key priorities in the official agenda of professionalized institutional eldercare. As shown in the timetables for both zones (see Figures 8 and 9), attendants' daytime shifts are comprised of fragmented segments dedicated to specific tasks for their residents, which typically range from five to nine individuals. While the exact timing and order of tasks may vary day to day, attendants must complete all assigned duties, which are tied to performance evaluations. The one constant is mealtime. Meal services require precise coordination among different staff. To comply with hygiene standards, the dining hall only serves food during fixed windows—otherwise, daily disinfection cannot be completed. In the Nursing Zone, attendants must collect, distribute, and ensure consumption of meals, then return tableware and waste within the allotted time. This rigid structure poses significant challenges for attendants, especially when residents have disabilities or difficulty eating, or worse, when residents miss the meal window because they are outside. Thus, "It's almost time to eat" is a phrase one frequently hears while walking through Sunset between 9-10 AM and 3-4 PM—uttered by staff reminding residents and each alike.

The contrast between the marked meals and the unmarked rest produces a state of emptiness and numbness that irritates many residents. When unstructured time lacks

stimulation, eating becomes the only notable, yet also utterly mundane activity of the day. As several bedridden residents complained to me, their life in Sunset holds no variation apart from meals, which, however, are themselves tedious: "After eating, then sleep; after waking up, then eat." This common saying, often used to criticize piggish laziness, here reflects these elders' frustration with their reduced existence to bare biological routine.

These spatiotemporal constraints are not merely administrative. They are products of the state's interventionist policies designed to fulfill its commitment to aging population through standardized and professionalized services. In Sunset's early years, operations were far loose—or, in the founding director's words, "immature and extensive, lacking today's fine-grained regulatory systems." Over the past five years, Sunset has been increasingly incorporated into the governmental systems. It now undergoes inspections from multiple government agencies covering food, medical care, fire safety, and more. It also seeks to perform well in official audits, which translate into political and economic capital for both the facility and the connected officials. A key mechanism is the Star Rating Assessment, an annual evaluation initiated by the Provincial Department of Civil Affairs and conducted by third-party review committees. The assessment includes three first-level indicators, nine second-level indicators, and around 500 inspection items, each with quantifiable standards and protocols. Many items emphasize numerical targets: specific facilities and services must meet thresholds in quantity, variety, proportion, and scale; the same applies to certified staff, residents, and biomedical equipment. The zeal for quantification is evident in items such as: "the proportion of residents with stage-one pressure ulcers among all bedridden residents shall not exceed 5%."

These optimization policies reflect what James Scott (1998: 319-22) criticized as high modernism, as they impose homogenized standards to force nursing homes to become a legible object (see also Nussbaum 1986: 99). Attendants bear the brunt of implementing these requirements. This explains why their work schedules have become ever more detailed in the last several years, specifying exact times and tasks such as changing diapers and turning residents. Further additions and refinements are expected in the future.

However, institutional codes regarding hygiene, health, and nutrition are not inherently experienced as good care. Residents may not understand or may dislike the routines and behaviors derived from these standards; attendants do not consistently fulfill all requirements and sometimes encounter resistance when trying to do so. Consider item 331 of the Star Rating: "residents' rooms should be clean and tidy, free of odd odors, and furniture surfaces should be dust- and stain-free." While dust and stains might be quantifiable, how about "clean" or an "odd odor" then? Do these look and smell the same to everyone? This tension between the technicality of codes and the unpredictability of everyday life is where the everyday pragmatics of *guan* comes into play.

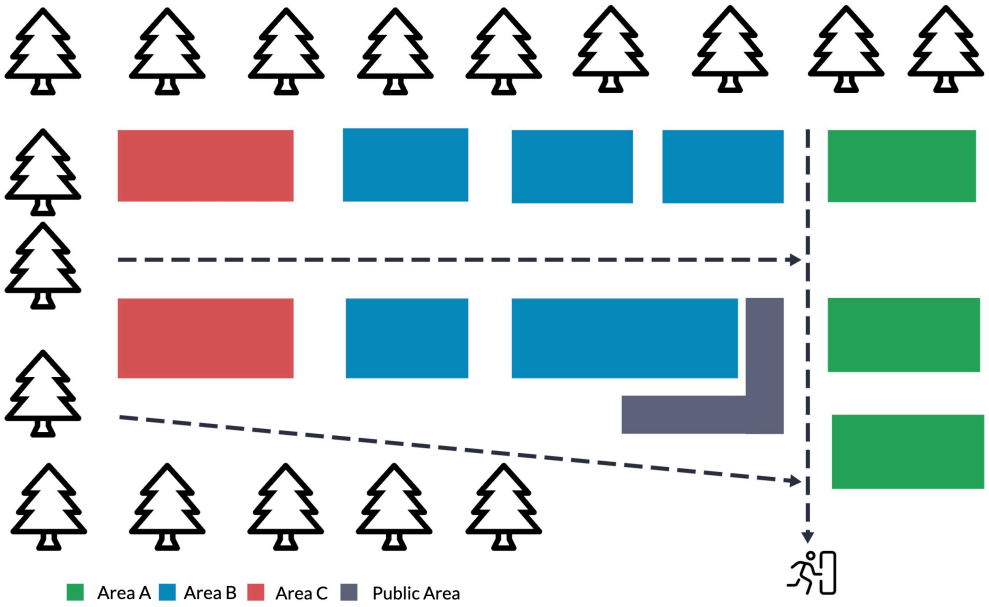

Figure 7 The simplified map of Sunset

Timetable of Life-Cultivation Zone	
5: 30 -- 7: 00	Open the floor door, organize the service desk, clean the duty room, organize shift records, and conduct on-the-spot rounds to greet convalescents.
7: 00 -- 8: 00	Breakfast time. Deliver food to special convalescents and clean dishes.
8: 00 -- 8: 30	Count items, attend daily meetings, and report on the status of convalescents.
8: 30 -- 10:40	Examine public areas, inspect the sanitary conditions of convalescents' rooms, check their health conditions, and register their meal selections for that day. Arrange recreational activities for convalescents, depending on the situation.
10: 45 -- 12: 00	Lunchtime. Deliver food to special convalescents and clean dishes.
12: 00 -- 14: 30	Be on duty at the service station, paying attention to the movements of rest members and receiving possible visitors.
14: 30 -- 16: 30	Examine public areas and inspect the sanitary conditions of convalescents' rooms. Arrange recreational activities for convalescents, depending on the situation.
16: 30 -- 17: 30	Dinner Time. Deliver food to special convalescents and clean dishes.
17: 30 --18: 30	Examine public areas and distribute newspapers and letters to the convalescents' rooms
18: 30 -- 19: 30	Conduct on-the-spot rounds in each convalescent's room. If there is an abnormality, report it to the manager on duty and notify the convalescent's family members.
19: 30 -- 21: 30	Examine public areas. Pay attention to the call bell system and respond promptly to convalescents' calls for assistance.
21: 30 -- 5: 30	Rest in the duty room and respond promptly to convalescents' calls for assistance.

Figure 8 The timetable of the Life-Cultivation zone

Timetable of the Nursing Zone	
5: 00 -- 7: 00	Wash the face, provide oral care, change diapers, and assist in dressing for convalescents. Fetch boiled drinking water, open windows for ventilation, and make beds.
7: 00 -- 8: 20	Breakfast time. Fetch food from the canteen and feed convalescents.
8: 20 -- 9: 30	Dry clothes. Register convalescents' meal selections for that day. Bring them to the lobby for activities, depending on the situation.
9: 30 -- 10: 30	Clean ward. Bring the outgoing convalescents back.
10: 30 -- 12: 00	Lunchtime. Fetch food from the canteen and feed convalescents. Arrange dishes and clean the ward. Help convalescents take a lunch break.
12: 00 -- 14: 00	Change diapers for convalescents and help them urinate and defecate. Rest in the duty room and respond promptly to convalescents' calls for assistance.
14: 00 -- 15: 00	Help convalescents get up and prepare snacks for them. Change diapers if needed.
15: 00 -- 16: 00	Clean some convalescents, wiping their bodies, washing their feet, or bathing them. Arrange their clothes and bedding. Distribute dishes for dinner.
16: 00 --17: 30	Dinner time. Fetch food from the canteen and feed convalescents.
18: 00 -- 19: 30	Clean some convalescents, wiping the body, washing the feet, or making a bath. Change diapers if needed.
19: 30 -- 20: 20	Clean ward. Turn off the lights.
21: 00 -- 5: 00	Patrol each ward regularly and turn over the convalescents who remain bedridden for long. Change diapers if needed. Rest in the duty room and respond promptly to convalescents' calls for assistance.

Figure 9 The timetable of the Nursing zone

Everyday Pragmatics of *Guan*

As discussed, both attendants and residents at Sunset face various spatiotemporal restrictions, most of which stem from state-led institutionalization. However, these restrictions do not produce a totalizing effect, turning Sunset into a literal "prison" or, in Goffman's (1961) terms, a "total institution" of social rupture, in which every aspect of residents' daily life is deeply structured and disciplined. The very expression of "prison" functions not as a neutral

observation, but as a social action, which, depending on the addressee and context, serves to negotiate and contest the meaning of care in varying ways. This points to the everyday pragmatics of *guan*.

To frame *guan* in terms of pragmatics is to shift attention from what the term *means* to what people do with it (Austin 1962). Whereas semantic analysis seeks to stabilize meaning, a pragmatic approach examines how *guan*'s very polysemy becomes a communicative resource. Because *guan* is semantically fluid and context-sensitive, speakers can mobilize it in multiple, situated ways—to deflect interference, to draw or erase boundaries, to redefine situations, or to allocate responsibility. In this sense, *guan* is less a fixed category than a practical repertoire whose meanings are activated and transformed through speech acts. These acts constitute communicative labour that demands moral response from others (Lempert 2013: 371ff; cf. Lambek 2010). Next, I will show and analyze two main modes of such every pragmatics: one points to the excess of *guan*, the other is about its shortage or absence.

"Too Much of 'Guan'"

This is common phrase that refers to a wide range of perceived or misrecognized restrictions—whether codified in regulations or not, and it can cover almost every aspect of daily life: from diet and cleanliness to hygiene and social interactions. While superficially appearing as mere complaints about intrusive control, such speech-acts more often function to question the legitimacy or necessity of the intervention in question. Although sometimes strategically deployed, this confrontational pragmatics is not always calculated. Fundamentally, it emerges from divergences in positionality and values between the parties involved, and—crucially—from differing judgments regarding specific action or arrangement. Is it care or control? Or is it something ambiguously in between, requiring continual negotiation along a spectrum of possibilities? Both attendants and elder residents repeatedly engage with such questions through everyday interaction.

These interactions most visibly take place around room cleaning—a daily routine in both the Life-cultivation Zone and the Nursing Zone. In accordance with protocols, attendants need to ensure that both shared and private living spaces are "orderly, tidy, and odour-free." It is common to see attendants pushing carts filled with supplies through the corridors in the morning, entering each room in turn to perform essential tasks: sweeping floors, wiping windowsills and furniture, organizing cabinets and drawers, and taking out the trash. During this process, they often chat with residents and visually assess their physical condition. If no one is present, they use a master key to enter and complete the tasks alone. The act of cleaning itself, and even entering a room without explicit consent, is rarely contested *per se*. Disputes tend to arise over what constitutes cleanliness and hygiene, and to what extent these goals are—or should be—limited to literal interpretations.

A typical example is when residents accuse attendants of misplacing or even stealing their valuables. One summer day in 2023, Hu, in her seventies, approached a manager complaining that her attendant, Chen, had "intentionally thrown away her belongings." Chen was summoned to address the issue. She explained that "those things" were in fact spoiled leftovers from the refrigerator which she had discarded, along with other trash, out of concern that Aihua might consume them and become ill. Meanwhile, she emphasized that she was merely following hygiene protocols. Yet, Aihua dismissed this explanation, insisting the food had been delivered

recently by her children, was still fresh, and that she intended to eat it. The manager attempted to mediate, framing the incident as a misunderstanding and urging Aihua to relent, but without success.

As the three stood at the nursing station, with other residents and staff observing, a small crowd of residents began to gather. Aihua muttered repeatedly that Chen always exerts "control (*guan*) on everything," and went on to detail various instances that she felt restricted by Chen. She pointed out that her room was already tidy enough and stressed that she was not so old as to need others making decisions for her. Eventually, the manager proposed to bring new food the next day as compensation, while also securing a promise from Chen that she would not handle Hu's belongings without consent. Somewhat reluctantly, Aihua agreed and left. The crowd then dispersed. Chen, however, turned to the manager with outstretched hands, as if questioning her decision. The manager responded in kind, gesturing empathetically and reassuring Chen that she had done nothing wrong—but also urging patience with "elders difficult to manage (*guan*)" like Hu.

Similar conflicts also arise around whether items such as old newspapers or used disposable products should be considered "trash." Some elders and attendants diverge on the categories like "value" and "waste," "ownership" and "hygiene," thereby unsettling the meaning of everyday cleanup. In this context, the elders' pragmatic use of *guan* reframes cleaning from an idealized service as prescribed by protocols into an unwarranted constraint. Furthermore, by emphasizing individual own competence, elders like Aihua can implicitly escalate this reframing into a deeper questioning of the very necessity of cleaning.

Similarly, accusations of "too much *guan*" could extend from concrete rules or prohibitions to a more general sense of being unduly constrained. In this process, *guan* acquires a broader and more flexible reference, potentially compelling actors beyond attendants to respond. The strict lockdowns during Sunset's compliance with the zero-COVID policy between 2022 and 2023 are the clearest example. At the height of restrictions, residents were confined to their rooms and children, once free to come and go, were entirely barred from visiting. Even while recognizing these measures as the product of national policy, some residents lodged complaints and insisted that such control (*guan*) violates both humanitarian and familial ethics. Exaggerated though such claims might appear, they carried a moral potency of urgency. In the shadow of infection-related deaths, they forcefully repudiated the official discourse that equates lockdown with care. This potency compelled the management to act: eventually, they mobilized social connections with local bureaucrats to create an underground channel for visits, leaving no written trace.

Interestingly, as the referential scope of *guan* widens, "too much of *guan*" can also become a resource that attendants and managers flexibly deploy. Although typically accused by residents of exercising *guan*, they sometimes position themselves as its victims as well. This speech-act underscores that imposing restrictive measures is not their intention but is compelled by higher authorities or nursing home regulations. And it is for this reason that such impositions cause them extra troubles and undermine the harmonious relationships they might otherwise cultivate with residents. In short, administrative requirements are here equated with *guan* in its negative sense. Higher up the hierarchy, upward blame-shifting persists; even the director can deflect responsibility onto civil affairs officials. At that level, the definition of *guan* only becomes more abstract, linked to notions such as "regulations" or "audits."

For instance, Chen's supervisor made such an argument several days after leftover-food incident. She met Aihua in the hallway and attempted to mediate her hostility towards Chen:

> Auntie Hu, don't be so hard [on Liqun]. She has a tough job. If not for the [weekly hygiene] inspection, she wouldn't open your fridge at all, wouldn't meddle in (*guan*) other people's business. Who doesn't want to get along with others? We're all just working. Let's be more tolerant of each other.

Here the supervisor sought to redirect Hu's charge of *guan* away from Chen's cleaning and toward institutional regulations that, as she emphasized, constrained all attendants equally. In this reframing, cleaning—whether construed as diligence or overreach, good care or bad—is defined primarily as a compelled act of the institutional environment, detached from individual intention. At the same time, cleaning cease to be merely about the provision and reception of service; it became bound up with mutual recognition and accommodation. Aihua appeared persuaded, acknowledging Chen's dilemma. In such moments, attendants' invocation of "too much of *guan*" operate as a moral appeal for understanding and empathy from residents, an attempt to forge a sense of common victimhood.

"Not Enough of 'Guan'"

Making appeals is another common pragmatic aim, particularly when people point to a shortage or the absence of *guan*. Unlike its earlier reference to excessive interference, here *guan* approximates responsibility and obligation. The colloquial imperative phrase "to exercise *guan* [on something/someone]" epitomizes this sense of responsible *guan*; and the relevant speech-acts typically highlight conditions perceived as disordered or insecure. Yet paradoxically, these responsibilities are seldom specified in institutional regulations or manuals. They remain highly context-dependent, unpredictable in their fulfilment, and at times can even generate harmful consequences.

Living in a densely populated institution easily breeds conflict among residents. In this context, some call on to supply the missing but normatively expected regulation, especially toward those they perceive as radically other to themselves, whether in social status, bodily ability, or mental condition. A disquieting case comes from Xinbo. He is a bedridden elder, was widely liked among attendants for his compliance with daily routines. As a retired local high-rank Party cadre, he is a bit arrogant and prefers quietness. He was exceptionally accommodated with a single room at the end of the hallway, entered only by attendants or his children—an arrangement of partial isolation that satisfied him. For two years this equilibrium persisted, until 2023, when a new resident, Zailong, moved onto his floor.

Zailong displayed symptoms of sundowning: at dusk and sometimes throughout the night, he roamed the ward, entering multiple rooms, including Xinbo's. In panic, he accused the institution of mismanagement and demanded attendants to "put that madman under enough *guan*." Yet by the standards, everything remained within bounds. Residents were allowed to move about freely. And both men had been assessed as "highly disabled residents" and thus appropriately housed in the same section. Additionally, as the physician noted, Zailong showed no signs of aggression and retained some language comprehension. But Xinbo rejected this evaluation outright. To him, Zailong was unmistakably insane, and controlling him was not just

a personal need but also a matter of collective safety for the whole floor. This anxiety reached its peak one morning when Xinbo awoke to find Zailong silently standing at his bedside, staring at him. That very day, Xinbo had his children file a formal complaint to the director, accusing the floor supervisor of dereliction of duty. The eventual compromise was to move Xinbo to another unit.

Claims like those made by Xinbo and his family belong to a broad spectrum of pragmatic uses of responsible *guan*. At one end are appeals grounded in relatively measurable empirical issues, such as complaints about noisy roommates or overly bland food. Toward the other end, the factual basis of the claim becomes increasingly blurred, shifting into a realm of purely subjective real. This occurs partly because some residents have unstable cognitive conditions and experience paranoid delusions, for instance, that someone is stealing from or persecuting them. More importantly, Sunset's promise of total responsibility renders even the most idiosyncratic claims legitimate. As in Xinbo's case, although Zailong had no clinical diagnosis of aggression, Xinbo's perception of him as a dangerous "madman" was experientially real and thus warranted a managerial response. This high degree of arbitrariness can also reinforce preexisting power inequalities: the special political status of Xinbo and alike more likely add weight to their claims.

Attendants, likewise, may invoke responsible guan to negotiate the delivery of their services. Theoretically, Sunset's attendant-to-resident ratio meets Star Rating standards (Zhejiang Provincial Department of Civil Affairs, 2024), yet staff shortages persist in practice. This is partly due to the data manipulation (see Chapter 5),[4] but more importantly, because the demanding nature of daily work, especially in the Nursing Zone. Amid already taxing routines, some attendants must juggle multiple residents with varying degrees of disability—assisting with washing, eating, and healthcare—while also responding to those with unstable mental states. They describe this situation as "too little *guan*" vis-à-vis their superiors and residents' families, either to defend against accusations of neglect or to seek permission to impose restrictions. In some cases, nasal feeding tubes are applied with family consent, even when some retain a degree of autonomous eating ability but resist meals. Comparably, physical restraints are used for those with self-harm tendencies, often accompanied by significant cognitive impairment. In this context, such instruments are the very means to deliver filial care with the residents' children, who may prioritize life-sustaining over patient autonomy and pain relief (see also Jeon and Jing 2023; Keimig 2021: 129ff).

In sum, the indexical meaning of *guan* shifts with context, and these diverse speech acts yield diverse social consequences. From a consequentialist perspective, such pragmatics of guan may appear amoral, as it does not always produce measurable good and may even cause harm. Yet, as social interaction, it clearly functions as an open-ended moral mechanism, since its form and effectiveness rely heavily on people's ethical labor in mobilizing socially recognized needs and values to negotiate with one another—and before the audiences—what constitutes reasonable eldercare: which actions count as responsible rather than intrusive, as therapeutic rather than abusive, or the other way around. Admittedly, these interactions may reach an impasse as well. What follows is an exploration of how attendants, improvising guan, attempt to overcome such uncertainties, temporarily forging a fragile impression of care.

Guan as an Art of Disposition

From the preceding discussion, we have already glimpsed how attendants bear miscellaneous tasks under the quasi-total responsibility that they assume on behalf of Sunset. How to manage to keep everyone and everything in place, so that each day is just another ordinary day? Or more ideally, how to perpetuate a general atmosphere of tranquility and orderliness in the jurisdiction? These two questions trouble them daily. A condition of nothing-ness makes up the common aspiration: no complaints, no accidents, no treatment, and no regulatory violations. For otherwise, more trouble would inevitably follow. Yet there always would be something emerging. It is precisely in navigating this persistent dialectic between "nothing-ness" and "eventfulness" that some attendants have enough social acuity besides ethical agency to improvisationally exercise *guan* as an art of disposition.

This guan in practice is first and foremost is an effort of manipulating the reality. It is a capacity for strategically arranging, disposing, and dispatching people, things and information in such a way as to create circumstances conducive to some good feelings of elders, that they sense care. At first sight, this clearly involves a relation of power asymmetry between attendants and residents. But such asymmetry should not be simplistically reduced to domination as in the common negative conception of power: attendants mediate and mobilize multiple forms of power, rather than monopolizing any singular power. In deploying *guan*, they alternately circumvent or instrumentalize protocols, generating new configurations out of them in accordance with the everyday messiness and contingencies, in order to craft a new reality apart both for the vulnerable residents and for themselves.

Here, my conceptualization of such *guan* as an art of disposition directly draws from Teresa Kuan (2015: 21ff), who defines this art "a moral practice that simultaneously recognizes the embedment of human activity while locating opportunities for strategic manipulation." In her ethnography of Chinese urban parenting, she synthesizes Foucault's notion of governmentality with the indigenous concept of "propensity" (*shi*, 势) to account for how parents manage the uncertain conditions of child-rearing whilst utilizing all the possibilities (ibid.: 110ff). Kuan's middle-class parents harness propensity to pursue their children's educational success and, as far as possible, their psychological well-being and happiness. This goal, though difficult to quantify, remains relatively focused compared to that of the attendants in my study. Their aim is more comprehensive: not only to foster positive experiences for residents but also to navigate complex trade-offs with other actors, such as residents' families and colleagues alike, but also to try to ensure the daily compliance of their work. Despite such difference, both groups similarly operate within forces beyond their control and remain actively attuned to discern favorable tendencies to amplify, while diverting adverse ones before they intensify.

Let us now return to the opening story to see how this art of disposition operates on the ground. Xu found herself in a dilemma, caught between Huaican's two sons—who opposed the electric wheelchair—and Huaican himself, obsessed with obtaining one. The situation was especially delicate due to Huaican's history of attempted suicide. Xu faced the challenge of reassuring the sons about their father's safety while also helping Huaican out of a low mood. She exercised her shrewdness: simply introducing or rejecting the wheelchair was not enough; empty consolation would not work. What was needed was active management of the situation and of Huaican's relationship with his children. This led to three main actions. First, despite

little psychological training, she confidently diagnosed Huaican not as clinically depressed but as suffering from what she called "selfishness disorder"—a kind of flawed willfulness in demanding from others without showing consideration or gratitude. This assessment suspended the cognitive healthcare protocol that would have taken place, which includes depression scales, intensive monitoring, and restrictions on access to medication. The second is the visit. She delivered what was less a reassurance than a mixture of instruction and deception, exaggerating the harm that wheelchairs would cause to mobility, concealing the sons' outright opposition, and recasting cheerful living in Sunset as a moral obligation: a way of protecting his sons' social reputation. Finally, once Huaican began to recover his daily routines, she orchestrated a visit from his sons and grandchildren—timed to consolidate the effect of her interventions. On that day, she reminded one son to reinforce the claim that electric wheelchairs would hinder mobility rehabilitation.

Based on my interactions with Huaican over the following six months, Xu did succeed in creating a reality without the electric wheelchair that was nonetheless good. Although he occasionally still expressed regret, his obsession had significantly diminished, and he grew more convinced that Xu was a "good auntie" who genuinely cared for him. This outcome owed much to chance, but even more to the long-term relational work Xu had invested. Like other senior attendants, she had cultivated extensive knowledge of residents and their families, sustaining social connections that allowed her to act decisively at critical moments. Nearly sixty, and working at Sunset for over five years, Xu was responsible for a sub-zone of seventy residents and ten junior attendants. She knew almost all of them by name, and was familiar with the personal quirks and relational details of many, especially those deemed "difficult to manage (*guan*)" due to nonconformity. Huaican had been one of them long before the wheelchair event. Although she had rarely interacted with him directly before, she had gathered enough information from various sources to discern that his deepest frustrations lay in the decline of his mobility and the infrequency of his children's visits. Her apparently audacious decisions thus rested on a finely tuned understanding of his vulnerabilities.

Admittedly, by the standards of biomedical ethics—with its emphasis on informed consent—or liberal principles of individual autonomy, Xu's actions are dubious. For they manipulated Huaican's wishes, curtailed his capacity for autonomous decision-making, and privileged his sons' preferences along with the institution's administrative priorities (see also Zhu et al. 2017). However, I suggest that both frameworks are what Bernard Williams calls a "moral system": a rigid, principle-driven scheme that presumes clear moral imperatives and determinate criteria for right action across situations (Williams 1985).[5] Imposing such a system risks obscuring a basic feature of institutional eldercare and other uncertain care settings, which is the absence of a shared and stable understanding of what counts as "good" care. In situations such as this between Xu and Huaican, *guan* as an art of disposition functions as an ethical labour to overcome that lack of certainty and introduce one intelligible version of good. Attendants strive to utilize their tactical skills and partial grasp of information, to make elders feel well cared for, or at least better cared for, within the constraints at hand. For Huaican, this meant not only the prospect of further mobility rehabilitation but, more crucially, a sense that his concerns mattered to others and were taken seriously.

In this respect, *guan* here resembles what Patrick McKearney (2024: 949ff) describes as "liberal care" in Britain, where caregivers routinely make decisions on behalf of intellectually

disabled individuals not to dominate them. One key difference lies in the moral orientation. Whereas McKearney's interlocutors explicitly uphold the preservation of? autonomy as a paramount value and reflect on their potential infringement of it, the attendants in my case are more pragmatically oriented and less committed to sustained moral reflection on autonomy as such. Their concern for seriously disabled elders is genuine and affectively grounded, yet it is also entwined with an instrumental pursuit of the "nothing-ness." In other words, such *guan* is not a purely altruistic nor straightforwardly coercive. It is best understood as a strategic improvisation of reality-making, one that seeks to stabilize situations, prevent escalation, and produce a workable sense of care, while simultaneously effacing the visibility of its own interventions.

This kind of ethical labour is not always an individual endeavor. At times, it relies on strategic collaboration among attendants, giving rise to a bifurcation of roles among them. Some play the "tough" role so that others can act as the "kind" one. This is a performative tactic they metaphorically describe using opera tropes: "one plays the red face [the stern enforcer], the other the white face [the compassionate mediator]." This performance encourages residents to cooperate more willingly with the latter, often fostering a sense of intimacy in the process. I illustrate this with an example from food safety management.

Yang, an attendant in the Nursing Zone, faced a dilemma ahead of Sunset's quarterly inspection. Regulations demand her to ensure all cabinets in her charge tidy and free of e hazardous food items. Yet Suyin, a ninety-four-year-old resident, refused to part with her expired snacks, which she keeps hoarding and rarely consumes. The situation resembled Chen's earlier dilemma with leftovers and sanitation rules, but Yang refrained from discarding the food outright. Because she feared angering Suyin, who sometimes makes false accusations of theft. Compounding to this, Suyin cognitive decline undermined the possibility of reasoned negotiation. Yang's solution was to enlist Lin, a young nurse whom Suyin particularly favored. During her daily rounds, Lin lingered by Suyin's bedside, chatting casually while pretending to be too busy to eat regular meals. Suyin, delighted, invited Lin to help herself to snacks from her cabinet. Lin would then discreetly remove the expired ones. In this way, Yang's orchestrated the food management into a convivial interaction in an unnoticed way, through which Suyin can fulfill her role simultaneously as a gracious host of hospitality and a caring elder to the younger generation.

Whether individual or collaborative, the deployment of *guan* in practice is always impromptu and situational. There is no ready-made protocol to follow; instead, it relies on attendants' agency in flexibly mobilizing all available factors to make the best of a situation case by case. To be noted again, while often instrumental—aimed at resolving immediate problems—this deployment does not conflict with genuine concern for elders. At times, it becomes an end in itself. A story in which I too was implicated shows this potential altruism.

Another ordinary late afternoon, Yang was about to finish a relatively uneventful day shift. I followed her into a ward to collect her residents' dietary preferences for the next day. Pan, the night-shift attendant, was already inside, replacing an IV bottle for Guilan, an elder with severe short-term memory loss. As they chatted, Guilan expressed worry about her granddaughter's delayed marriage. Pan reassured her that late marriage was common among young people today, and then, gesturing toward me, added:

> Look at this good lad. Handsome. Around thirty years old. Even older than your granddaughter, also not married yet. This is what young people are like today. You have nothing to worry about. Just enjoy the blessing [of late life] now.

I knew both Pan and Yang were aware of my married status. Perplexed, I saw Yang seemed about to interject. But Pan cut her off, winking at us as she continued to comment on today's marriage culture. Yang stifled a laugh and quickly played along. As Geertz (1973: 312) distinguishes between a wink and a twitch, Pan's wink conveyed a definite message: an invitation to become accomplices in her deceptive rhetoric. Yang even teasingly asked Guilan how I measured up as an ideal grandson-in-law. Guilan sat up, examined me earnestly. She then complimented me and insisted she would introduce me to her granddaughter on her next visit. Sensing the moral pressure of the moment, I felt reluctant to refuse outright or disrupt two attendants' improvised performance. I then deflected the topic, remarking that younger people believe in free-choice romance, not arranged matches. Guilan firmly nodded in agreement, adding that we still can meet and talk though, and then let the fate take its course. The two attendants laughed and approved, lightening the atmosphere of the whole ward.

Afterward, as we left, Yang reassured me not to worry, that Guilan has a poor memory and kept talking about her granddaughter repeatedly. And she laughed again, praising me for already grasping some skills of coaxing elders. Although she did not use the term *guan*, her expression here still captures an essential aspect of *guan* as an art of disposition: drawing on practical intuition to conjure a subjunctive reality conducive to good feelings.

Translating and Forging Care

The most frequent question I received from friends and fellow researchers when they learned I was conducting fieldwork in a nursing home was: What is it like there? I often struggled to answer. Some pressed further: Is life there good or bad? In which aspects? Does elder abuse exist? I not only failed their curiosity, but I also became convinced that most residents themselves would fail to provide certainty. This paralysis of certainty, however, simultaneously animates ethnographic inquiry into institutional eldercare in China and anthropological thinking on care.

Many anthropologists have already described the transformation of filial piety in post-reform China, noting that it no longer necessarily requires direct hands-on support from children but can also be mediated through commodified services (e.g., Keimig 2021; Yan 2020; Wang 2025). Yet this linkage does not make institutional eldercare either a natural surrogate for good care or its equivalent. My ethnography reveals a dual uncertainty of institutional care: in form, where it becomes entangled with normatively violent or deceptive behaviors; and in substance, where its meanings and relational modes overflow. A structural force that amplifies this uncertainty has been the rise of state-led welfare initiatives, which impose professionalized and standardized protocols to measure and improve quality. Ironically, the very imposition of this unifying logic intensifies the already existing tensions between the rigidity of institutional rules and the unpredictability and messiness of everyday life therein.

Yet treating unsettledness merely as a distortion caused by large-scale programs underestimates people's ethical agency. Such unsettledness itself can form the very ground on which people struggle to bring care into being, not as any preordained good, but as a fragile

social achievement, via their ethical labour of translating or forging the meaning of actions, institutional rules, and their relations to each other. Here, *guan* serves as a crucial local mediating concept. I have highlighted how people deploy it both in everyday pragmatics and artful disposition, and how it is used to request, negotiate, and define positive forms of assistance and caring relationships. Its moral value cannot be predetermined within any closed moral system—be it so-called "Chinese socio-political paternalism" or any universal or localized "liberalism." Whether *guan* manifests as responsible stewardship, indifferent control, or something ambiguously in between depends on the vicissitudes of shared life between attendants and residents. Even when experienced attendants seem to momentarily master this open process, their mastery should not be mistaken for unilateral control of subjects over elder-as-objects. It is again a relational accomplishment, born from their skill in ethically attuning to others and the play of moral luck (see also Das 2015; Kuan 2015; McKearney 2022).

A month after our joint visit to Huaican, Xu and I happened to run into him again on the road. Leaning on his cane, he greeted us cheerfully on his way to the media room, where an old 1980s film was about to play. As he moved slowly away, I asked Xu about her earlier promise to arrange his transfer: what would she do if he came to claim it? She shrugged: "We'll see then. No one can keep everything in hand (*guan*)."

Admittedly, Xu's frank admission noted her personal uncertainty. But it also points to an intersubjective and temporal incompleteness: neither she, Huaican, nor anyone else could know how events would unfold ahead. Here, I would like to read this enduring unsettledness as a trope for the limits of our understanding and engagement with care—limits that warrant sustained anthropological attention. Its significance exceeds the mere context of Chinese institutional eldercare, but applies equally to other contexts and regions, where care has been shaped by its temporality, embeddedness in life courses, and entanglements with multiple social values, and also disrupted by structural violence that compound bodily and social precarity (e.g., Cook and Trundle 2020; Ma 2021; Mattingly and Grøn 2022; Thelen 2015). Attending to such unsettledness with ethnographic sensitivity can further reveal how people strive, in unexpected and ongoing ways, to create good lives through persistent moral action.

---

[1] In a way, so long as we still adhere to "care" as it in the English vernacular, it always tends to invoke an implicit orientation toward "the good," whether in matters of illness, morality, emotion, or social ties (Buch 2015).

[2] Here, my usages of "third-person" and "second-person" perspectives broadly follow Webb Keane's (2016) distinction between moral reasoning observed from a detached, evaluative stance versus moral engagement based on interpersonal response and obligations. experienced in relational engagement.

[3] The "Measures for the Management of Nursing Homes," issued by the Ministry of Civil Affairs in 2020 and effective from November 1 of the same year, for the first time explicitly required facilities to manage the entry and exit of residents by implementing corresponding systems for leave requests, family visitation registration, and 24-hour staffing. These provisions were further detailed in the "Regulations on Fire Safety Management in Nursing Homes," which came into effect on August 1, 2023. However, even prior to their formal codification, closed management had long been an unwritten institutional practice, widely observed in public welfare homes as early as the 1980s.

[4] Official standards require attendants at minimum ratios of 1:2, 1:4, and 1:10 for residents who are severely, moderately, or mildly disabled/independent. Sunset largely met these standards by downgrading disability ratings, which families accepted to lower fees, and by forging some labour assignment records.

[5] Bernard Williams uses the term moral system to criticize ethical theories that treat morality as a codified, principle-driven domain governed by general obligations, clear-cut duties, and determinate criteria for right action. Such systems, exemplified by utilitarianism and Kantian ethics, presuppose that moral reasoning can be systematically applied across situations and that agents are always accountable to impersonal moral requirements, often at the expense of lived complexity, situational ambiguity, and ethical judgment rooted in concrete relationships (Williams 1985: 6-12, 175-196).

Chapter 5: Eldercare Audit and Documentary Fabrication

Introduction

Mrs. Sheng, Chen, and Xu oversee one of the two zones in Sunset. Staffed by another 20 nursing attendants, this zone houses over 130 elder residents with moderate self-care abilities. I spent the initial stage of my fieldwork in their office. It is a bustling hub for documents, staff, and gossip, particularly since early May 2023, when almost every working staff got involved to prepare for the annual "Star Rating Inspection of Nursing Homes" (henceforth, the Star Rating). At that time, Sheng et al. worked through lunch breaks, busy reviewing, filing and sometimes re-filling documents to be audited for the Star Rating. They managed a constant flow of documents between frontline workers and senior management, to ensure that each was "passable": neither too perfect nor sloppy. Their office turned into a world of documents. Full stacks of paper were on desks and folders scattered on the floor (see Figures 10 and 11).

Another common break, laughter filled the office as I entered to find Chen shaking her head over a stack of documents. She muttered, "This worker really deserves a scolding. She could not even finish such simplest 'homework' (*zuoye*, 作业)." Chen was referring to a file on "Special Clothes Cleaning," meant to track the disinfection of clothing for residents with skin conditions. Despite the neat format, the producer had listed the laundry services for the entire year of 2023 on a single sheet, with every specific date marked, or in official terms, forged.

"2023 isn't even half over," Chen yelled over the phone, setting off laughter again among her colleagues.

"Just handle it with some care, alright? At least, not give me something looks fake immediately. I can't cover for you that far." she added, more gently, "That would be a waste of everyone's time. I'll have to recheck, and you'll redo the 'homework.'"

Sheng then parodied the official tone, joking to me, "It is my pleasure to introduce our exemplary staff, Mrs. Chen Lili. Dedicated and industrious. She always approaches her work with utmost seriousness…maybe even too much." Xu, the eldest, chimed in with advice: "Don't push yourself too hard. And also, be a bit more accommodating to those aunties [attendants under charge]. We just need to pass." The word "pass" directly echoes with the "homework" metaphor, which, in a literal sense, is about writing instead of recording.

The previous chapters have mainly taken elders' vantage points, examining their responses to the uncertainties of institutional residency and rules. This chapter shifts the lens to practitioners and official cadres, tracing how they experience and adapt another source of uncertainty: the expanding audit regime that has risen in tandem with standardization and professionalization initiatives. This focus on audit is warranted by its increasingly profound impact on the everyday provision of eldercare services—an impact that directly implicates residents, who might otherwise appear as outsiders to the bureaucratic system. Audit and documentary demands can disrupt healthcare routines or even directly compromise its quality. Moreover, audit standards, and even the presence or absence of auditing itself, are contingent upon local visions of "good" eldercare and, by extension, of care more broadly. Examining Sunset's documentary practices therefore provides a crucial window onto how meaningful care is socially realized in China's context of welfare paternalism and, potentially, in other settings undergoing audit reform.

With the first nationwide *Administrative Measures for Nursing Homes* issued in 2013 as the turning point, the past decades have witnessed a comprehensive expansion of performance audits targeting both healthcare and everyday services in nursing homes. Before the 2000s, the state-owned facilities mostly only faced sporadic inspections about fire and food safety.[1] The audit boom is the other side of the same coin of the quality improvement initiatives, alongside

the professionalization and standardization of eldercare services discussed in Chapter 4.[2] Much like the performance auditing in liberal democracies, audits in this case also foreground principles of accountability, transparency, and "good governance," with a particular emphasis on written documentation (see Shore and Wright 2015; Österberg and de Fine Licht 2021). Socialist traditions of inspection persist, but they have also been reshaped by this documentary turn. High-ranking cadres who conduct inspections now scrutinize paperwork and produce paperwork about that scrutiny. To put in the popular shorthand among cadres, this is about "leaving traces of work" (*gongzuo liuheng*, 工作留痕). One of my cadre informants once explained it: "Today is different. Now, the key [of being an official] is leaving written marks for everything you have done. No records. No work done."[3]

The heightened status of documents becomes most visible in institutional assessments. Varied in forms and launched by different governmental organs, these assessments demand extensive documentary proof of a facility's performance in particular domains or as a whole, often with explicit specifications for logs, archives, medical records, questionnaires, and other standardized forms. In Zhejiang province, the largest and the most consequential scheme is the Star Rating. Conducted annually, it applies a 1,000-point deduction-based scoring system that tear quality improvement down into quantifiable units and tasks.[4] Its checklist includes nearly 500 items, spanning environmental conditions and infrastructure, daily services, healthcare and rehabilitation, staffing, and resident management.

Although nominally voluntary, the Star Rating carries a quieter coercive force because of its economic and political stakes. First, the higher the rating, the more public credibility and financial subsidies a facility can access. Top-rated homes may receive up to RMB 100,000 annually, plus RMB 200 per resident per month. Second, local cadres actively mobilize facilities to participate and, where possible, to secure high ratings. Part of this reflects the rising political priority of eldercare improvement. A more direct factor is cadre performance evaluation, which remains heavily dependent on numerical and quantifiable indicators (Zhou 2022). Star Rating schemes generate precisely the kind of legible "number spectacle" that can be converted into bureaucratic achievement, offering civil affairs officials an advantage analogous to producing GDP growth figures in economic governance. Even when street-level cadres lack personal promotion incentives, they often face soft pressure from above to enroll nursing home managers in this rating race. In New Fountain, not only high-end institutions like Sunset but nearly all nursing homes have been pulled into Star Rating competition, with only a few exceptions run as family operations or with Christian backgrounds.

Against this backdrop, the chapter examines how auditing reshapes eldercare and how it reworks practitioners' moral accounting of their work and relationships. Echoing scholarship that criticizes how bureaucratization and performance optimization often undermine the delivery of clinical healthcare (e.g., Berlinger 2016; Kleinman and van der Geest 2009; Mol 2010; Power 1997; see also Graeber 2015), my first finding is that audit pressure amplifies practitioners' uncertainty by pulling them between paperwork compliance and hands-on eldercare. Documentation diverts scarce labor from caregiving, while strict adherence to evaluative principles further risks overriding the situational needs of older people. Additionally, in flagship institutions such as Sunset, where political expectations for exemplary performance are particularly high, passing assessments acquires an imperative force that compels actors to engage in collusive documentary fabrication. Commonly referred to as "doing homework," this form of fabrication involves retroactive and ad hoc efforts to align records with audit demands. Yet a striking feature of this "homework" is that those involved often display a tolerance toward mistakes of and inconsistencies across documents, precisely the kinds of flaws any good fabrication would be expected to eliminate. As the friction between Chen and her colleagues reveals, despite their disagreement over how far fabrication should go, they share one premise:

"homework" is verisimilitudinous documents that are neither crude forgeries nor faithful representations of reality.

Such "doing homework" practices point to my second finding. The local idiom of *zhaogu* (照顾) serves as a key resource for the ethical labour through which these otherwise ambiguous activities are rendered intelligible and legitimate. Literally translated as "take care of," *zhaogu* carries more nuanced connotation: it refers to practices of extending empathy-based partiality and flexibility, one that typically applies to and affirms hierarchical relations between superiors and subordinates in a broad sense. On this basis, I gloss the term as "accommodation." In the context of documentation, subordinate practitioners may claim for such empathy-grounded partiality upward, framing their requests in terms of their work overload and residents' well-being. Depending on context, the addressee may be an internal superior at Sunset or an external actor such as local party cadres. This direction can also reverse: those superiors may mobilize the same logic to solicit subordinates' tacit consent or complicity in fabrication. Crucially, because these exchanges involve orientation toward third-party stakeholders, they are different from *guanxi* (关系), another well-described thread of Chinese social life that often secures favors by folding self-interest into relational obligations of friendship, brotherhood, or fictive kinship (e.g., Osburg 2013, 2018; Smart 1993, 2018; Yang, M. 1994).[5] Although both involve partiality, *zhaogu* is not entrenched in hierarchical dyadic ties, but it can travel upward, sideways, and downward for incorporating third parties into its moral reasoning.

These fabrictive practices, then, are not reducible to a leeway for audit pressure, nor simply civic maneuvering to extract benefits (cf. Lea 2021; Street 2012). They constitute a crucial means of navigating the uncertainties generated by the paternalistic governance of eldercare. The ethical labour mobilizing *zhaogu* redefines situationally the meaning of records and audits. In doing so, they create a multi-sided reality of care in which discretionary support circulates among practitioners and cadres and can also benefit residents. The former two form a stratified moral community grounded in mutual recognition, one that stands in contrast to an imagined impersonal "upper" audit authority. Residents, in turn, are positioned as a protected vulnerable group, buffered from that entity. Taken together, these processes rework the administrative hierarchy of paternalistic welfare.

Admittedly, this relational rework does not produce a utopia of eldercare. Yet it does yield tangible benefits: it concentrates more caregiving attention on residents and allows residents greater access to the forms of support they actually desire. The most vivid illustration of this accommodation, as I show below, took place during the zero-COVID period, when documentary fabrications enabled residents to surpass the total lockdown imposed on nursing homes. In this sense, care emerges not despite but through documentary manipulation, as a fragile social accomplishment forged within the very apparatus that appears to constrain it.

Figure 10 Some folders to be labelled

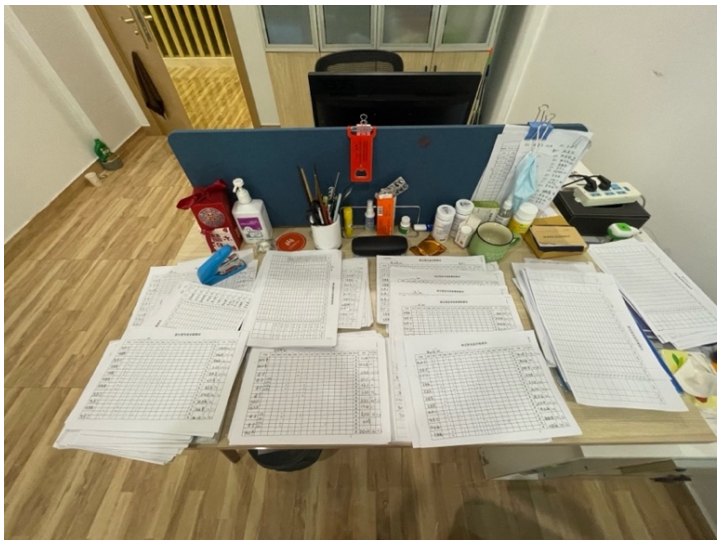

Figure 11 Some logs to be filled and organized

Locating Documents and Fabrication in Social Life

At Sunset, documents possess an elusive quality. They seem to be everywhere and nowhere at once. One can easily find them stagnating in folders, trays, and digital archives, as banal as pens and bookcases (see Figure 12). Many appear motionless, as if temporarily, and perhaps permanently, forgotten. Yet at certain moments they become the center of attention: they are filled in, filed, and even arranged neatly in anticipation of being inspected (see Figure 13). My choice is not to begin with any typology of document themselves, but with their "pull": how documents come to matter for social actors, under what conditions, and in what sense. I locate documents in social life. An autoethnographic vignette helps clarify what this means.

One morning in November 2022, Mrs. Wang, a senior manager, summoned me to her office. After pouring me tea and a short exchange, she strongly complimented my "professional knowledge in eldercare." This is an irony that I had repeatedly emphasized my lack of it. She then immediately inquired whether I could do her a favor. She hoped that I can build create a "follow-up system for 'convalescents'" (the official term for residents), which basically is an interview template for staff to use with each resident every six months. I asked about the function of such system, pointing out that there already is a monthly feedback forum. Wang

hesitated before replying that the forum was ineffective, as residents might be reluctant to speak publicly; she claimed to want their "honest opinions."

After researching interview methodologies and discussing with Wang, I produced two slightly different templates that contain semi-structured interview guides for two zones. At a subsequent management meeting, Wang announced this follow-up system and distributed the templates. Her announcement triggered uneasy whispers. I had anticipated resistance, for it would probably expose some covered up issues in their area. Still, the tense atmosphere still caught me off: a few began to frown, and several others crossed their arms over chests. At Wang's request, I introduced the templates, emphasizing that the interviews were less about mining complaints and more about making residents feel heard. The Nursing Zone administrator immediately objected, citing an overwhelming daily workload. Other senior staff seconded this, questioning the frequency and necessity of interviewing elders with speech impairments. I felt a sharp sense of exclusion from the group. Wang cut the debates, solemnly declaring the system would be implemented regardless, and dismissed the meeting.

Several days later, I encountered Xu in the hallway. She had just come from Wang's office and held a copy of the interview template. With a sincere yet perplexed expression, she asked, "Little Shi. How on earth am I supposed to do this homework?" Her question stumped me. "Just record whatever residents tell you, perhaps?" I offered. It was until she walked away that I came to realize the follow-up system entailed not just interviews but consequential workload of paperwork, in relating Xu's problem with the antagonism featuring the earlier meeting. And I later learned the follow-up system was designed to fulfill an evaluation sub-clause of the Star Rating.[6] But that is another story.

This vignette encapsulates what Anneliese Riles (2006: 8) calls "the pull of the documents," which refers to the interlocutors' "contagious" interests in documents that infect and compel researchers to puzzle over these artifacts (see also van Eijk 2022). The piles of documents at Sunset first appeared to me as an undifferentiated whole. It was my informants' concerns that pulled me toward them. Filling in forms is part of everyday work, but it is not a fully routinized mechanical practice. Staff attend to documents selectively, and the stakes of documentation vary by position in ways that overlap and clash. Wang cared about the follow-up questionnaire because it indexed compliance with Star Rating requirements. Xu worried because she anticipated that her attendants could not handle the extra work. Tracking documentary pulls thus offers an entry point for participant observation. It breaks down the silent totality of paperwork and clarifies its semiotic-material meanings in institutional life. It also requires approaching documents as operative artifacts that can facilitate relationships, reassign responsibility, and sometimes bring interaction to a halt. It therefore involves observing what different actors say and do with documents, and the gap between the two (Kipnis 2008: 284).

Situating documentary pulls in social life also allows a clearer grasp of the social effects and moral consequences of fabrication. Here Matthew Hull's (2012: 21) method of tracing the "heterogeneous relations" that emerge through documentary practices is especially useful (see also Hoag 2011). I follow push and pull dynamics: how people engage in, legitimatize, and persuade others to join in fabrication, and how these practices draw in or exclude relational others. Ethnographies in varied contexts show how the line between factual and false documentation is routinely blurred. People can imitate bureaucratic procedures in ways that turn documents officially deemed illegal into papers that nonetheless "work" in practice (Das 2004: 244ff; see also Hull, M. 2012: 259). Such imitation is socially productive, generating political affects and social networks that exceed the intentions of the imitators (e.g., Cabot 2013; Kelly 2006; Navaro-Yashin 2007; Reeves 2013). Building on this literature, I do not force "doing homework" into a true versus false binary. I instead examine how practitioners try to make those documents acquire a make-believe quality and how that quality reshapes their senses of self, work, and social relations to one another.

Lastly, some clarifications about the distinction my informants make regarding documents, between “homework” and the miscellaneous others, are useful. For them, paperwork is not a monolithic category. “Homework” is an umbrella term for documents they perceive as irrelevant to or disruptive of the flow of daily work. This is also the reason is why they are often referred to in an unmarked way. Other documents, by contrast, are often handled with more explicit naming because they were perceived to have immediate, concrete functions. For example, nurses separately name and handle “shift handover records” detailing specific residents undergoing particular treatments (e.g., IV drips, medication notes), while logs about like “vital signs,” “blood sugar,” and “body-turning frequency” are lumped into the category of homework, typically fabricated during spare moments. Nurses explain this differentiation by stating that the former directly impact resident health, where omissions could cause serious incidents, whereas the latter are unnecessary in a highly monitored 24-hour environment. Just as one nurse told me, “If a resident's condition is normal, what’s the point of recording a temperature precise to decimal points, even if we had the time to measure it repeatedly?”

Yet this distinction was not a stable binary. Many documents oscillate between marked particularity and unmarked homework status, and the only way to understand that oscillation is to follow record-making in practice. This is the core task of the ethnographic sections that follow. Before turning there, I first show how audit pressure generates two intersecting tensions in everyday eldercare.

Figure 12 Files and forms on a physician’s desk

Figure 13 Thematic document folders for the Star Rating

Audit Pressures upon Everyday Eldercare

At Sunset, record-making moved in two directions along the administrative hierarchy. Four senior managers, each respectively responsible for domains of food, security, and the two main zones, draft the overall blueprint of paperwork. They study the compliance requirements of different assessments and inspections, consult cadres and peer facilities, in order to assemble and update a repertoire of documentary templates. They then distribute specific packages to mid-level administrators, who further assign them to frontline practitioners, including doctors, nurses, attendants, and security staff. Completed records, then, travel back up the same chain in reverse. Mid-level administrators check, correct, and consolidate them, and senior managers make final decisions about whether a binder was "passable" and, when necessary, present it to external evaluators.

In Weberian terms, documents function as an instrument of bureaucratic rationalization: they classify and represent reality. In that ideal-typical sense, record-making should not disrupt eldercare. Actors simply write down what they do. Institutional eldercare in China, however, rarely allows that alignment. As I noted in the Introduction, producing "passable" records carries an imperative force. Managers and cadres operate under mutual obligations to construct an administratively legible reality that performs well in political competition. Yet the core problem here is not merely a gap between an "imperfect" reality and an "ideal" standard. It also comes from the record-making practice itself. The sheer volume of required documentation, together with its distinctive formality that demands legibility and an aesthetic of order, add to the audit pressures for practitioners.

The first tension is temporal and bodily. Paperwork competes directly with the time and energy that eldercare requires. Like elsewhere, eldercare at Sunset depends on attendants' responsiveness. Professionalization protocols define and subdivide daily tasks, and templates mirror that taxonomy. Forms separate bathing from toileting, room cleaning from laundry, medication logs from feeding logs, and so on. In practice, attendants though work less as task-specific workers than as comprehensive guardians. They respond to whatever happens in their area and from time-to-time step into other areas during emergencies. Daily labour therefore exceeds what templates anticipate, not as an exception but as routine, especially in the Nursing

Zone. Attendants adjust feeding pace to prevent choking, change diapers amid resistance, soothe agitation before it escalates, and handle sudden falls, incontinence, or episodes of confusion. These tasks demand embodied attention, endurance, and improvisation. Writing demands the opposite: sustained concentration, stable chronology, repeated entries, and time long enough to sit and produce orderly traces.

Staffing shortages sharpen this tension. As I documented in Chapter 3, attendant-to-resident ratios hover around one-to-eight for residents with substantial impairment and around one-to-fifteen for those more able-bodied. Under these conditions, attendants rarely find uninterrupted time to write. They fill forms during lunch breaks or after shifts, when they finally obtain quiet minutes to reconstruct a day's scattered labour into the ordered sequence that templates require. By then exhaustion has already set in. Reconstruction demands deliberate recall, and small lapses accumulate into missing or made-up entries. And the writing incompetence makes the temporal strain heavier. Approximately half of Sunset's roughly eighty attendants have completed middle school or higher, and a very small number remain semi-literate. For most, this is their first sustained participation in routine paperwork. This skill gap entrenches them in a disadvantaged position in terms of paperwork from the very beginning. Routinely, new attendants ask senior coworkers for help, and attendants as a group often turn to medical staff to "fix" or complete entries.

Yet, at its core, the deeper problem lies in the temporal assumption built into eldercare paperwork. Templates presume that writing follows action closely. Once writing lags, it becomes a debt. When workload spikes, the debt grows. Audit season then converts this chronic debt into an urgent collective task. Sunset practitioners do not "catch up" gradually. They clear a backlog all at once, not only for attendants but also for heavily burdened healthcare staff, such as the three rehabilitation therapists and six doctors who serve the whole facility.

Such tension is closely related to the second one, which arises from the collision between the contingency of institutional life and the rigidity of audit templates, and it surfaces most sharply as a demand for formal, aesthetic order. Residents vary widely in cognition, mobility, mood, and cooperation. Their conditions fluctuate. Families arrive with sudden requests. Minor incidents erupt without warning and demand improvised responses. As I discussed in Chapter 4, some residents refuse room cleaning because of personal habits or misunderstandings with attendants. Yet audit templates presuppose standardization. They require stable categories, stable intervals, and stable language. They ask practitioners to narrate events in an evidentiary grammar of risk control, correction, and procedural closure.

This mismatch intensifies when templates embed biomedical and gerontological assumptions that do not fully organize everyday practice. Quality improvement initiatives shape the documentary universe through biomedical knowledge, yet practitioners often work with hybrid understandings shaped by localized notions of elderhood. The friction becomes clearest in mental health and cognitive eldercare. Templates demand dedicated documentation for "cognitive impairment," including medication management, spatial management, and cognitive rehabilitation. At Sunset, residents are rarely treated as such cases. Managers and doctors seldom require families to provide diagnostic certificates for dementia or early Alzheimer's, and they do not build systematic follow-up regimes around those labels. Unless residents become aggressive, staff do not treat cognitive decline as a pressing problem compared with the heavier burdens of daily services.

Running parallel to these tensions is an aesthetic demand concerning the form and expressive style of documents (see also Göpfert 2013; Riles 2006). Although no authority issues a unified style guide, administrators gradually gravitate toward what they consider a recognizable "right look": orderly and legible, marked by clear handwriting, professional vocabulary, and an outlook that remains plausibly human rather than overly polished. Mrs. Xu once explained such documentary aesthetics to me. She believes that external evaluators often

possess frontline nursing experience themselves. They understand that perfect eldercare is rarely attainable, especially given that attendants' training and formal education are often dwarfed by those of professional nurses. Driven by this belief of tainted perfection, administrators commonly tolerate and at times encourage minor errors, occasional inconsistencies, and small irregularities, because those marks index the educational backgrounds of the writers and therefore make the record look socially plausible. A record that looks too polished can trigger suspicion precisely because it denies the material conditions of its production.

On top of these, both tensions get reinforced through political events that introduce exceptional and more rigid documentary demands. One type involves inspections by higher-level cadres. Unlike cyclical evaluation projects such as the Star Rating, these checks often follow no predictable calendar. They track these cadres' personal schedules, shifting priorities, and wider political shocks. In April 2023, for example, a major fire at Beijing's Changfeng Hospital kills twenty-six people and triggers nationwide criticism. Soon after, Zhejiang provincial government, like many others, dispatches special teams to conduct surprise checks on large nursing homes. In such moments, preparation time collapses. Facilities may receive no notice or luckily, get notified by local cadres with personal ties several days before the inspection. In either case, they must scramble to make sure the crucial logs "showable."

Another type involves national movements driven by welfare paternalism, which impose documentary expectations as political imperatives. The clearest case occurred during the anti-COVID policy pivot in late December 2022 and early January 2023. As the central government abruptly ceased the zero-infection policy, it simultaneously stressed tighter management and emergency response in "key sites" such as schools, hospitals, and nursing homes, where the officially labelled high-risk populations concentrate. In New Fountain, even without an explicit written "zero death" target, the local context of upward reporting pushed mortality reporting toward an expectation that nursing homes should record no deaths "from COVID infection." Mechanistically, this resembles the layered amplification of targets and the politics of numbers during the Great Leap Forward: documents become a means for producing a political reality, under centralized hierarchy combined with movement-oriented bureaucracy (see Kung and Chen 2011). Under such conditions, closing the gap between reality and documents becomes a paperwork in itself.

To conclude, both tensions reinforce each other. Paperwork squeeze time for eldercare, which make retrospective writing more likely. Contingencies disrupt standard routines, which make documentation harder to keep "correct" in real time. Audit standards demand coherence, which encourage staff to smooth over fluctuations after the fact. The closer inspection come, the more documents cease to record reality and began to reorganize it, pulling different practitioners into a collective project of producing passable traces. This is the ground on which "doing homework" take shape as a patterned and contested practice, one that aims for verisimilitude. The next sections follow that practice in detail, showing how practitioners accommodate one another so that selectively withheld records, fabricated crudely when time ran out, and co-wrote documents through tacit cooperation, therefore affirming hands-on eldercare and a moral community.

Accommodation via Three Different Forms of "Doing Homework"

Selective Non-recording

The strategic omission or concealment of information, which I term "selective non-recording," is a typical way of "doing homework," most notably during the resident intake process. Central to this process is the health assessment form, which determines a resident's care zone and level of support, and is later digitized into a provincial database, effectively creating a digital double

of the resident. The information omitted does not fall under a fixed category but often includes minor chronic conditions or cognitive and mental health impairments among prospective residents.

Rather than negligence or dereliction of duty, this is a situated practice of eldercare. It aims at achieving a compromise placement, which are not necessarily formally compliant, yet prioritize residents' and families' personal preferences and economic affordances, prevents disruptive escalation, while also saving colleagues from avoidable administrative churn. Both the family members and practitioners commonly invoke the notion of "accommodation" to frame this non-recording a way to sustain arrangements that all parties can live with. Its effectiveness relies on practitioners' ability to actively and flexibly use documents to construct subjects and reality (see Hull, M. 2012: 259ff). Next, I will delve into a twisting story about an elder's placement and relocation. It is not typical nor representative. But its exceptionality can effectively illustrate the capacity of selective non-recording to operationalize accommodation as discretionary support across roles and toward residents.

In late February 2023, Mrs. Li arrived at Sunset with her father, Yue Li. Like many first-time visitors, Yue, a dark-skinned man in his eighties, appeared reserved and nervous, walking with a waddling gait. After a quick observation, two reception staff inquired about his health. Mrs. Li mentioned only common "old-age defects" (*laonian bing*, 老年病) like hypertension and occasional confusion. Deeming him reasonably healthy for his age, the staff suggested placement in the Life-Cultivation Zone, given his relatively sound mobility and language abilities. They explained this possibility primarily to Mrs. Li and gave a brief introduction to Sunset. Then, accompanied by staff and myself, the daughter and father toured that zone administered by Chen and her colleagues. Halfway through, Mrs. Li selected a single room.

I stayed with Yue while the staff and daughter went to complete the check-in procedure. Chen arrived cheerfully and attempted to chat with Yue about his first impression. Yue, however, mumbled and fidgeted. A strange odor emitted from him. It turned out that he was having a fecal incontinence. Chen immediately called two attendants. They moved him into the bathroom, removed his soiled pants, and flushed his lower body with a shower. Clinging to the handrail, Yue grew more nervous, uttering disjointed sentences: "Aunties, I have two daughters. You have phones. Call them... You're too kind... Please call my daughters. I don't have any money." Chen and the other two tried to calm him while quietly conjecturing to me that Yue likely had a mental disorder.

Then, his daughter and two reception staff returned with Dr. Jing, all of whom had no idea about the accident, to complete the routine health assessment. As usual, Jing conducted a visual inspection, measured of his vital signs, and a simple conversation. Jing concluded that Yue fit into the category "Mildly Disabled."[7] It means that he does not need intensive eldercare, thus suitable for living in this zone instead of wards. The daughter was satisfied, as she also hoped that her father can enjoy the better environment here.

Before leaving, a staff requested she submit Yue's latest medical records, citing official requirements. On the other side of the room, I privately retold the incontinence accident to Jing, implying Yue's current placement might be improper. He suggested wait and see, then instantly left for another urgent patient.

Let us pause here. Just like others, Yue's admission sequence nearly reverses the standard procedure, where completing consent forms and a full assessment should precede check-in. This highlights a stark contrast between the verbal emphasis on documentation and its low practical priority. Administrators, attendants, and the physician largely relied on verbal accounts and visual inspection to determine a suitable placement for a new comer. Those aware of the incident preferred a wait-and-see approach rather than interrupting or restarting the intake process. They are accommodating both the family's wishes and the zone's current capacity: they "let it pass" not out of ignorance, but because acting on full awareness would trigger a

cascade of paperwork and, more importantly, violate the daughter's hope for her father to live a better late life outside a ward-like setting. This hope is shared by many younger generations with severely disabled parents who would otherwise be placed in the Nursing Zone if properly assessed and documented.

This contrast points directly to selective non-recording. By protocols, staff should meticulously record an elder's health status and ability to perform basic Activities of Daily Living (ADL).[8] In practice, they often neither fill in all required information nor thoroughly validate provided data. This gap between semi-knowing and non-recording extends to physicians as well, who hold decisive authority over an elder's official classification. Yet during assessments, they primarily document symptoms related to aggression or life-threatening conditions requiring long-term medication, overlooking other issues. Selective non-recording does partially function as a classic bureaucratic shortcut (Lipsky 1980), and almost all my interlocutors express aversion to paperwork. But it is not purely a self-interested action to dodge drills. Practitioners omit certain information in the idiom of accommodation: as "not making things harder" for their colleagues. Intentionally, many keep recording at a minimum that simultaneously to save more room for everyday eldercare and does not fail auditing rules.

About one week later Yue's admission, Jing received his medical report from the daughter—a year-old document with no neuropathological examination or mental health diagnosis. But Jing accepted this obsolete report and completed Yue's "Resident Biography" based on it. When mentioned the spreading rumor that Yue was a "fool," he indirectly acknowledged, without suggesting any further measures to be taken. He just said, "That man seems to indeed have a screw loose somewhere."

And he identified no need to relocate Yue. "There is no need to trouble the people down below," he told me, referring to colleagues in the Life-cultivation Zone. "There's been enough [documents] to muddle through (*gouyong*, 够用) for now. If they can't handle him, they will suggest [for relocation] Of course, it would be perfect if everything goes well with him." Jing's subtext was clear: insisting on a closer examination would force colleagues to negotiate with Yue's family and revise finished paperwork—outcomes he wished to avoid, just as he wished to avoid issuing an extra diagnostic report himself. This choice reflects the spirt of accommodation: one of certain authority acknowledges others' constraints and absorbs risk.

Nonetheless, the situation soon took a sharp turn. Yue became restless and agitated: staying up late, wandering all night, and knocking on doors to borrow a phone. The attendants were unable to prevent him from disturbing other residents. As a result, relocating him to the Nursing Zone for 24-hour monitoring became inevitable. For this, Jing and his colleagues had redraft Yue's biography. Yet even then, no diagnostic information about a mental disorder was added; only several key self-care indices were adjusted to re-label Yue as "Moderately Disabled." This update is accommodation in documentary form: it makes the new arrangement administratively "fit" without forcing the family into a stigmatizing psychiatric label, and without forcing colleagues into a new regime of specialized paperwork. Jing's accommodative attempt was well received by Chen. She made a special visit to his office to deliver her gratitude in person, even though the relocation having already been settled by phone.

> "Dr. Jing. It's really embarrassing. We really wanted to keep him down below. I had also encouraged the aunt (attendant responsible for Yue) to give another try. But [pause]. Sorry to trouble you once again (to do assessment and paperwork)."

After relocation, Yue continued his anomalous behaviors, persistently wandering the facility to find an exit and disturbing people along the way. This caused great trouble for his primary attendant, Qiu, who tried intimidation, persuasion, and soft control to stabilize him in

the ward, often searching for him during mealtimes. After weeks of effort, she eventually figured out several tricks.

Meanwhile, another documentary domain potentially relevant to residents with unstable mental states like Yue is "cognitive eldercare" (henceforth shorthanded as CC). This has emerged in recent years as a key official focus for professionalizing services and standardizing audits. Beyond maintaining distinct service logs for these residents—documenting psychological/spiritual support services and non-pharmacological interventions and rehabilitation—institutions are also encouraged to establish dedicated CC zones.[9] This has become almost a prerequisite for institutions aiming to achieve a four-star or higher rank in the Star Rating. Sunset did just that, creating a space-within-a-space. This zone is externally secured by a facial-recognition gate and an electronic surveillance system and internally segregated into closed wards, with the central area furnished with rehabilitation tools, nostalgic photographs and ornaments. The establishment of such infrastructure is significant not only for the institution itself but also helps street-level bureaucrats meet their annual development targets. The Clear Water Sub-district Office, where Sunset is located, had a 2023 target to add 97 new beds exclusively for CC within its jurisdiction.[10] The bureaucrat mobilized her *guanxi* with Sunset managers, hitchhiking its dedicated zone to achieve that target.

Yet, as we learn from above, Yue was not a recipient of this specialized CC. His suspected symptoms of mental illness do not automatically register him for it. The crux lies in the selective non-recording that constructs him as just another ordinary resident, no different from others labeled as ones with "Mildly Disabilities." Although bordering on fabrication, Yue's documents are not different from any others in producing real social consequences of constructing health status and corresponding identity. Indeed, I cannot conclude whether this exclusion was good or bad for Yue. What is certain is that his daughter, as his recognized legal guardian who dominates his arrangements, never expressed any desire for differentiated treatment. In staff's terms, "accommodation" runs downward here: it tracks the family's preference for ordinary placement and avoids imposing a specialized regime that would also burden attendants with new logs, new routines, and new scrutiny. This is the main reason why he remained as he was, staying in a regular ward.

Qiu became uneasy as the completion of CC zone approached. She constantly shared with me her worries that Yue would be discharged from her and relocated to there. Her point was, in that case, not only would she lose a client, namely part of her income under the piece-rate pay, but more critically, as she put it, "all (her) previous painstaking efforts invested in attending/controlling (*guan*, 管) him would end in nothing." She especially stressed that Yue already got along well with her, and another relocation might destabilize his mental status again. Eventually, she decided to make a rare visit to intercede with the administrator of Nursing Zone. Her appeal is also cast as accommodation: she asks managers to recognize her labor and to keep the arrangement stable for Yue, rather than "moving him around" to satisfy a documentary logic of specialization.

In the end, Yue stayed. I am not sure how much effect Qiu's intercession had. But at least, almost all her colleagues have always recognized her "credit for her sacrifices and achievements in dealing with Yue". On the completion day, many congregated at the brand-new hall of Cognitive Zone. The administrator responded to me, that a relocation would be superfluous, for Yue had turned out to be "manageable" under Qiu's supervision. A reception staff passing by overheard our conversation; she also knows Yue very well. She interposed: "This Zone does not house 'fools.' Instead, 'the fools' are ones who are housed here."

Audiences roared with laughter. This witty wordplay incisively points out that the documents-constructed illness status is the precondition for CC, shedding light on the generative effects of selective non-recording. By sharing this knowledge in a tacit way, they form a momentary community also in this moment.

Crude Fabricating

Imagine the dilemma of being compelled to record something that never occurred or have lost any traces. How does one get embroiled in such fabrications, and how does one cope with the attendant uncertainties and anxieties—particularly when some documented representations may directly contravene state policies? These questions weigh heavily on my interlocutors when selective non-recording turns insufficient to addressing auditing pressures. It is here that another form of "doing homework" emerges, that is crude fabricating. It involves navigating the fine line between "plausible/passable" and "too fake." In doing so, practitioners draw on insider knowledge of audit procedures and, just as importantly, mobilize accommodation as a justificatory principle. They invoke this notion especially to reframe crude fabricating as care for colleagues and subordinates who would drown in revisions. This is also why they can collectively overlook and even ridicule flaws in falsified documents. Accommodation authorizes a tolerance for imperfection, and that tolerance, in turn, protects people from panic. Here paperwork completion becomes an end, often overriding concerns about the trustworthiness of records (cf. Hull, E. 2012).

In April 2023, Warden Wang randomly selected twelve elders' personal profiles (hereafter, Profiles) from the archives (Figure 14). Each Profile, stored in a kraft paper bag, contains comprehensive documentation—biographies, health assessments, medical rounds, and treatment records—constituting a material double of a past resident's institutional life. According to Wang, these twelve Profiles were to be presented to external audit experts for the 2023 Star Rating. Thus, subordinates were instructed to "check for omissions and fill in gaps, ensuring every section is complete." Such expression is the common euphemism for fabrication. Since more than half of the selected residents had lived in Sheng's Life-cultivation Zone, the task fell to her and her colleagues.

Fabrication was so routine that it often went unnoticed in their office. However, the special status of these twelve Profiles drew particular attention from Sheng and her team, who conducted cross-checks. Xu discovered am inconsistency between documents: some service logs indicated that certain residents had not received routine services, yet the entry and leave logs showed no record of them having left the facility. Initially treating it as a typical oversight, Xu shared this finding jokingly. But Sheng recognized a larger issue. By tracing the dates, she uncovered the root of the discrepancy: a subterfuge that had taken place during the COVID-19 lockdowns. From 2022 to early 2023, the prefecture government had imposed several lockdowns on medical facilities, including one lasting two months over the Spring Festival. To help residents and their families reunite, Wang had leveraged her *guanxi* with Clear Water bureaucrats to secure tacit permission for clandestine leave. This permission was granted on the condition of leaving no paper trail, to prevent any possible audit backfire. Unaware of this arrangement, some attendants had truthfully recorded what should have been omitted.

Sheng and her colleagues then deliberated on how to resolve the inconsistency. Chen suggested modifying all the documents to create a unified representation showing the residents had remained in the facility. Sheng, however, argued against altering the records, warning that one adjustment could trigger a domino effect across interconnected files. "If we start fixing the service logs," she reasoned, "we'll likely have to reprint and rewrite everything. Shift records, cleaning logs, health reports, so on and so forth." Drawing on past experience, Sheng explained that one inconsistency often signaled a cascade of factual errors spreading across multiple documents. Still, Chen worried this case was different—entry and leave records touched on epidemic control, a sensitive political issue. A brief silence fell. Xu stood up to refill her cup, the tension seemed to thicken, verging on questions of accountability. Then Sheng spoke, half-mocking, half-reassuring:

> "Administrator Chen. Could you please go easy on us and the aunties (i.e. the attendants)? Everyone has is busy with paperwork now……Why aim for perfection? No one would hold a magnifying glass [to examine documents]. That's unrealistic. Homework is homework."

This event illustrates how deeply crude fabricating relies on the ethical labour that mobilizes the value of accommodation, so too Wang's earlier efforts to secure unofficial leave permissions. This is not simply that either of them or Sheng chose to act loose. "Going easy" means recognizing unequal capacities and unequal exposure to risk, then distributing the burden in a way that keeps eldercare running. Accommodation operates here as a decision rule. Do not escalate trouble that does not protect residents, and do not demand revisions that only display managerial virtue. While not purely altruistic, this stance allows attendants to spare time and energy for resident bodies instead of paper bodies. It also protects families from being pulled into renewed explanations and potentially punitive scrutiny. In this sense, accommodation reaches outward, beyond staff relations, to the resident-family unit as the third party that bears the fallout of documentary tightening.

When resorting to crude fabrications, my informants resemble tricksters who occupy an ambiguous space in which they both uphold and bend bureaucratic order. They do not internalize the ideal of impartial bureaucracy: *sine ira et studio*, which means a lack of anger and passion (Hoag 2011: 82). Rather, they master the irony to indirectly play with "the discrepancies between representation and reality" (Brandstädter 2015: 123). This irony, often self-referential, underscores the gap between their forgeries and their perceived "standard answer." As we shall see next, it may elicit knowing smiles and laughter, buttressing a collective identity that disturbs the given administrative hierarchy.

In the months that followed, Dr. Jing occasionally joined Sheng et al. to complete the medical parts of the Profiles. Despite work overload, the actual fabrication turned out to be joyful and lively. Jing enlisted my help in collecting gel pens, testing strokes to mimic handwriting from different periods. "Ink fades over time," he explained to onlookers, "and I have to match the original handwriting style." He even tried to age papers with stains and folds. For some hospice records, he selected deceased cancer patients, gathered minimal background, and fabricated entries for pain management and emotional support.[11]

It is these meticulous efforts that become the butt of jokes. Sheng, Xu, and others tease Jing for being overly careful, offering backhanded praise such as, "Professional doctors really are different when doing homework." Their laughter draws curious passersby. Jing responds with self-irony. His forgeries look formally complete but would not withstand scrutiny from experienced physicians. This remark brackets his professional authority and flattens hierarchies for a moment. The laughter signals recognition of a community that fabricates not only to meet documentary demand but also to stand together against an imagined "higher level." Accommodation supplies the moral glue for this community. It allows people to say, without embarrassment, that everyone is complicit because everyone is constrained, and that mutual help matters more than documentary purity.

This irony-sustained crude fabrication echoes Hans Steinmüller's (2013) notion of "communities of complicity," which refers to the social bonding established on shared, implicit knowledge of in-group knowledge and practices. Here, joking turns fabrication into an insider genre, momentarily flattens rank, and thickens solidarity against an imagined "upper" gaze. That effect becomes especially palpable through my own participation. Most individuals mentioned so far have more than once asked me to assist with assist with falsified records: attendance logs, equipment loans, vital signs; and they often caution me not to take them too seriously. Some directly showed me their own flawed products, and some others gave

impromptu lessons in fabrication, like how to pick plausible values from normal ranges. Throughout these moments, a subtle sense of "we" emerges from the contrast between the unspoken tolerance for falsification and the collective mockery of the crude ones.

Collaborating with them in producing these documents created moments tinged with both intimacy and anxiety, amusement and impatience. It was in these moments that I heard practitioners across different roles—especially junior therapists, nurses, and attendants—openly express possibly the strongest identification with their physical work, along with an accompanying sense of self-dignity. In post-reform China, such labor has often been devalued within a market-driven hierarchy of worth (Fengjian 2022: 543). This devaluation is particularly internalized by attendants, some of whom believe they are relegated to eldercare precisely due to a perceived lack of *suzhi* (educational quality, see Kipnis 2006) and qualifications for intellectual work. Yet here, their hands-on labor gains elevated status, largely through contrast with paperwork, which was seen as work for "the superiors," consuming energy only to become what they called "display items" (*baishe*, 摆设). This expression means that these artefacts are only meant to be inspected and audited. It is in such context of meaning-making that attendants endow their daily labor with some value as oriented "downward": though not without its own frustrations, it was seen as creating tangible, practical value for the vulnerable, or at least a meaningful attempt. As a senior attendant once told me, whilst filling out a log, "You know. We're the ones who are doing the real work here."

Accommodation intensifies this valuation of hands-on labour, as it links fabrication back to a claim about what deserves protection. Time with residents deserves protection. Families' fragile trust deserves protection. Coworkers' limited capacity, especially given uneven literacy and schooling, deserves protection. By invoking accommodation, practitioners turn "doing homework" into a way of defending the primacy of everyday eldercare and the dignity attached to it, even when the defense takes the form of paper.

I still vividly recall many noon breaks spent with them writing entertainment logs for elders, which require residents' signatures. We laugh at our forged signatures for being too steady to look believable, since many residents are illiterate or have hand tremors. The moment I feel truly accepted as an insider arrives with a smile. Once, a new attendant comes to Sheng's office holding some homework, hesitating to expose it in my presence, until Sheng waves her in with a reassuring grin. That gesture embodies accommodation. It reassures the newcomer that she will not be shamed for imperfect writing, and it signals that the office will absorb her vulnerability as part of "doing homework" together.

Figure 14 The archive room

Complicit Co-writing

Selective non-recording and crude fabrication are two types of practices in which frontline practitioners exercise considerable discretion, covering the most of institutional audit items. In this process, managers primarily play a supervisory and review role. Yet documentation does not remain an internal affair of the facility. At times, it depends on cooperation between managers and cadres from Clear Water Sub-district Office, especially when it concerns to the events of political stakes. Sunset's four managers have established varying degrees of *guanxi* with local cadres and remain particularly close to a middle-aged Civil Affair cadre from Clear Water. Surnamed Zhang, this party member is also my key informant. Cadres like her hold two advantages that matter for auditing. They have early access to frequently updated "red-headed documents" (*hongtou wenjian*, 红头文件) on eldercare improvement.[12] They also have situated knowledge of what counts as auditable, or at least tolerable, in practice. Managers draw on these advantages to preempt pitfalls, calibrate paperwork style, and anticipate what external experts will scrutinize. In return, managers may produce records that help bureaucrats satisfy performance metrics. Participants rarely describe this as "exchange" in an overtly calculative sense. They more often describe it as accommodation: giving one another a way to cope, to avoid embarrassment, and to protect residents from their perceived irrational auditing.

This exchange points to a third type of "doing homework": complicit co-writing, a cross-scale collaboration in creating records which is sometimes delegated to subordinates and at others, requires direct involvement by both bureaucrats and managers—especially when documents carry significant political stakes, as I will explore later. A fitting example of the delegation is the situation I mentioned earlier regarding the addition of CC beds. Though intended for residents of cognitive impairments, this empirical fact alone does not qualify those beds as official CC beds in bureaucratic accounts. It was during a private meal with Zhang, Warden Wang, and me, when Zhang suggested listing these beds in her performance report. Wang agreed proactively, calling it a "win-win": Sunset would receive official subsidies for infrastructure upgrades, and Zhang could fulfill her official quota of that year—precisely in the manner of "doing homework." Within the CCP's bureaucracy, a long-standing colloquialism captures this collaboration: "one entity, two signboards."[13]

Beyond its instrumentality, complicit co-writing also sustains social connections and sharpens an opposition between participants and a reified bureaucratic "upper level." A notable distinction, however, is that boundary-making here includes bureaucrats themselves. Although formally belonging to the official system, they side with non-bureaucrats, at least temporarily and situationally. This alignment does not rest only on instrumental *guanxi*. It also rests on a shared practical stance toward shifting agendas that feel arbitrary, urgent, and difficult to explain. This perception of arbitrariness is tied to their own low standing within the bureaucratic hierarchy, as well as to the rapid and often disjointed policy shifts featuring recent decades of welfare paternalism. Next, I illustrate this boundary work by tracing the co-writing of two politically charged documentary domains: COVID-19 vaccination and death records.

During the pandemic, the party-state mobilized the whole state apparatus and culminates in the extreme zero infection policy. Protecting "the life of the people" took on absolute biopolitical value, legitimating strict quarantines, mandatory vaccinations, and mobility restrictions as derived from the Party's benevolence (Sorace 2025: 453ff). The elderly, officially termed as the "high-risk," became a prioritized object of this repair-control. Government agencies enforced prolonged entry-exit controls on nursing homes, while street-level bureaucrats like Zhang worked overtime to contact isolated elders and meet vaccination quotas. These tasks demanded meticulous records. Zhang leveraged her connections with Sunset to register vaccinated residents under her report. In her own framing, this was acting

accommodation: Sunset was "helping her pass," and she was "helping Sunset avoid trouble," including the trouble that would spill onto residents' families through delays, repeated visits, or punitive scrutiny. Some of her colleagues were not so lucky and had to pay out-of-pocket to recruit rural elderly for vaccinations.

Death is a much more crucial issue than vaccination, thus requiring more efforts to produce right document. In early 2023, after a nearly two-month lockdown, Zhang and a male colleague visited Sunset for a routine review. They invited me to join their private meeting with Warden Wang. After brief greetings, Wang offered a confession-like report: "Dear two leaders. I won't hide it from you. Official rules require zero COVID-19 deaths [in nursing facilities] (with a wry smile). We tried to achieve that. When a resident falls critically ill, we immediately notified family members to transfer them to the hospital. And we also recommended many to pick their parents back home."

"It doesn't matter. We ……" Zhang was interrupted midway.

Wang went on, "But still some died [in Sunset]. We did some statistics. That was about 30. Fewer than ten were from COVID. You know that I always report truthfully to you."

The male bureaucrat concurred, "Death involves many factors."

"Of course. Many (deceased) were already very old, and with cancer." Wang indicated influence factors in her view.

"The Sub-district Office also noted an excess of six to seven hundred deaths this winter compared to prior years." Zhang indirectly endorsed. At that moment, one staff came and brought a plate of fruit. Suddenly, the group fell silent, resuming only after they were alone again.

Wang stated, "We tried our best. Little Shi here witnessed it. There were severe medical supply shortages. I even bought disposable raincoats as makeshift protective suits. But (pause), for the deceased ones, we still asked their children to obtain death certificates from the police station. So, technically, we still achieve zero death." She detailed various lockdown hardships and traced the outbreak to an attendant who brought the virus from outside after the sudden halt of Zero-Infection policy.

The bureaucrats agreed, further criticizing the abrupt policy U-turn by the "above." Wang shook her head: "Even a few months earlier or later would've been better. They chose to reopen in winter." Her colleague suggested that Shanghai's "white paper" protest movement may have forced Xi and other big heads to change their minds overnight (see Davidson and Yu 2022). Zhang responded with ironic skepticism: "Who knows? Orders come from above; we below just carry them out." Everyone smiled, then conversation converted to family health concerns. Two bureaucrats' remarks not just reflect a spatialized view of the state as a vertical entity encompassing local society (Ferguson and Gupta 2002) but hint at another perception of a monolithic higher authority, often conflated with political leaders (see Chapter 6). In exchanging these views with Wang, they were performatively enacting an opposition between a remote and elusive "above" and a mutually reliant "below."

It is important to note that this opposition is not homogeneous; rather, it is recursively stratified as the complicit production of zero-death records moves along the chain of management. A death from illness requires at least a medical diagnosis, and diagnosis is a social enactment dependent on documentation (Mol 2002; Street 2011). By late 2022, biomedical testing had largely ceased due to the rapid depletion of local medical resources. This meant that most patients died without ever receiving a throat swab test. As Jing revealed to me, even when he and other doctors observed typical COVID-19 symptoms, they recorded them in medical files as upper respiratory infections, pneumonia, acute respiratory failure, or other complications. This practice systematically excluded these cases from being classified as COVID-19 deaths. According to Jing, this was done in compliance with orders from "the above," which, in this instance, refers specifically to Warden Wang. While it remains unclear to what

extant Jing know about the political context of death production, it is evident that he felt uneasy about his role in the complicit co-writing and sought to distance himself from it.

A similar distancing appears more sharply among junior attendants. Compared to mid-level staff like Jing, they have limited awareness of the broader complicity and simply followed orders. From their perspective, managers like Wang become the "above," while bureaucrats barely figure in the whole picture. Even those who occasionally grasp their part in a larger scheme still defensively maintain their distance. For instance, one rehabilitation staff remarked cynically about her role in registering services under a public program: "Big devils tell big lies; little devils tell small lies." While acknowledging her participation, she nonetheless distanced herself from the "big devils" above.

Based on these observations, we can better understand the social significance of Wang's disclosure of the mortality gap to the bureaucrats. This act should be interpreted as the sharing of an open secret. Although no one would realistically believe that zero COVID-19 deaths occurred in a closed facility during a major outbreak, articulating this truth requires courage and signals a strong degree of mutual trust, given that the tightening censorship compel more officials to remain silent (see Yang, J. 2021). It is this accommodation-mediated sense of mutual trust that sustains them together, fostering a sense of communal solidarity and recognition.

Conclusion

By September 2023, the annual Star Rating team finally arrived at Sunset. Director Zhang from Clear Water showed up early and stood on the plaza facing the front gate. Beside her sited sat? a row of residents in lounge chairs, resting in the shade. The zone managers have selected them in advance as "kindly and agreeable" ideal elders, asking them to accommodate their work today: to sit here, to be visible, and to create a calm, well-ordered atmosphere. The same arrangement is routine whenever higher-level cadres come for political visits. Beyond Zhang's line of sight, outside the gate, managers in matching uniforms waited to receive the evaluation team. Led by instructors from Shaoxing Nursing College, the team stayed for a full day, inspected different spaces and service domains, and leafed through binders of records until dusk. At that moment, I was standing with Mrs. Xu. She said nothing. She turned and walked quickly back toward her zone.

I expected a comment from her, that conveys relief, satisfaction, or anything but silence. Over the past month, she and her colleagues Sheng and Chen had been among the busiest people in the facility, stretched thin. Yet she simply left. The good news came the following January: Sunset becomes the only five-star nursing home in Shaoxing.

This chapter has shown the audit regime inflates documentation and presses against the rhythms of everyday eldercare, and how practitioners and cadres respond through fabricative practices of "doing homework." Such practices are made possible by actors' ethical labour in mobilizing the value of accommodation. It is this labour that enables them to reframe fabrication as a form of mutual support among themselves and their colleagues, and as a means of safeguarding the well-being of residents and their families. This inclusion of third parties distinguishes such fabrication from other misrepresentational practices documented in socialist bureaucratic contexts, which tend to be confined to dyadic relations and serve as informal coping strategies (Osburg 2018: 151; Smith 2010; Zhao 2007, cited in Kipnis 2008: 278ff). This is not to suggest that such fabrication is a wholly altruistic endeavor, for it undeniably also serves the instrumental function of circumventing audit demands. Still, its role in forming community is significant: it creates and sustains solidarities of mutual recognition, as well as patron-client relations that generate personal value. This helps explain Xu's muted response when the inspection ends. She returns not so much to Sunset as a newly laureled institution, but to a community that recognizes her as a vital member.

Party-state initiatives aimed at regulating nursing homes continue to gather momentum, advancing accountability and transparency as defining principles of institutional eldercare. Meanwhile, a digital reform was already underway. By the end of my fieldwork, several networked systems had been introduced to register residents' information and to produce their data doubles. Predictably, the audit regime is likely to evolve into new forms that reach beyond the capacity of paper-based "doing homework" practices. Yet I argue that as long as the structural tension between audit pressure and everyday eldercare persists, the logic of such practices will endure. People will continue to work with documents—whatever their medium—to create a verisimilar reality that mediates between the truths of daily life and those of representation. Care emerges in this interstitial space as a fragile social realization: as actors strive to render otherwise contentious documentations into acts of concern for others, they are forging mutually recognized social bonds.

---

[1] They fell under the jurisdiction of local CAB. As their administrators and inspectors often held similar official rank within the hierarchy, the inspections were normally superficial. The situation only began to change with the rise of privately operated nursing homes. Depending on whether they were registered as profit-making enterprises, such facilities had to file with either the civil affairs or the industrial and commercial bureau, and they became subject to joint "annual assessments" by multiple departments. Still, today's auditing dwarfs the assessments back then in both the scale and frequency.

[2] By the 2010s, preliminary institution grading schemes had appeared in some major cities, but they still relied heavily on on-site inspections. Around the same time, local governments began providing subsidies to nursing homes, and institutions receiving financial support were subjected to more audits, though still primarily financial in scope.

[3] This bureaucrats often carries a special memorandum to handle paperwork. She sticks on that notebook clippings from the annual To-do lists "passed downward to her" and meanwhile, leaves her plans in shorthand.

[4] The evaluation criteria are categorized into prerequisite, basic, and innovative criteria, with senior care institutions required to meet all prerequisite items to qualify for grading. The basic criteria account for 900 points, while the innovative criteria contribute 100 points, and the minimum scores for each level are defined as follows: Level 1 requires at least 360 points, Level 2 at least 450 points, Level 3 at least 570 points, Level 4 at least 780 points, and Level 5 at least 850 points.

[5] With its meanings shifting historically, *guanxi* consistently involves exchanges of gifts and favors aimed at establishing particularistic ties marked by varying social and affective closeness (see Kipnis 1997). For contemporary Chinese, while *guanxi* is not necessarily equated with corruption, it is widely acknowledged that corruption—understood within the modern legalistic framework—is often attributed to *guanxi*, especially in the form of elite nepotism and patronage. Existing studies have shown that people's judgments about the relation between *guanxi* and corruption are not reducible to any black-or-white framework but also entails considerations about social legitimacy. Bureaucrats are prominent actors in *guanxi*-formation, either as the initiator or the object. Some routinely mobilize guanxi to mitigate the pressures of political performance evaluation. Even since Xi Jinping's anti-corruption campaign in the last decade, which seeks to eliminate the grey zones between the legal and the illegal—particularly around banqueting and gift-giving—*guanxi* has not disappeared but adapts to new forms (Shin and Liu 2022; Osburg 2018).

[6] This sub-clause is "Evaluation and Improvement." It demands:

1) Establish a complaint handling system and standardizing the handling process.
2) Managers should record complaints received during their inspections.

3) Use face-to-face interviews, telephone interviews, etc. to listen to the feedback of the elderly on service management and keep records.
4) Carry out satisfaction evaluation at least once every six months.

[7] Four labels for elder residents are: “Functional”, “Mild Disabled”, “Moderate Disabled”, and “Severe Disabled”. Those in the last category must check in the areas with intensive eldercare.

[8] Activities of Daily Living (ADL) refer to the necessary activities that a person performs every day to meet the needs of daily life, including eating, dressing, washing, bathing, going to the toilet, dressing, etc. When assessing elderly about to move into Sunset, the physicians and nurses rarely use any index scale but take a visual approach.

[9] For instance, the assessed institution can receive the highest score “if (1) it has a dedicated cognitive care unit and (2) the proportion of single rooms in the living quarters of elderly people with mental disorders is ≥ 30%”. The scoring rule is as follow:

For the following items, 6 points will be awarded if 4 items are provided; 4 points will be awarded if 3 items are provided; and 2 points will be awarded if 2 items are provided:

The dedicated cognitive care unit provides:

1) cognitive rehabilitation spaces for group activities, music therapy, nostalgia therapy, sensory stimulation and other cognitive rehabilitation activities.
2) cultural and sports rehabilitation spaces for sports and cultural and entertainment activities.
3) therapeutic rehabilitation spaces for five-sense stimulation and rehabilitation activities such as horticultural therapy.
4) other special rehabilitation spaces that are different from occupational rehabilitation and sports rehabilitation.

[10] To describe in a simplified way, local CAB regularly receives from the “upper” bureau series of “red-heading documents” about establishing the Primary Elder Support System, a nationwide care initiative offering elder citizens “basic, inclusive and general welfare services.” Then, the local bureau deciphers and translates those documents into different quantifiably evaluated tasks, and then distributes them to street-level bureaucrats, along with different fiscal budgets.

[11] The sub-clauses 408 to 416 about hospice care demands:

1）Provide end-of-life humanistic care services and palliative care services.

2）Develop palliative care emergency plans and protective measures.

2）Provide services in accordance with the needs and wishes of the elderly and their relatives.

3）Establish a communication system with the elderly’s relatives, communicate in a timely manner according to the elderly’s condition, and keep records

4) Provide funeral guidance for relatives and keep case records.

[12] It refers to formal pronouncements from higher-level CCP or government entities that cascade downward, instating policies with binding force on subordinate units.

[13] In addition to the hitchhiking phenomena, this expression (*yige dongxi, liangkuai paizi*, 一个东西，两块牌子) also denote a common organizational arrangement: one organization maintains two separate identities or titles, allowing it to flexibly perform different functions.

Chapter 6: Thankful for the "Country-family's Care"

Introduction

In January 2023, Mrs. Zhang, an official from the Clear Water Sub-District Office,[1] invited me to join her for a Festival Visitation (*jieri weiwen*, 节日慰问). This yearly program distributes basic supplies and small cash allowances to low-income households, particularly recipients of the Minimum Livelihood Guarantee.[2] Among the beneficiaries was Zhihong Liang, an elder man in his eighties officially recognized "descendant of revolutionary martyrs." Zhihong had previously visited Zhang at her office and lamented that his wife had recently passed away, and his "unfilial" son refused to cover the funeral costs. According to Zhang and her colleagues, Zhihong is a "well-behaved" benefit applicant, in contrast to others whom they regarded as welfare abusers who resorted to "uncivil" conduct.[3]

Upon entering Liang's home, I immediately noticed a framed, yellowed certificate on the wall that attested to his revolutionary lineage. He addressed Zhang and me as "leaders" (*lingdao*, 领导), thanked us for the supplies, and described them as "country-family care" (*guojia guanxin*, 国家关心). After a few pleasantries, he turned to his wife's sudden death and described the difficulties of everyday life since then, especially his struggle to prepare meals. To illustrate, he showed his sparse kitchen, where rice noodles, normally eaten for breakfast, had become his staple. His monologue soon expanded to include his bodily ailments, loneliness, and the monotony of living alone. These seemingly disparate topics all revolved around hardship and culminated in sobbing, an act rarely displayed by men of his generation. The two cups of tea on the table had cooled. The atmosphere grew so saturated with pathos that it felt as if Liang had deliberately released it to render us speechless.

This scene captures a recurrent pattern in elders' encounters with street-level bureaucrats distributing official benefits: ambivalent emotional expression. Formalized gratitude coexists with negative undercurrents that range from diffuse fear and anxiety to more object-directed discontent and resentment. These mixed feelings point to the Chinese notion of *guojia* (国家, lit. country-family), a compound of *guo* (state) and *jia* (family) that can refer flexibly to the CCP, the government, the country, or the nation (Xiang 2010).

Earlier chapters examined how welfare paternalism generates uncertainty within Sunset. This final chapter shifts the analytical scale to the broader social field, where the same paternalistic trend accompanies the expansion of universal benefits for older citizens. It focuses on elders' efforts to interpret new forms of welfare and to situate themselves in relation to the "country-family" within a rapidly transforming welfare order.

This chapter advances two related arguments. First, the recent expansion of elder benefits is not directly experienced as care in its broad sense of protection and solicitude but instead produces uncertainty for many recipients. Second, elders respond to this uncertainty through mixed feelings that fuse gratitude, suspicion, discontent, and resentment in shifting proportions. These expressions constitute a form of ethical labour through which elders calibrate their relationship to a historically multiplied "country-family," rendering otherwise confusing benefits temporarily intelligible as meaningful care without resolving their ambiguous position between benevolence and entitlement.

My analytical approach of mixed feelings brings into dialogue two strands of scholarship that are rarely combined. The first one is the studies of boundary work. They show that the state

is not a pre-given entity but an effect of everyday practices that subjects distinguish state from non-state, official authority from its imitations, and the practices blurring or conflating them as well (Beek 2012; Lammer 2024; Thelen, Thiemann, and Roth 2018; see also Mitchell 1991). These boundaries are drawn in mundane encounters in which people attribute, contest, or suspend stateness. The second source comes from the analyses of political affect. They challenge conventional views of affect as merely an object of discipline or governance by trying to show that affect constitutes "the substance of politics" (Laszczkowski and Reeves 2015: 2; Andreetta et al. 2022; Stoler 2004). From this perspective, the state derives its tangibility and sensibility through people's affective investments. Steinmüller's (2015) ethnography of rural China offers a relevant example. He identifies a historical sentimentalization of the paternalistic order. While rooted in the Confucian father-son relation of the imperial period, this order no longer works around propriety and filial piety but around moral indebtedness and attachment linking the CCP, the leader, and "the people." Within this configuration, rural subjects express mixed feelings: emotional closeness to national leaders coexists with doubt and hatred toward local officials, materializing a bifurcated "country-family" split between a benevolent center and corrupt local governments (see also Xiang 2010: 119).

Thus, departing from approaches that treat political emotion primarily as an object of ideological discipline or as the residue of Maoist trauma, my approach treats affect not as peripheral to the political but a generative affordance via drawing boundaries between ordinary people and political categories. Based on that, I examine the mixed feelings' effects of generating the state and, relatedly, the meaning of welfare through boundary-drawing. Specifically, I analyze how affective expression delineates the relationship between elder recipients and (quasi-)official actors and how this process renders a particular version of the state plausible and sensible.

This perspective is especially suited to the older generation in the context of welfare expansion. Born around the PRC's establishment, this age cohort has lived through two distinct welfare logics: the Maoist model, which framed welfare as the Party-state's solicitude for and repayment to socialist members called "the people" (*renmin*, 人民), and the post-reform model, which has shifted welfare distribution principles from social-political differentiated groups to generalized population categories (Cho 2013: 70ff; Ma 2020). Despite this shift, current welfare programs continue to rearticulate with Maoist language and modes. As this generation carries layered repertoires of state-subject relations into each welfare encounter, their political affects should not be read back as products of a singular, unified state. Political affects, crystallized as mixed feelings, are better followed for how they assemble a version of "country-family" in situ whilst addressing the uncertainty of its provision.

Following this line of thought, I will demonstrate that the uncertainty generated by welfare expansion stems from its simultaneous novelty and hybridity. The substantive enlargement of provision echoes Maoist commitments to subjects' well-being, yet its formal principles are universal rather than based on political status, and its implementation relies heavily on outsourced street-level bureaucrats, instead of party cadres. This partial continuity and rupture with earlier welfare regimes disorients many elder recipients for depriving them of established experiential frameworks for interpreting new benefits. Under these conditions, mixed feelings become a primary means of engaging uncertainty. Depending on the situation and on individual life histories, these feelings position elders alternately as vulnerable dependents and as political

subjects of "the people." Sometimes, they conjure "country-family" as a caregiver obligated to attend to the vulnerable, producing a hierarchical boundary. At other times, a patrimonial version of "country-family" may also come into being, from which more aggressive emotions such as discontent and resentment claims for preferential support on the coordinates of political devotion and sacrifice. Although the statehood varies across these configurations, they consistently provide a temporary sense of intelligibility toward welfare provision. It is in this sense of endowing meaning that I understand mixed feelings as a form of ethical labour.

In what follows, I first contextualize the recent expansion of elder benefits and explain how it amplifies uncertainty within the context of welfare paternalism. Drawing on two contrasting cases, in which elders misrecognize me as either a party cadre or a fraudster, I then illustrate how this uncertainty manifests in concrete interactions. The core of the chapter examines the generative effects of mixed feelings as they emerge from elders' ordinary encounters with (quasi-)official actors.

The Expansion of Elder Benefits and its Uncertainty

In parallel to the quality improvement initiatives targeted at nursing homes, another official agenda has moved toward covering all citizens aged sixty and above. This nascent form of universal welfare becomes especially prominent in coastal regions, where relatively generous fiscal capacity allows local cadres to design territorially branded programs. As I have shown in earlier chapters, and much like institution-based initiatives, this universal welfare is discursively framed as emanating from the state, yet in practice it operates through a dense involvement of non- and para-official actors. I illustrate this hybridity through a new project in Zhejiang Province known as the Love Card (*aixin ka*, 爱心卡) and show how it generates uncertainty among older recipients. They are often unable to identify the source of the new benefit and at times question the very status of the street-level bureaucrats who approach them.

The Love Card program provides monthly electronic vouchers to residents aged sixty and above, tiered according to Activities of Daily Living assessments: 500, 250, or 100 yuan per month for severe, moderate, and mild functional impairment, respectively. The subsidy is co-funded, with 20% covered by recipients' families and 80% by local government. It can be used for in-home services, including meal assistance, accompaniment for outings and medical visits, house cleaning, and bathing support, or to offset nursing home fees. Launched in late 2022 by the CAB and Finance Bureau in New Fountain, the project was formulated in response to a provincial directive. In line with standard policy format, that directive opens with ritual affirmations of loyalty to the top leadership and central authorities, projecting the image of a top-down political will (Zhejiang Party-State Departments 2022). In practice, however, the Love Card is better understood as a form of local political speculation rather than a central mandate. Its launch predates the central policy issued in mid-2025, and its coverage is broader, extending to seniors with mild functional impairment (The State Council 2025).

The project's hybridity becomes even more pronounced in its everyday operation. It relies on three separate groups of street-level bureaucrats: case processors, service providers, and ADL assessors. Each is accountable to different governmental organs, and they rarely collaborate directly, as their work is coordinated through a distributed mobile platform. The first group consists of community workers. They are contracted personnel who act on subdistrict directives to identify eligible cases and complete filings. The second group comes from the

"public service conglomerate," a local government financing vehicle that operates as an off-budget financial arm with implicit government backing. Its staff run a call center and dispatch home-visit tasks to contracted care workers. The third group comes from medical assessment firms, typically micro enterprises that recruit short-term workers on a commission basis. The firm that I joined employs only two permanent staff members and relies on nursing students and eldercare workers hired temporarily to conduct quarterly assessments. Comparable public-private arrangements structure other infrastructures emerging amid the expansion of elder benefits, including the county-level Elderly Palace (see Figure 15) and township day-care centers. In short, these outsourced actors perform state work without holding official status.

This contracting-out pattern originates from China's broader welfare pluralization post the Reform, which has expanded official provision through administrative outsourcing and market mechanisms (Maags 2020; Zhang, H. 2016). A distinctive feature of this pluralization is that the CCP keeps actively promoting the hybrid provision as an official achievements, reinforcing a public imagination of a singular benevolent guardian. The result is a configuration in which paternalistic presence is simultaneously magnified and diffused: the state remains morally central while institutionally heterogeneous.

However, this quality of being simultaneously inside and beyond the formal state, combined with the program's novelty, renders the Love Card deeply puzzling to many local elders. Among the recipients I met, only a few had applied on their own initiative. Most had never heard of the program and were enrolled by community workers seeking to meet performance targets. Consequently, elders' welfare encounters often begin with assessors, many of whom are themselves newcomers and struggle to define their roles. A common solution is to state vaguely that they "work for the Civil Affairs Bureau." Such deliberate ambiguity does not always secure trust and at times paradoxically intensifies elders' uncertainty.

This uncertainty is further compounded by telecommunications fraud. Since the late 2010s, digital scams based on identity theft have become widespread in China. A typical scheme involves authority impersonation, which alleges violations or promises benefits to solicit money. In response, government agencies have led large-scale anti-fraud campaigns, mobilizing police, communities, and banks to disseminate warnings. Elders are repeatedly cautioned to distrust strangers claiming to represent "the state." Ironically, these warnings come to mirror the Love Card's own outreach routines, especially the assessors' phone calls used to schedule home visits. In these initial encounters, when a new benefit arrives through unfamiliar intermediaries in a climate saturated with anti-fraud messaging, uncertainty readily crystallizes into mixed feelings.

Given this muddiness of "state" and "official" categories, some terminological clarification is necessary, not to analytically fix them but only to make them more clearly describable. I take the notion of the "street-level bureaucrat" as the foundation to refer to all actors who directly or indirectly implement the Love Card on behalf of the government. But I extend the concept beyond its empirical definition as frontline public service workers (Lipsky 1980) to include its experiential dimension, attending to how elders themselves identify particular individuals as bureaucrats, officials, or embodiments of the state, or conversely as its imposters. And for the sake of readability, I henceforth reserve "officials" for moments that reflect the elders' emic perspective. In the party-state system, where officials are at once administrative functionaries and moral representatives enjoined to act as "servants of the people"

(*renmin gongpu*, 人民公仆), such distinctions are rarely clear-cut, especially for elders who remain unfamiliar with the professionalization of the public sector since the late 1990s.

Figure 15 The Elderly Palace, at the inauguration ceremony

Who Counts as the State, and Which Version?

Louis Althusser's influential account of ideological state apparatuses famously centres on the notion of "interpellation." A police officer calls out to a passerby in the street, and the moment that person turns around, he or she becomes a subject of authority. But what happens when people are unsure who, exactly, counts as the "police," and when the figure that hails them cannot be clearly identified as an agent of the state? This question structures older adults' encounters with welfare. Depending on the context, they invoke different imaginaries of state paternalism and struggle to distinguish ordinary administrators, official cadres, and potential imposters. In this section, I examine two contrasting cases: one in which an ordinary interaction at Sunset is momentarily imagined as an encounter with an inspecting cadre in plain clothes, and another in which an official welfare outreach call nearly collapses into a suspected scam. Together, these cases foreground the uncertainty and mixed feelings that accompany elders' encounters with newly expanding welfare programs, as they navigate layered and partially embodied memories of political history.

Bo'quan, a new resident in his mid-seventies at Sunset. I first met him in the entertainment room one day while assisting an administrative staff member with a periodic satisfaction survey. Spotting him sitting alone, I approached him to ask a few questions. he noticed the blank questionnaires and pen in my hand and asked in the local dialectic, "What are you doing here?" This question sounded rhetorical and caught me off guard. I explained that I simply wanted to understand his experiences about living at Sunset. He stood up, facing me, and responded that he had "no problem (with this place) at all." Despite my follow-up questions, he continued paraphrasing the same phrase, switching to stiff, accented Mandarin. He enumerated the services, facilities, and environment of the home in a formal manner, and emphasized that they were only possible because of the Open and Reform. His speech was so flat and overly positive

that it did not feel addressed to me but oriented toward an absent authority, as if the interaction itself had become an inspection.

After I clarified that I am a researcher who also do some volunteer work at Sunset, Bo'quan laughed and admitted that he had indeed mistaken me as an official cadre who came to inspect. He explained his false impression came from how out of place I appeared: a young man in simple attire, and even more suspicious is that I was engaged in paperwork. It should be added here that, apart from administrative staff, most Sunset staff are middle-aged and older women, who often wear pink or white nurse uniforms.[4] Yet, Bo'quan stressed, despite misrecognition, what he had said before was also sincere. This insistence matters. Bo'quan went on to recount that he had never reported or denunciated anyone during the Land Reform (1950-1953) or the Cultural Revolution (1966-1976), even though he initially had that right as a "poor peasant" and later witnessed a close neighbor commit mistake. Notably, it is historically implausible for anyone to denunciate during the former period. "Young people especially need to be steady and kind," he lectured me, sharing his tenet, "One shall not speak ill of others; otherwise, karma will turn against him."

Some other elders also attribute commercial nursing homes to state welfare. Information lags play a crucial role, and, as I showed in Chapter 3, adult children and attendants sometimes actively reinforce this false framing to persuade residents to stay. The distinctiveness of Bo'quan's case lies at his alertness and anxiety that surfaced in the encounter with me as someone he momentarily read as an official presence. These affects did not arise from "bureaucrats" as such. Few elders feel tense when short official inspections that routinely take place at Sunset.

What unsettled Bo'quan was the form through which this presumed officialness appeared. My back then questionnaire and pen evoked, for him, the technologies of recording and accusation that many elders associate with political campaigns, where documentation and denunciation often travelled alongside coercion and violence. This points to a revolutionary register of Mao-era paternalism in which familiar social distinctions could be flattened into a generalized socialist subject position, and survival often depended on performing compliance, regardless of its costs. Meanwhile, Bo'quan's account also drew on popular moral-cosmological beliefs. The tension between these registers helps explain the ambivalence in his affective positioning: he enacted obedience to perform inclusion encounter while silently adhering to the karmic order for keeping distance from the "country-family" and its underlying dangers.

The second story shows an oppositional form of misrecognition, in which street-level bureaucrats were mistaken as impostors. Imagine receiving a call from a stranger claiming to be commissioned by the Civil Affairs Bureau (CAB), a government institution, to visit you, evaluate your health, and offer a brand-new elder welfare. To enhance credibility, the caller might show her knowledge about your personal and familial details, such as name, age, and address. While this Kafkaesque scenario may sound intrusive and absurd to Euro-American readers, this is a routine way street-level bureaucrats contact senior citizens about the Love Card. As an extra member of a team consisting of a licensed nurse and a social worker, I often made such calls.

Although many recipients had not heard of Love Card, they normally expressed a warm welcome to the caller. Meizhen, a widowed solitary in her late 80s, is one such example. When

hearing my scripted introduction, she firstly confirmed that she was at home but soon started mumbling in a slurred and intermittent manner. Since my team was nearby, we decided to pay a visit to her. Partway through our conversation, one of her three sons called and demanded to speak with agents. I answered. After revealing his identity as a provincial official, he told me that he had verified the authenticity of Love Card project but still requested the name of the local CAB director for further validation. Fortunately, I knew this from my prior research and was able to pass the double-check. This situation could have led to unpredictable conflicts or even a police report. Satisfied, the son allowed us to proceed the evaluation. Meizhen, reassured by her son, became talkative and apologized for her initial doubt, explaining that she had been scammed twice by people in the last several years. She brought about the official anti-fraud propaganda, from which she learned to scrutinize anyone claiming to be state agents. Her explanation, however, soon turned into complain about never having received any visits from the community. Even after the evaluation, she reiterated her disappointment and asked us to convey her criticism to our "leaders."

For Meizhen, my call and our subsequent visit reactivated two competing associations at once. On one side, the outreach resembled the channels through which she had previously been deceived, and it revived her suspicion toward unfamiliar callers who spoke in the register of official work. On the other, it also resembled the long-awaited appearance of an authorised provider, the kind of "country-family care" she had come to expect in principle, even when she rarely experienced it in practice. This contradictory attribution extends beyond Meizhen. Solitary elders are one of the key target groups of anti-fraud education. For many of them, "state representatives" is an elusive category that demands active verification. The effort to separate a genuine representative from a counterfeit figure generates mixed feelings that bind anticipation to worry, and gratitude to restraint.

This contradiction, however, is only the surface expression of a broader horizon of caring paternalism, one the CCP has claimed, in shifting forms, since 1949. As the bright side that coexists with the violence and suffering associated with paternalistic governance, it offers unusually wide discursive room to recast many kinds of state action, and failure, as care for the people, as ethnographies of other socialist contexts have shown (Cho 2013; see also Holbraad 2021; Verdery 1996). It can thus accommodate more specific variants diagnosed by scholars, such as biopolitical paternalism oriented toward the management of social risk (Ma 2025), and developmentalist paternalism that frames intervention as bringing "civilization" and "modernity" to allegedly backward ethnic minorities or regions (Liu, S. 2011). Against this horizon, Meizhen can position herself as someone entitled, or at least morally justified, to demand attention and visitation from those she understands as connected to official authority, even when she lacks a clear grasp of today's bureaucratic competences or administrative hierarchies. Her appeal to "leaders" does not merely request a service. It invokes a moral relationship in which higher authority ought to attend to ordinary people and to correct local absence. This same horizon also makes it intelligible that many recipients treat Love Card proxies as state-connected figures and fold the program into "country-family care."[5]

Read alongside Bo'quan, all these cases clarify the broader point. Boundary work at stake in welfare encounters does not simply sort actors into fixed categories. It activates different paternalistic imaginaries, some haunted by revolutionary histories of documentation and denunciation, others shaped by contemporary securitized protection against fraud, and still

others oriented toward the promise of benevolent visitation and practical help. Elders move between these imaginaries as they try to make emergent welfare intelligible.

It is in this open-ended dynamics of encountering that mixed feelings become consequential. In this chapter, I treat affect and emotion as analytically distinct yet ethnographically inseparable: affect names the capacity to affect and be affected, while emotion refers to the socio-culturally available categories through which intensities become legible (Deleuze and Guattari 1987; Massumi 2002). Taking Navaro-Yashin's (2009) point that ethnography works against rigid paradigm-setting, I use this distinction heuristically to trace how bodily presence, speech, objects, and interactional atmospheres are read as historically intelligible feelings. What is voiced as gratitude may be saturated with bitterness, hurt, or anger, and its force often lies in what exceeds articulation (Ahmed 2004). Rather than sorting such expressions into "positive" or "negative" emotions by official evaluative standards (cf. Hizi 2021; Richaud 2021), I follow the intersubjective, historically conditioned practices through which elders and street-level agents read, contest, and sometimes misrecognize these mixed affects in the very act of making welfare—and its paternalistic promises—recognizable as "country-family care."

Bitterness, Gratitude, and Cautious Deservingness

Facing unfamiliar street-level bureaucrats claiming to bring official welfare, elders often perform gratitude and bitterness in formalized ways. These performances do more than "express" private emotion. They cast proxies as the "country-family" and, more crucially, mediate elders' own relationship to that "country-family," which carries multiple paternalistic imaginaries. Elders present themselves as morally virtuous subjects marked by cautious deservingness: they submit to the gaze of a caring parent while keeping a subtle distance from it. This affective, boundary-making work helps them grasp newly expanding welfare, if only provisionally, in familiar terms.

Each Love Card evaluation starts with a brief introduction by street-level bureaucrats. They would explain that the visit is merely to collect basic health information and reassure the elderly that they will receive the Love Card regardless of the evaluation results. This introduction rarely prompts questions. Most recipients are eager to thank the visiting "state agents" for their personal visit and for the Love Card itself, despite varying degrees of hearing and speech impairment. The scene often begins awkwardly—a nurse or social worker bending close to shout an introduction, the elder straining to catch the words, then nodding in polite recognition. What follows, however, is rarely technical. As the proxies turn to fill out forms, many elderly participants begin to speak—slowly at first, then with increasing emotional momentum—about things seemingly unrelated to the questionnaire. This shift matters because it marks the moment when elders start to reckon with what sort of authority has entered the room, and to make sense of their relation.

The evaluation process, meant to be standardized, often quickly leads to emotional expressions. Their style varies by gender, age, and communicative capacity. Those with relatively intact communication abilities, particularly women, often launch into lengthy monologues. two themes recur with striking regularity, and together they reveal what is at stake in speaking "bitterness" in a welfare setting. The first centres on personal and familial bitterness, encompassing hardships and adversities that range from chronic illness and

economic impoverishment to intergenerational conflict. Even recipients from relatively advantaged backgrounds recount unfavorable circumstances that have marked their own or their kin's lives. The second theme folds these experiences into a broader oral history of the extended family, chronicled through major life events that, in hindsight, appear to have reshaped the family's "fate." These recollections oscillate between pain and pride: rural lowborn origins sit alongside adult children's material success, and satisfaction at the younger generation's achievements sits alongside melancholy over their physical and emotional absence. As the next case shows, this oscillation does not simply recount suffering. It crafts a moral self that can be heard within a paternalistic horizon, where judgment and benevolence travel together.

Caijuan, a rural woman in her late seventies, offered a somber monologue in a subjunctive voice. If not for her daughter's divorce, she and her husband would not have had to relocate to raise their grandson. If not for their illiteracy and disabilities, one of them might have found odd jobs to ease the financial strain. And if not for the accidental death of their younger son, the family's fate would have been completely different. As she spoke, Caijuan's tone alternated between resignation and defiance. She recalled how she once resisted her husband's disapproval and struggled to save and borrow money to ensure her daughter's schooling—a decision that eventually allowed the daughter to find employment in New Fountain. This ethic of care now extends to her grandson: she proudly recounted buying fresh fish and shrimp for him twice a week, having learned from television that seafood benefits brain development.

Compared with Zhihong in the introduction, Caijuan's case also brings a gendered pattern into view. Zhihong is an exception among many taciturn male recipients, yet even when men speak at length, their narratives more often center on the self as a unit of suffering and endurance. Many women speakers, by contrast, sustain a more rhetorical and continuous story whose basic unit is the family. They depict the household's predicament as a shared condition and foreground their own sacrifice for other members. When spouses sit together during an evaluation, wives frequently take up the labour of narration, while husbands remain silent or provide short supplements and emphatic agreement.

Age is another influential variable. A visible tendency is that recipients, especially those over eighty who lived through the 1950s' socialist transformation as adults, enter this mode with ease. Those who cannot communicate fluently due to disability can still convey bitterness through action once they grasp the Love Card as a state-related benefit. A near-ninety-year-old solitary widow with severe hearing loss, for instance, showed my team her daily meals. She did not only display the scarcity of ingredients. She also insisted, with effort, that we understand the rice cooker's mixed contents as her entire food supply for the day (see Figure 16).

This kind of affective performance, whether mediated by speech or by action, partially imitates the script of bitterness-speaking (*suku*, 诉苦) in form and tone while stripping it of its class-struggle content. Across different Mao-era phases, *suku* largely followed a stable script: in cadre-organized meetings, people were mobilized, often with guidance and rehearsal, to narrate suffering under the "old society" or "class enemies." Speakers reinterpreted private hardship as the result of class oppression, cultivating class feeling and collective identification with the new regime while serving the goals of specific campaigns (see Hershatter 2011; Perry 2002; Wu, G. 2014). Entering the post-Mao era, the combative orientation largely receded and splintered into varied repertoires of political education and mass media, evolving into nationalist narratives that foreground twentieth-century war and colonial humiliation and

convert pain into pride (Anagnost 1997). Elders' appropriation of *suku* follows this wider depoliticizing trend, yet it also carries its own specificity. Many speakers draw on lived historical memory, including early familiarity with *suku*'s earliest form during the Land Reform, while using bitterness to build a moral self that detaches from class and national struggle. As the cases above suggest, their narratives privatize and familialize suffering, sidestep its social causes, and seek meaning through active endurance for the household's wellbeing (see also He 2021).[6]

Crucially, bitterness rarely appears on its own. It stays tightly bound to gratitude, as if hardship must be narrated in the presence of an approving listener. Relatively able-bodied elders often call unfamiliar street-level bureaucrats "caring", "kind-hearted", "good people", and sometimes even "those who relieve suffering." Nonetheless, a puzzle persists: why do most recipients invest so much effort in narrating suffering and expressing gratitude when they already know that Love Card eligibility hinges only on physical condition?

The answer lies less in instrumental calculation than in the encounter's uncertainty. The Love Card arrives through unfamiliar actors, unfamiliar language, and unfamiliar procedures. Formalized gratitude and bitterness translate that uncertainty into a recognizable relational scene. By presenting a moral self in a parent-child register, these mixed feelings do boundary work: they cast an absent "country-family" as the listening authority while positioning the speaker as subordinate yet morally worthy, without making any explicit claims. Cautious deservingness is conveyed indirectly through performed virtues. Endurance, sacrifice, and care for kin become evidence of character through which elders test a shifting paternalism. What they probe, in other words, is not a policy rule but a moral relation: whether welfare delivered through unfamiliar hands can still count as legitimate "care," and what kind of self can be safely received within that care.

This mixture of gratitude, bitterness and deservingness thus temporarily preforms a hierarchy between elders and street-level bureaucrats. This hierarchy inverts the norm of deference to age, which, in turn, subtly disturbs some bureaucrats. Miss Yue, a colleague nurse in her early twenties, once described this discomfort to me. She believes that listening patiently is a matter of basic civility. Yet she cannot help feeling a sense of out-of-place, that the longer she listens, the more she feels awkwardly placed above senior speakers, almost like a judge. She tells me that she had rarely experienced such feeling in her previous work in nursing home. More experienced proxies manage this reversal relatively better, often through historical (mis)readings. Several middle-aged assessors who had taken on other evaluation tasks contend that many elders remain too shaped by the socialist past to grasp the current welfare landscape, therefore delivering "unnecessary" or "old-fashioned" gratitude. On that basis, they advise younger workers not to be held up by lengthy monologues that would reduce efficiency. As a former hospital care worker put it, "They talk so much because they do not understand what is going on. We are not civil servants doing inspections. We just get paid per case."

In sum, elders often encounter the Love Card with a profound sense of uncertainty. Through affects-laden monologues that adapt the *suku* script, many recipients perform moral worthiness towards while sustaining a delicate distance from the street-level bureaucrats. In so doing, recipients temporarily make sense of the Love Card as both a gift bestowed by and a benefit to be earned from the paternal figure of "country-family." Yet these mixed feelings cannot fully bridge the historical gap between paternalistic promises and actual deliveries. At

times, that gap can provoke more explosive affects that flesh a patrimonial version of "country-family."

Figure 16 A widowed lady showcasing her daily food

Discontent and Resentment from Political Objects

As discussed, the adapted performance of *suku* script structures recipients' interactions with street-level bureaucrats. It can, for a moment, suspend the tension among multiple facets of welfare paternalism. Yet, at other times, these unspoken intensities linger and travel through material objects, especially political tokens that index prior affiliations or honorary statuses, such as those of retired officials, SOE workers, and military veterans. Compared with the mixture of gratitude and bitterness, object-mediated feelings press more forcefully for official response, often channeling elders' discontent and resentment into a demand for recognition and compensation. For they activate a specifically Mao-era register of comprehensive paternalism, around which elders appeal to a moral-patrimonial logic grounded in Party loyalty and demand a return to a more familial intimacy.

I return to Zhihong Liang, introduced in the chapter opening. Half a year after the Festival Visitation, I accompanied two Love Card proxies to his home for an evaluation. As soon as we entered, Zhihong addressed the proxies as "leaders" and pointed to his status as a martyr's descendant. He retrieved a framed certification and an official biography of his stepfather and placed them before us. His stepfather had been one of the leading members of the Central Government of the Soviet Republic of China (1931-1937), died during the Long March, and was posthumously titled a "revolutionary martyr" in 1956 after sustained petitioning by his elder sister. Only in the 1980s did he gain fuller recognition amid the institutionalization of Party history studies that excavated and compiled such deeds. In the last two decades, the local government has named a monument, a memorial hall, and a bridge after him, and has also produced related books, special TV programs, and commemorative activities. I pieced together this fuller trajectory later, after consulting archives; in the encounter itself, Zhihong did not linger on the biography or offer a detailed explanation.

Instead, he moved quickly to a disclaimer. He insisted that he only wanted to "be treated the same as other people." This pairing of gesture and speech is not a contradiction to be resolved at the level of belief. It was a positioned performance. By placing the documents in front of us, Zhihong signaled a kin-like tie to the "country-family" and implied that the state ought not to neglect a martyr's household, in a way that fits his own life trajectory. He had learned, through family memory and personal caretaking, how precarious such proximity could be. His stepmother, also associated with early Party leadership, had been imprisoned after being falsely accused of "betraying the Party's leaders" during the Campaign to Eradicate Hidden Counterrevolutionaries (1950-1953), and obtained rehabilitation only a quarter-century later. From private conversations, I learned that Zhihong had been looking after her in her later years and had come to narrate the purge, along with other movements, as historical past. It is against such personal and familial life history that he made that disclaimer, to bring up status without appearing greedy or threatening. In other words, he sought more care through the idiom of closeness, but he kept the demand deniable.

That relationship grammar, however, is increasingly out of sync with today's implementation of welfare. Like Zhihong's documents, many objects displayed by other recipients are merely honorary tokens and thus cannot secure any standard allowance. Nor do they change recipients' Love Card monthly benefits, which only concerns health status. Although street-level bureaucrats can relate to the very act of presenting, they mostly tend to read the gesture as anachronistic, as evidence that the elder still imagined welfare distribution through political identity rather than standardized criteria. In that kind of moment, Zhihong's and others' objects did double work. They helped them understand welfare as "country-family care," while also planting the seeds of conflict. When an encounter fails to confirm the patrimonial intimacy they anticipate, disappointment often condenses into discontent and resentment, which may then surface as complaint or accusation.

A more volatile case makes this escalation visible. In his late seventies, Bo'lin Yang lived in an old neighborhood with his disabled wife, who had suffered a stroke. I knew him since a Love Card evaluation, when he delivered a monologue about his miserable only son who "accidently set his apartment on fire" in 2019 and has been receiving treatment in another city. From his evasive words, I pieced together bits and pieces of information and inferred that his son was convicted of arson but sentenced for compulsory treatment due to some severe mental illness. Later, I built a close relation with Bo'lin while assisting him with the paperwork to renew his beneficiary status for Minimum Livelihood Guarantee. He had repetitively been telling me about the substantial improvement of his son's condition that would have allowed him to be discharged, if not with the obstruction of one corrupt functionary.

One night, after dreaming that his son was covered in blood and screaming for help, Bo'lin asked me to drive him to save the son from the Municipal Compulsory Mental Hospital, an official facility affiliated to the Public Security Bureau. Upon entering the visitor room, he took several objects from his backpack and placed before two high-rank functionaries: the university graduation certificate and citizen card of his son, and his own military discharge document and a senior Party member medal. Next, he expressed gratitude towards the deputy director and a chief physician, for their kindness of breaking the epidemic lockdown rule to allow his visit and for their "country-family care" that had stabilized his son's mental status. From here, his routine,

conspiratorial narrative started, which he put in a more euphemistical way to try to convince functionaries to accept.

The physician failed to refute Bo'lin, although she tentatively explained that his son still has severe obsessive compulsive and delusional disorders. Bo'lin grabbed the party member medal from the desk. With a golden hammer-and-sickle symbol embedded in a five-pointed star, and surrounded by flags, monuments, and sunflowers, it is a commemorative medal nation-widely distributed in huge quantities to those who have been members of the Party for more than 50 years. Bo'lin wore it around his neck, pointing to with his index finger as he declared, "I am a senior Party member. Leaders, you are also Party members. You know that party members don't tell lies."

At that time, certain visceral intensities grew and streamed along with the silence in the light visitor room. To defuse the tension, the deputy tried to head deflected the conversation by suggesting that his son's continued treatment was necessary. And he complemented that only after his son's symptoms get under control could they, as a household, pass the psychiatric discharge disposition assessment.[7] After a moment of silence, Bo'lin started to mount discontent and resentment as he spoke about getting old and frail and his wish for family reunion. The deputy intervened to define care, in saying that letting his son stay and receive treatment was the best care, because no family, let alone elder people like them, could afford to take in a severely mentally ill patient. He added several cases that patients kill their own family members. Bo'lin was unmoved. Instead, he began to blame himself for not educating his son well, which led to him setting the fire. He opened the graduation certificate and recalled how the sone was a young man with excellent character and academic performance and a spirit of volunteerism.

"Uncle Yang. Please have some faith. We all are Party members." the deputy kept trying to reassure and attested to the professional integrity of his colleagues, "So too your son's doctors. Everyone hopes him gets better with a same heart as yours……Now, let's go upstairs and meet him."

Although having heard Bo'lin's narratives multiple times during our private interactions, I felt a subtle difference this time. The tension between Bo'lin's gratitude-speaking and his volatile objects disseminated an aggressive, overcharged intensity, as if discontent and resentment were being carried and amplified by the tokens themselves, so strong that caught the physician in silence and compelled the deputy to switch to kinship terminology and the pronoun "we" to address Bo'lin. The tension built up as the interaction failed to deliver the intimacy Bo'lin anticipated; and it eventually culminated in an outburst of anger at the very moment, when we met his son through the iron fence, one dull-eyed man with a crew cut and wearing a patient gown. His first speaking was: "Don't worry about me, papa. I am doing fine. I have two dads and three moms here." Instantly, Bo'lin pounded his fist on the table and fulminated against every functionary, "You ruined him! It's murder!" The bewildered son tried to comfort. Bo'lin yelled at him to shut up.

Next, Bo'lin tried to tear off the medal strap but failed. He lifted it into the midair. "This *tianxia* (All-Under- Heaven) belongs to the Communist Party," he announced, his face reddening with anger, "I just don't believe that there is no *wangfa* (King's law, 王法). Vicious! Corrupted! I will *dou* (struggle, 斗) you guys to the end. I'm going to sue you to the Central People's Government. The Communist Party will do the justice." The commotion attracted

several security guards, who escorted him out of the hospital eventually. During the ride back, he sat in silence, clutching his backpack.

This outburst marked a climax in the contestation over what "country-family care" should mean. Against the deputy's biopolitical definition of paternalistic care as compulsory treatment (see Ma 2025), Bo'lin advanced an opposite claim that the only right official care is to terminate treatment so that the family could reunite. He wove together political idioms to charge the medal with a demand. Maoist rhetoric of *dou* appeared alongside invocations of *tianxia* and *wangfa*, the terms that characterize the pre-PRC's feudalist ruler-ruled relation in parent-child terms. Flattening historical nuances, the speech nonetheless expresses a coherent affective imperative: repudiating proximate officials as corrupt while yearning for a distant, just, and paternal "country-family." In that sense, the objects did not merely intensify a personal grievance. They in fact activated a paternalism that is at once intimate and authoritarian, hopeful and terrifying—precisely because it promises care while monopolizing the terms on which care is recognized.

Rather than two unrelated cases, Zhihong's restrained disclaimer and Bo'lin's furious curse are better to be taken as two different ends of the same affective response to welfare's uncertainty and to paternalism's multiplicity. In quieter encounters, political tokens help elders make welfare intelligible and legitimate by staging closeness to the state. In sharper encounters, the same tokens propel claims beyond the limits of contemporary administrative logic, confuse street-level bureaucrats, and intensify escalation when anticipated intimacy is not returned. This is one mechanism through which welfare's uncertainty is lived, as discontent and resentment build in the gap between paternal promise and the proxy-mediated forms through which provision arrives.

Conclusion

New forms of universal elder welfare are emerging in fiscally affluent regions of today's China. They are welcomed by some recipients yet also generate confusion and unease. This chapter has demonstrated that these seemingly contradictory responses index a shared condition of uncertainty rooted in the historical layering of welfare paternalism, which has both historical rupture and continuity.

This historical perspective helps explain elder recipients' mixed feelings that combine gratitude with bitterness, wariness, and resentment. These affects certainly are reshaped by past political experiences, but they are neither simple residues nor the predictable outcome of a single apparatus of affective governance. They are a consequential form of boundary work. In welfare encounters, elders use these feelings to calibrate relations between themselves, street-level bureaucrats, and an imagined "country-family," thereby rendering newly expanded benefits intelligible, if only in the brief moments of assessment and distribution. By embodying a stance of cautious deservingness, they present themselves as morally adequate subjects under a paternal gaze while maintaining a measured distance. They seek to appear worthy of care yet not threatening, visible yet not intrusive.

Historically layered paternalism is the key variable in this affective boundary making. It is not a unitary formation but a set of fractured, partially overlapping facets that generate divergent expectations and apprehensions of the "country-family" (cf. Steinmüller 2015). Since the Mao era, the CCP's claim to care for "the people" has provided an enduring horizon for imagining welfare. Yet political and welfare reforms have gradually destabilized both "the

Party" and "the people" as referents, while shifting "care" toward entitlement and increasingly biopolitical forms of risk management (Ma 2025). For elders who lived through the PRC's successive welfare regimes, it is difficult to imagine welfare as originating from actors outside the formal state. For most former rural peasants, moreover, state welfare was long distant and largely rhetorical, since public old-age provision remained the privilege of cadres and state-sector workers until the late 1970s. As a result, even when they endorse Mao-era paternalism at its most general level, elders often reach for a kin-like grammar of distribution grounded in moral recognition and political identity, or for a patrimonial idiom that pivots on Party loyalty and sacrifice. From an official perspective, this may appear anachronistic, as if elders were stuck in history. From elders' perspective, however, these versions of paternalism can function as a few available frames for making sense of welfare's sudden expansion.

Ironically, it is this very historical mismatch of paternalism imaginations what stimulate elders' disappointment, disillusionment and indignation, which can be so eruptive that motivate them to demand for a "real parent" from the abstract categories of Party and state. Bo'lin's story illuminates this escalation. For him, genuine care was not the Love Card or the modest stipend of the Minimum Livelihood Guarantee, but the possibility of family reunion. His fury at being separated from his mentally ill son appealed to the Party's own moral image. As he shouted, no true Communist should prevent a father, a mother, and their son from living together. He turned into a petitioner: planning to write letter to the provincial government and hoping that one upright Party cadre would become his family's saviors and punish the officials he deemed corrupt. What he sought, then, was no longer only the justice he demanded at the compulsory treatment facility, but a paternal compassion imagined as exceeding legal frameworks altogether (cf. Brandtstädter 2021).

---

[1] Sub-District Offices are the lowest administrative units in the PRC's governance structure. As a dispatched agency of the local government, they are responsible for implementing administrative and service functions and managing community affairs.

[2] The Minimum Livelihood Guarantee is a social assistance program in China that provides cash transfers to households whose per capita income falls below the local minimum living standard. It is designed to bridge the gap between actual income and this threshold.

[3] For instance, one veteran amputee who has been notoriously well-known for often smashing his prosthetic limb on official desks in protest.

[4] During the initial period of fieldwork, I also had several other experiences of being mistaken as a random young man visiting his grandparents.

[5] To be noted again, it is ultimately futile to debate whether such titles and benefits belong in the category of "state." While answers might be possible from an administrative or financial perspective, attempting to resolve this question risks reinforcing the illusory presumption that a constant, clearly bounded state entity exists.

[6] This valuation of enduring hardship and hard work is not elders' invention of old age but resonates closely with ideals of the Socialist New Man (see Harrell 1985).

[7] According to the law, compulsory medical institutions are required to regularly evaluate the status of patients and release those who no longer poses personal and social dangerousness. The family environment and its support capacity are one of the contents of the final evaluation.

Conclusion: The Social Realization of Care

In this dissertation, I have examined institutional eldercare and its uncertainties in an aging China, by offering an ethnographic account of family and work relations, audit practices within a flagship nursing home, and welfare distribution at the societal level. Chapters one and two set the stage of this inquiry. In the national context of welfare paternalism, the protection and enhancement of older people's well-being have acquired an unprecedented political priority. Flagship facilities such as Sunset turn into key sites of state-driven projects of eldercare standardization and professionalization, while universal benefits for the general elderly population expand in parallel. The subsequent chapters show how these changes intersect with shifting forms of personhood and contested allocations of responsibility, producing various senses of uncertainty among elders and their significant others. These actors possess unequal knowledge of latest policies, divergent stakes in their implementation and more crucially, embody historically divergent visions of elderhood and late life. As a result, they struggle to agree on the meaning of institutional provision and benefits, and even on whether these should count as care at all. For instance, at the crucial moment of facility entry, institutional residence becomes a generationally charged question, debated in relation to frugality and the household economy. Through the case of the Love Card program, I have shown how ruptures and continuities in the distributive logic and political idioms of welfare are recombined in the present, often leaving older recipients morally and affectively disoriented.

In such a setting, specific factors and arrangements associated with institutional eldercare are not directly experienced as care in its conventionally positive sense of nurturance and protection. Their meaning and valence are instead created, negotiated, and contested in practice. While multiple moral frameworks—filial piety, biomedical professionalism, and bureaucratic accountability among others—offer criteria for defining eldercare, none provides a totalizing standard. In everyday life, people confront tensions generated by the partial overlap and collision of these frameworks. Such tensions produce what Cook and Trundle (2020) describe as the "unsettledness" of care: the contradictory affects, expectations, and aspirations that emerge within the relational dynamics of giving and receiving. Responding to this unsettledness requires ongoing practical and relational efforts, which I call "ethical labour."

In what follows, I will bring together the two keywords: welfare paternalism and ethical labour, which have been running through the entire ethnography. In so doing, I will elaborate my proposal to approach care as a social realization and explain how it contributes to the anthropology of China and the broader anthropology of care. This approach does not treat care as a self-evident moral good, nor a pre-existing set of supportive acts awaiting recognition. Rather, care itself constitutes a problem of meaning-making and alignment, something that takes people's continuous l efforts to be rendered recognizable and recognized in situ. This anti-substantialist and processual perspective does not deny the indispensable significance of reproductive and healthcare activities—from cleaning, repairing, childcare to the activities that sustain the ecology. Their vital role in sustaining existence and more-than-human worlds cannot be overstated. What this perspective offers instead is an analytical shift from care as substance to care as relational achievement: an ethnographic prism for examining how people forge meaningful social connections, however transient.

Welfare Paternalism: Rethinking Filial Piety and State–Family Blurriness

In the Introduction, I sketched the elder-focused welfare paternalism in contemporary China by identifying a key feature that sets it apart from its predecessors: the coupling of biopolitical techniques with a Maoist idiom of political intimacy, without a risk-governing telos. While the party-state discursively reiterates its commitments to elderly well-being, expanded provisions operate through hybrid channels and technocratic measures of regulation and development, even as much practical eldercare continues to fall on individuals. This hybridity points to one of my central findings: responsibility for eldercare is being pluralized rather than shifted in a unidirectional transfer between state and family. This process disrupts what had long been perceived as a clear-cut boundary between the two domains, under which eldercare had long remained a household matter since the Maoist era (Davis-Friedmann 1991). And it generates the uncertainty that permeates institutional eldercare, where paternalistic forces are especially pronounced.

It is in this context that eldercare can be analytically decoupled from filial piety. This shift brackets the strong presuppositions that eldercare is naturally located within a state/family or public/private divide, allowing a more encompassing view of how people envision and practice support for older adults amid new political-economic and moral landscapes and their historical entanglements. In this way, this section also engages a debate in social science and popular discourse on "China"—the blurred boundary between state and family/society—by approaching it as an enacted distinction that actors continually draw and rework, one that is generative in the making of care.

In urban China, eldercare has become tightly entangled with the labour market and official welfare. A growing array of commodified services forms a vibrant informal economy. These services range from live-in aides to hourly domestic helpers and hospital companions. Access to these relatively standardized packages is typically mediated through small brokerage agencies and personal networks. Many of my elderly interlocutors had relied on such arrangements long before entering Sunset, and some frontline attendants had themselves previously worked as hospital companions. In major cities, more specialized services, such as home bathing and visiting hospice, are also gradually expanding.

At the same time, local governments have become more directly involved. Their deepening presence in flagship nursing homes, traced across this ethnography, is succinctly captured by a senior manager at Sunset: "Years ago, none [of the cadres] *guan* us. Suddenly everything flipped. Now they all do." Beyond facilities, local governments combine administrative mandates with market mechanisms to mobilize heterogeneous actors to extend welfare provisions to older citizens. Prominent examples include senior recreational centers, community canteens, and programs distributing universal benefits. They also actively cultivate volunteer groups and charitable organizations, which have long existed but previously remained more marginal and were organized primarily around territorial or religious ties (see Fleischer 2018).

These changes indicate that the sources and composition of eldercare in contemporary China are becoming more pluralized, and they also signal a loosening of conventional understandings around the allocation of eldercare responsibilities. Although official discourse continues to promote filial piety as a civic virtue—at times reifying it as the "core of Chinese culture" (*zhonghua wenming hexin*, 中华文明核心)—and market actors often brand

themselves as agents of filial piety, such high-profile promotion does not mean that filial piety serves as the single dominant moral framework for eldercare. It now operates as one among multiple, sometimes conflicting, moral frameworks through which eldercare is claimed, evaluated, and negotiated. The welfare paternalism I examine constitutes a crucial point of reference and can be understood as a meta-framework that fundamentally organizes eldercare around the state-subject hierarchy, rendering it, at least in part, legible as the state's benevolence and solicitude. This framework is often articulated with those of biomedical professionalism and managerial governance, which provide operational forms for this narrative of benevolence while coexisting with frameworks grounded in social interaction, relational reciprocity, and collegial accommodation.

This decentering of filial piety reframes early-2000s scholarly debates and popular commentary on the so-called "filial crisis." At the time, the key question was whether urbanization, consumerism, and individualism were undermining filial support or reshaping its meanings and modalities (e.g., Ci 2014; Whyte 1997; Yan 2003; cf. Oxfeld 2010). That dispute now loses its analytical footing once filial piety no longer occupies the taken-for-granted position from which eldercare can be measured as either faithful adherence or lamentable decline. My findings showed that older people and their kin, while concerned with eldercare, no longer approach filial piety with the same heightened moral urgency or sensitivity as before. As for non-kin actors such as bureaucrats and paid workers, they can display concern and sustain support for older people that equals, and sometimes exceeds, that of adult children, without necessarily grounding their efforts in filial norms.

Under these conditions, treating filial piety as the primary analytical concept for eldercare is more limiting than enabling. Similar to Yan Yunxiang's (2023) critique of filial piety in China studies, I find the extent usage of it often presupposes a deontological model of obligation between parents and children. This mode both relies on and reproduces dogmatic obligations to such an extent that filial piety becomes a normative yardstick against which empirical data are measured, thereby screening out elements intimately bound up with eldercare. In response, Yan proposes *qinqing* (亲情, familiar affections) as an alternative, to shift the inquiry from role obligations to emotional attachment and continuously reworked intergenerational ties. Yet, as Yan (ibid: 17) himself concedes, this concept also inherits a key limitation of filial piety: it confines eldercare to the domain of the kinship family and thus leaves little analytical space for societal and public provisions (see also Wang 2025). These provisions are now essential components of eldercare, especially of institutional eldercare accelerated by welfare paternalism.

Still, abandoning concepts like filial piety or *qinqing* altogether would be an overcorrection, since they remain resilient emic notions. My suggestion is to acknowledge their importance while remaining open to their marginal or irrelevant status in particular situations. The task, then, is to examine their situational intersections and tensions with other moral frameworks and to trace how this dynamic plays a generative role in the realization of concrete eldercare practices as intersubjectively recognized care.

Relatedly, this rethinking on the relation between eldercare and filial piety speaks to a long-standing theme in social scientific discussions about "China": the blurred boundary between state and family/society. This blurriness, as Christof Lammer (2024: 14-7; see also 226-7) succinctly observes, has been repeatedly reproduced by scholars and public intellectuals.

Liberal-leaning accounts, largely grounded in a Weberian public-private divide, have read the party-state's deep involvement in domains conventionally coded as "private"—such as reproduction, civic organization, and market activity—as evidence of authoritarian encroachment. Marxist and Maoist traditions, oriented toward the historical telos of the state's eventual withering away, have treated the fusion of state and society as a political aspiration. Culturalist approaches have traced the blurriness to social organizational forms and literati political traditions. Despite their difference in normative and theoretical positions, these accounts have converged in solidifying "blurriness" into one of the signature markers of "China" as a regional Other across anthropology and neighboring disciplines, including political science, law studies, and economics (e.g., Lubman 2000; Zheng and Huang 2018). As the Xi-era regime has intensified both the scope and the techniques of social engineering, providing renewed empirical grounds for critiques of authoritarianism, this label of blurriness is likely to retain considerable purchase for some time to come—even though the major theoretical interlocutors that once sustained the authoritarianism perspective, most notably civil society and democratization paradigms, have largely receded from the mainstream of the social sciences (see Minzer 2018).

At first glance, scholarship on filial piety appears to constitute an enclave outside this blurriness strand, insofar as it focuses primarily on eldercare within the household. Yet some studies in this literature share with that strand a methodological tendency to treat "the family" and "the state" as analytically distinct domains (cf. Ikels 2004; Shea, Moore and Zhang, H. 2020). In these accounts, filial practices are often explicitly or implicitly read as a response to the state's (in)action—whether through the retreat of post-collectivist institutions or through the neoliberal responsibilization that shifts reproductive labour onto families (e.g., Meinhof and Zhang, Y. 2024; Yan 2003; Zavoretti 2017). What remains underexamined is not only the latest pluralized forms of eldercare that cannot be mapped onto any single domain, but also how the emic meanings of "family" and "state" have shifted, layered over time, and are differentially activated by ordinary people.

One of the central findings of this ethnography is that the distinction between the two, as well as its opposition of distinction, is accomplished through ongoing communicative and interpretive efforts by different actors to render concrete arrangements of support morally legible as care, to engage with the uncertainty associated with the conditions of pluralization. For instance, by framing institutional (non)residency as a totally private decision oriented toward the maximization of household economic interests, both older people and their adult children attempt to endow an otherwise contested arrangement with moral and economic value (see Chapter 3). Comparably, attendants and cadres produce a bounded image of the state to justify documentary fabrication and intervention into residents' lives as meaningful forms of care (see Chapters 4 and 5). Conversely, the boundary between state and individual may be affectively blurred when elderly recipients seek to make sense of new universal benefits and in doing so reactivate embodied memories of a past "country-family," in which welfare distribution was grounded in virtue and political loyalty rather than civic entitlement (see Chapter 6).

Across these situations, the relation between state and family does not precede eldercare practice. Rather, its very intelligibility as care is the outcome of the continuous work through

which this relation is drawn, negotiated, and reconfigured. Such social realization of care depends on what I conceptualize in the following section as ethical labour.

Ethical Labour for Realizing Care

Long before I began this project, I encountered an anecdote about the American anthropologist Margaret Mead. It stayed with me. Allegedly, she was once asked during a public lecture: "What was the first sign of human civilization?" The audience is said to have expected her to identify a sophisticated artifact crafted by early humans, but her replay was "a healed human femur." In a harsh environment, a broken femur would normally lead to death, as the injured person could neither hunt nor escape from predators or enemies. Survival depends on protection and sustained feeding by others. For Mead, this act of care, and the altruistic sociality it implied, constituted the very condition of possibility for any form of civilization. The force this anecdote on me did not only come from theoretical parsimony but also in its rose-tinted image of care as mundane yet foundational for social life.

When I began to design this doctoral project on institutional eldercare, the anecdote returned to me and resonated with a body of anthropological and feminist writing that I was reading at the time. Some of the most influential voices are both critical and aspirational. They call for improving contemporary healthcare and for cultivating an ethos that cares for the vulnerable and acknowledges mutual dependence. Only in way, they argue, could a livable and humanized form of life become possible. In these formulations, care appeared almost as a moral totem, standing in opposition to alienating systems and offering a promise of transformation. An apt illustration comes from the Dutch anthropologist and philosopher Annemarie Mol. She (2008: 94) ends her influential work *The Logic of Care* by appealing to readers to "doctor patiently": "[To] adjust our machines, our habits and ourselves to each other. Let us give up the illusion that 'we humans' rule the world. [To] refrain from distinguishing endlessly between people who are able and people who are not……[L]et us care instead……Chronically, until the day we die."

However, upon actually stepping into Sunset, I found myself troubled by the messy and contingent nature of daily life within the nursing home. This is by no means to suggest that patient and adaptive practices of care are absent—they are, indeed, commonplace: attendants dutifully attend to the residents, particularly those with impairments, in every aspect of daily life, from trimming fingernails and assisting with excretion to organizing recreational and social activities. Yet the warmth associated with Mead's "healed femur" or Mol's "tinkering care" is not simply there, in other words, a given to be documents. The warm and cozy feelings appear more often intermittently, surfacing at unexpected moments and thinning when anticipated. Gestures of concern were sometimes ignored or resisted, while actions that seemed morally troubling, such as deception or control, could generate a distinctly positive mood.

The problem I initially encountered, then, was not the absence of care, nor its reversal, but rather an inability to recognize care coherently. As shown throughout the dissertation, a similar inability troubled my interlocutors as reflected in their sense of uncertainties. Diachronically, that inability is rooted in generationally different visions of good late life and in divergent understandings of elderhood. Synchronically, it emerges from the coexistence of multiple moral frameworks, each with its own grammar and standards for evaluating institutional eldercare. A turning point for me to rethink that inability for coherence was the opening vignette of chapter

three, in which the attendant Mrs. Zhu attempted to persuade her frail father to stop living alone in the countryside and move into Sunset. What Zhu proposed—better medical provision and infrastructure, along with her own personal support—failed to gain her father's approval; that old man apparently had different plan for his late life. Their inability to converge on a coherent standard of care prompted Zhu to frame institutional residency as an economically rational choice, trying to enact it as a meaningful arrangement not only for her father himself but for their entire extended family. Of course, as I elaborate later, such calculation is not truly aimed at maximizing economic benefit but performatively mobilized as a means of moral reasoning.

Mrs. Zhu's efforts point to what I term ethical labour. As I elaborated in the introduction, this labour refers to the ongoing communicative and interpretive efforts through which actors reflexively anticipate others' perspectives and attempt to align divergent moral frameworks, to endow particular actions with a sense of intersubjective recognizability as care. This labour is not limited to conventionally competent actors like Zhu. It can be also undertaken by the recipients to negotiate whether concrete arrangements of support are excessive and intrusive (*guan* in its negative sense) or as appropriate and responsible (*guan* in its positive sense). While often inflected by individuals' interactional competence and agility, this labour is by no means a merely rhetorical game. Its efficacy is deeply anchored in socially recognized needs and values (Thelen 2015: 509) and in actors' efforts to attach them convincingly to otherwise ambiguous acts. Such attachment is accomplished in both talk and other ordinary doings, approached here not as separable categories but as coeval forms of moral action (Lambek 2010; Mattingly 2015). In all, my ethnography demonstrates that such ethical labour constitutes the connective tissue of the everyday life in institutional eldercare. It enables other bodily, emotional, and bureaucratic work to stabilize, however temporarily, as meaningful relations, while simultaneously exposing them to the constant possibility of misunderstanding and failure.

Seen in this way, care does not reside in the acts of repair or nurturance themselves. It comes into being through the ongoing interactions of defining and communicating the relation between the positive, the negative, and the irrelevant. In this dialectical process of meaning-making, care is situationally—and at times retrospectively—recognized through local's ethical labour, even when they hold crystal clear assumptions about what "care" is all about.

This finding engages with a long-standing anthropological debate with the ambivalence of care by proposing to turn this ambivalence from an object of analysis into a starting point of ethnographic inquiry, as the very ground from which care becomes recognizable. The social forms and practices associated with care do not necessarily cohere around a set of presumed core qualities such as intimacy, emotionality, or repair; they frequently implicate and mobilize other logics and forces. Some studies approach this by analytically delineating the specific logic or ethical orientation of care, comparing it with—or even setting it against—concepts such as "choice" (Mol 2008), techno-instrumental rationality (Kleinman 2019; Kleinman and van der Geest 2009), "capture" (Steinmüller 2022), or "violence" (Garcia 2015). Some others foreground the structural entanglement of positive care with harsh outcomes, showing how they mutually constitute and condition one another within specific sociopolitical and affective configurations; and this analytical move often implicitly rely on drawing some distinction around or within "care" (e.g., Biehl 2005; Ticktin 2011; Ma 2025; Zhu et al. 2017). In my earlier research on how middle-class parents in Shanghai use surveillance devices to engage in childrearing, I also took the latter path (Shi, Z. 2023). In this dissertation, by contrast, I show

that ambivalence is not what care is but how care becomes possible. It compels actors to repeatedly redraw the line between the positive, the negative, and the irrelevant. This profound dependence of care realization on human efforts of meaning-making and alignment is also why I chose the verb "forge" in the title of the dissertation. As a metaphor, it underscores that ethical labour is no less crucial than acts of tending and repair themselves: it is through such labour that care is wrought into being as a social reality, however provisionally.

This rethinking of care through ethical labour also contributes to anthropological studies o of aging by highlighting uncertainty not only as a structural condition affecting particular age groups, but also as an experiential dimension of later life. Here, while not sharing their phenomenological ontological premise, I concur with Grøn and Mattingly's (2022: 12-19) observations that uncertainty becomes especially heightened as people face their own nearness to death. The pressing immanence of finitude is not merely a biological event but profoundly reconfigures the mode of being, compelling one to re-assess the self and the relation to others and the world. Meanwhile, the loosening of bodily and cognitive capacities disrupts the practical determinacy that used to sustain one's previous commonsense reality; the losses and substitutions within the circle of intimate others often challenge one's sedimented expectations about who should provide for whom and on what grounds. All these reconfigurations of existential coordinates are readily amplified by concurrent shifts in the socio-political and economic organization, such as the welfare pluralization I examine, which in turn also unsettle people's taken-for-granted horizon of dependence and provision.

It is this moving relation between structural arrangements and the felt textures of old age—varying across contexts and over time—that keeps late-life experience irreducible to normative notions that freeze aging as ideal types, whether grounded in biomedical paradigms, local knowledges, or their hybrids. In attending to such irreducibility, I share with Grøn and Mattingly, and other recent anthropologists of aging, an interest in how people strive for the good in late life under diverse forms of uncertainty (e.g., Danely 2024; Kavedžija 2019; Lamb, Robbins-Ruszkowski and Corwin 2017; Louw 2024; Grøn and Meinert 2025). My contribution here is to specify what such striving may entail: ethical labour names the continuous practical and relational work through which actors attempt to render particular versions of "good" old age momentarily intelligible and recognizable, and correspondingly certain version of care meaningful and actionable.

All these efforts rarely resolve uncertainty once for all and always work by producing provisional coherence within it. That different enactments of the good often fail to cohere with one another then should be read as a sign for actors' ongoing responsiveness, one that keeps adapting to the shifting situations and to the alterity of living with, and as, elders. To ethnographically apprehend such incoherence requires a comparable ethical labour from anthropologists as well, practiced through participant observation as apprenticeship: learning, and at times directly engaging in, local moral strivings as they handle the determinate indeterminacy, without imposing coherence.

References

Anagnost, Ann. 1997. *National Past-Times: Narrative, Representation, and Power in Modern China*. Durham: Duke University Press.

———. 2004. "The Corporeal Politics of Quality (Suzhi)." *Public Culture* 16: 189-208.

Ahmed, Sara. 2004. *The Cultural Politics of Emotion*. Edinburgh: Edinburgh University Press.

Aretxaga, Begoña. 2000. "A Fictional Reality: Paramilitary Death Squads and the Construction of State Terror in Spain." In: *Death Squad: The Anthropology of State Terror*, edited by J. Sluka, pp. 49-67. Philadelphia: University of Pennsylvania Press.

———. 2003. "Maddening States." *Annual Review of Anthropology* 32: 393-410.

Aulino, Felicity. 2016. "Rituals of Care for the Elderly in Northern Thailand: Merit, Morality, and the Everyday of Long-Term Care." *American Ethnologist* 43 (1): 91-102.

———. 2020. *Rituals of Care: Karmic Politics in an Aging Thailand.* Ithaca: Cornell University Press.

Austin, John. 1962. *How to Do Things with Words*. Oxford: Clarendon Press.

Auyero Javier. 2011. "Patients of the State: An Ethnographic Account of Poor People's Waiting." *Latin American Research Review* 46 (1): 5-29.

Bakken, Børge. 2000. *The Exemplary Society: Human Improvement, Social Control, and the Dangers of Modernity in China*. Oxford: Oxford University Press.

Bear, Laura and Nayanika Mathur. 2015. "Remaking the Public Good: A New Anthropology of Bureaucracy." *Cambridge Journal of Anthropology* 33 (1): 18-34.

Beek, Jan. 2012. "'There should be No Open Doors in the Police': Criminal Investigations in Northern Ghana as Boundary Work." *The Journal of Modern African Studies* 50(4): 551-72.

Benjamin, Dawyne., Loren Brandt and Jia-Zhueng Fan. 2003. "Ceaseless Toil? Health and Labour Supply of the Elderly in Rural China." Working Papers No. 579. William Davidson Institute at the University of Michigan.

Berlinger, Nancy. 2016. *Are Workarounds Ethical? Managing Moral Problems in Health Care Systems.* Oxford: Oxford University Press.

Bloch, Maurice. 1989. "The Symbolism of Money in Imerina." In: *Money and the Morality of Exchange*, edited by J. Parry and M. Bloch, pp. 165-91. Cambridge: Cambridge University Press.

Biehl. João. 2005. *Vita: Life in a Zone of Social Abandonment*. Berkeley: University of California Press.

Brandtstädter, Susanne. 2003. "The Moral Economy of Kinship and Property in Southern China." In: *The Postsocialist Agrarian Question: Property Relations and the Rural Condition*, edited by C. Hann and "Property Relations" Group, pp. 419-40. Münster: LIT Verlag.

———. 2013. "Counterpolitics of Liberation in Contemporary China: Corruption, Law, and Popular Religion." *Ethnos* 78 (3): 328-51.

———. 2015. "The Rebel as Trickster and the Ironies of Resisting in Contemporary China." In: *Irony, Cynicism and the Chinese State*, edited by H. Steinmüllerr and S. Brandtstädter, pp. 122-138. New York: Routledge.

———. 2020. "Rising from the Ordinary: Virtue, the Justice Motif and Moral Change." *Anthropological Theory* 21 (2): 180-205.

Brandtstädter, Susanne and Gonçalo Santos. 2009. “Chinese Kinship Metamorphoses.” In: *Chinese Kinship: Contemporary Anthropological Perspectives*, edited by S. Brandtstädter and G. Santos, pp. 1-26. London: Routledge.

Brown, Hannah. 2010. “‘If We Sympathise with Them, They’ll Relax’: Fear/respect and Medical Care in a Kenyan Hospital.” *Medische Anthropologie* 22 (1): 125-42.

———. 2020. “Domestic Labor as Care and Growth in Western Kenya.” *Anthropology and Humanism* 45: 245-54.

Bruckermann, Charlotte. 2017a. “Caring Claims and the Relational Self across Time: Grandmothers Overcoming Reproductive Crises in Rural China.” *Journal of the Royal Anthropological Institute* 23 (2): 356-75.

———. 2017b. “Longevity, Labor, and Care between Kin and State in China.” *Global Europe Basel Papers on Europe in a Global Perspective* 114: 3-23.

Boermel, Anna. 2006. “‘No Wasting’ and ‘Empty Nesters’: ‘Old Age’ in Beijing.” *Oxford Development Studies* 34 (4): 401-18.

Borneman, John. 2010. “Caring and Being Cared for: Displacing Marriage, Kinship, Gender and Sexuality.” *International Social Science Journal* 49 (154): 573-84.

Buch, Elana. 2013. “Senses of care: Embodying Inequality and Sustaining Personhood in the Home Care of Older Adults in Chicago.” American Ethnologist 40 (4): 637-50.

———. 2015a. “Postponing Passage: Doorways, Distinctions, and the Thresholds of Personhood among Older Chicagoans.” *Ethnos* 43 (1): 40-58.

———. 2015b. “Anthropology of Aging and Care.” *Annual Review of Anthropology* 44: 277-93.

———. 2018. *Inequalities of Aging: Paradoxes of Independence in American Home Care.* New York: New York University Press.

Cabot, Heath. 2013. “The Social Aesthetics of Eligibility: NGO Aid and Indeterminacy in the Greek Asylum Process.” *American Ethnologist* 40 (3): 452-66.

Carsten, Janet. 1989. “Cooking Money: Gender and the Symbolic Transformation of Means of Exchange in a Malay Fishing Community.” In: *Money and the Morality of Exchange*, edited by J. Parry and M. Bloch, pp. 117-41. Cambridge: Cambridge University Press.

Carrillo, Beatriz and Jane Duckett. 2011. *China’s Changing Welfare Mix: Local Perspectives.* London: Routledge.

Chen, Lang. 2019. “The Changing Notion of Happiness: A History of *Xingfu*.” In *The Chinese Pursuit of Happiness: Anxieties, Hopes, and Moral Tensions in Everyday Life*, edited by B. Hsu and R. Madsen, pp. 19-40. Berkeley: University of California Press.

Chen, Theodore Hsi-en. 1986. “The New Socialist Man.” *Comparative Education Review* 13 (1): 88-95.

Cheng, Xianping. 2026. “Activating the Lifelong Learning Chain for Older Adults and Cultivating an Active Elderhood.” *Zhejiang Education News*. January 23. Accessed from http://www.zjjyb.cn/html/2026-01/23/content_68490.htm.

Cho, Mun Young. 2013. *The Specter of “the People”: Urban Poverty in Northeast China*. Ithaca: Cornell University Press.

Ci, Jiwei. 2014. *Moral China in the Age of Reform.* Cambridge: Cambridge University Press.

Coe, Cati. 2021. *Changes in Care: Aging, Migration, and Social Class in West Africa.* New Brunswick: Rutgers University Press.

Cook, Joanna and Catherine Trundle. 2020. “Unsettled Care: Temporality, Subjectivity, and the Uneasy Ethics of Care.” *Anthropology and Humanism* 45 (2): 178-83.

Cunningham, Hugh. 2014. *Children and Childhood in Western Society Since 1500, the second edition*. London: Routledge.

Danely, Jason. 2014. *Aging and Loss: Mourning and Maturity in Contemporary Japan.* New Brunswick: Rutgers University Press.

———. 2024. *Unsettled Futures: Carceral Circuits and Old Age in Japan.* Nashville: Vanderbilt University Press.

Das, Veena. 2012. “Ordinary Ethics.” In: *A Companion to Moral Anthropology*, edited by D. Fassin, pp. 133-50. Oxford: Wiley-Blackwell.

———. 2015. “What does Ordinary Ethics Look Like?” In: *Four lectures on ethics: Anthropological Perspectives*, edited by M. Lambek, et al., pp. 53-125. Chicago: Hau Books.

Davidson, Helen and Verna Yu. 2022. “Clashes in Shanghai as Protests over Zero-Covid Policy Grip China.” *The Guardian*. November 28. Accessed from https://www.theguardian.com/world/2022/nov/28/clashes-in-shanghai-as-protests-over-zero-covid-policy-grip-china.

Davis-Friedman, Deborah. 2022 [1983]. *Long Lives: Chinese Elderly and the Communist Revolution.* California: Stanford University Press.

Deng, Dangxiong. 2026. “Learning to ‘Enjoy Tranquil Blessing’: On Positive Psychology of Aging (XII).” *Zhihu Web*. January 8. access from https://zhuanlan.zhihu.com/p/1992517931217724421.

Dekker, Natashe. 2019. “Competing Goods and Fallacies of Care: Moral Deliberations at the End of Life in the Nursing Home.” *Journal of Aging Studies*. DOI: 10.1016/j.jaging.2019.100798.

Deleuze, Gilles, and Félix Guattari. 1987. *A Thousand Plateaus: Capitalism and Schizophrenia.* Trans. Brian Massumi. Minneapolis: University of Minnesota Press.

Documentation Research Office (DRO). 2004. *Selected Works of Zhou Enlai* (in Chinese). Beijing: People’s Publishing House.

Dou, Haojian, Cheng Wang, Guishan Cheng, Xiaoyan Li and Shuang Xu. 2025. “The vision of younger-seniors-based elderly care in rural China: based on population aging predictions from 2020 to 2050.” *Nature: Humanities and Social Sciences Communications* 12, 669. DOI: 10.1057/s41599-025-04994-7.

Driessen, Annelieke. 2018. “Sociomaterial Will-Work: Aligning Daily Wanting in Dutch Dementia Care.” In: *Care in Healthcare: Reflections on Theory and Practice*, edited by F. Krause and J. Boldt., pp. 111-33. London: Palgrave Macmillan.

———. 2023. “Articulating Interesting Subject Positions for People with Dementia: On Hanging Out in Dutch Nursing Homes” *Medical Anthropology* 42: 737-751.

Elderly Daily. 2019. “The Second Session of the Thirteenth National People’s Congress Opens in Beijing, with Li Keqiang Delivering the Government Work Report: Ensuring a Happy Old Age for Older People” (in Chinese). *Elderly Daily*. March 6. Accessed from http://epaper.hljnews.cn/lnrb/20190306/410600.html.

Empson, Rebecca. 2020. *Subjective Lives and Economic Transformations in Mongolia Life in the Gap*. London: University College London Press.

Evans, Harriet. 2007. *The Subject of Gender: Daughters and Mothers in Urban China.* Maryland: Rowman & Littlefield Publishers.

Farquhar, Judith and Qicheng Zhang. 2008. "Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China's Capital." *Cultural Anthropology* 20 (3): 303-27.

Fengjian, Jiazhi. 2022. "Remaking the Value of Work: The Emergence of Grassroots Philanthropy in China." *American Ethnologist* 49 (4): 536-48.

Fei, Hsiao-Tung. 1939. *Peasant Life in China*. London: Routledge.

Fei, Xiaotong. 1992. *From the Soil: The Foundations of Chinese Society*, translated by G. Hamilton and Z. Wang. Berkeley: University of California Press.

Fleischer, Friederike. 2018. *Soup, Love, and a Helping Hand: Social Relations and Support in Guangzhou, China.* New York: Berghahn Books.

Fraser, Nancy. 2016. "Contradictions of Capital and Care." *New Left Review* 100: 99-117.

Fraser, Nancy and Linda Gordon. 1994. "A Genealogy of Dependency: Tracing a Keyword of the Welfare State." *Signs* 19: 309-36.

Fisher, Berenice and Joan Tronto. 1990. "Toward a Feminist Theory of Caring." In: *Circles of Care: Work and Identity in Women's Lives*, edited by E. Abel and M. Nelson, pp. 35-63. New York: State University of New York Press.

Firth, Raymond. 1979. "Work and Value: Reflections on Ideas of Karl Marx." In *Social Anthropology of Work*, edited by S. Wallman, pp. 177-204. London: Academic Press.

Foucault, Michel. 1994. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage.

———. 1995. *Discipline & Punish: The Birth of the Prison.* Trans. by A. Sheridan. New York: Vintage.

Garcia, Angela. 2010. *The Pastoral Clinic Addiction and Dispossession along the Rio Grande*. Berkeley: University of California Press.

———. 2015. "Serenity: Violence, Inequality, and Recovery on the Edge of Mexico City." *Medical Anthropology Quarterly* 29 (4): 455-72.

Gammeltoft, Tine. 2014. *Haunting Images: A Cultural Account of Selective Reproduction in Vietnam.* Berkeley: University of California Press.

Geertz, Clifford. 1973. "Thick Description: Toward an Interpretive Theory of Vulture." In: *The Interpretation of Cultures*, pp. 3-30. New York: Basic Books.

Gingrich, Jane. 2011. *Making Markets in the Welfare State. The Politics of Varying Market Reforms.* Cambridge: Cambridge University Press.

Gilligan, Carlo. 1982. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge: Harvard University Press.

Goffman, Erving. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Doubleday.

Göpfert, Mirco. 2013. "Bureaucratic aesthetics: Report writing in the Nigérien gendarmerie." *American Ethnologist* 40 (2): 324-34.

Graeber, David. 2015. *The Utopia of Rules. On Technology, Stupidity, and the Secret Joys of Bureaucracy*. London: Melvin House.

Grenier, Amand, Liz Lloyd and Chris Phillipson. 2017. "Precarity in Late Life: Rethinking Dementia as a 'Frailed' Old Age." *Sociology of Health and Illness* 39 (2): 318-330.

Gruijters, Rob. 2017. “Family Caregiving and Living Arrangements of Functionally Impaired Elders in Rural China.” *Ageing and Society* 37 (3): 633-55.

Grøn, Lone and Cheryl Mattingly 2018. “In Search of the Good Old life: Ontological Breakdown and Responsive Hope at the Margins of Life.” *Death Studies* 42: 306-13.

Grøn, Lone and Lotte Meinert. 2025. “Introduction. Ageing Time Beings: Temporality and Ethics in Old Ages.” *Journal of Royal Anthropological Institute* 31 (S1): 5-18.

Gu, Edward. 2001. “Dismantling the Chinese Mini-Welfare State?: Marketization and the Politics of Institutional Transformation, 1979-1999.” *Communist and Post-Communist Studies* 34 (1): 91-111.

Guo, Yuhua. 2001. “The Logic of Fairness in Intergenerational Relations and its Evolution: Analysis of Rural Elderly Care Events in Hebei Province” (in Chinese). *China Academics* 4: 221-54.

Han, Clara. 2011. “Symptoms of Another Life: Time, Possibility, and Domestic Relations in Chile’s Credit Economy.” *Cultural Anthropology* 26 (1): 7-32.

———. 2012. *Life in Debt: Times of Care and Violence in Neoliberal Chile*. Berkeley: University of California Press.

Hankivsky, Olena. 2004. *Social Policy and the Ethic of Care*. Vancouver: University of British Columbia Press.

Hamilton, Gary. 1990. “Patriarchy, Patrimonialism and Filial Piety.” *British Journal of Sociology* 41(2): 77-104.

Hamington, Maurice and Dorothy Miller, eds. 2006. *Socializing Care: Feminist Ethics and Public Issues*. Oxford: Rowman & Littlefield Publishers.

Harrell, Steven. 1985 “Why Do the Chinese Work So Hard? Reflections on an Entrepreneurial Ethic.” *Modern China* 11 (2): 203-26.

———. 2000. “The Changing Meanings of Work in China.” In *Re-drawing Boundaries: Work, Households, and Gender in China*, edited by Barbara Entwisle and Gail Henderson, 67-78. Berkeley: University of California Press.

He, Xiao. 2021. “Between Speaking and Enduring: The Ineffable Life of Bitterness among Rural Migrants in Shanghai.” *Hau: Journal of Ethnographic Theory* 11 (3): 1016-28.

Held, Virginia. 2006. *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press.

Hershatter, Gail. 2011. *The Gender of Memory: Rural Women and China’s Collective Past.* Berkeley: University of California Press.

Herzfeld, Michael. 1992. *The Social Production of Indifference: Exploring the Symbolic Roots of Western Bureaucracy*. New York: Routledge.

———. 2016. C*ultural Intimacy: Social Poetics and the Real Life of States, Societies, and Institutions*. New York: Routledge.

———. 2018. “Corruption as Political Incest: Temporalities of Sin and Redemption.” In: *Reconnecting State and Kinship*, edited by T. Thelen and E. Alber, pp. 39-61. Pennsylvania: University of Pennsylvania Press.

Heywood, Paolo. 2023. “Out of the ordinary: Everyday Life and the “Carnival of Mussolini”.” *American Anthropologist* 125: 493-504.

Higgs, Paul, and Chris Gilleard. 2015. *Rethinking Old Age: Theorising the Fourth Age.* London: Red Globe Press.

Hizi, Gil. 2021. “Zheng Nengliang and Pedagogies of Affect in Contemporary China.” *Social Analysis* 65 (1): 23-43.
———. 2024. “The Dao of Happiness in Contemporary China: On the Encompassing Meanings and Affects of ‘Xingfu’.” *China Perspectives* 139: 81-90.
Hoag, Colin. 2011. “Assembling Partial Perspectives: Thoughts on the Anthropology of Bureaucracy.” *Political and Legal Anthropology Review* 34 (1): 81-94.
Holbraad, Martin. 2021. “The House of Spirits: Care and the Revolutionary State in Cuba.” *The Cambridge Journal of Anthropology* 39 (2): 112-27.
Hopkinson, Leo. 2024. “‘Punching is a Sickness’: Temporal Work, Violence, and Unsettled Care among Men who Box in Accra.” *American Ethnologist* 51 (2): 221-32.
Hsu, Francis. 1948. *Under the Ancestors’ Shadow: Chinese Culture and Personality*. New York: Columbia University Press.
Huang, Claudia. 2021. “Becoming Dama: The New Old age in Urban China.” *Journal of Aging Studies* 57: 100928. DOI: 10.1016/j.jaging.2021.100928.
Hull, Elizabeth. 2012. “Paperwork and the Contradictions of Accountability in a South African Hospital.” *Journal of the Royal Anthropological Institute* 18: 613-32.
Hull, Matthew. 2008. “Ruled by Records: The Expropriation of Land and the Misappropriation of Lists in Islamabad.” *American Ethnologist* 35 (4): 501-18.
———. 2012. “Documents and Bureaucracy.” *Annual Review of Anthropology* 41: 251-267.
Hyde, Sandra. 2017. “‘Spending My Own Money, Harming My Own Body’: Addiction Care in a Chinese Therapeutic Community.” *Medical Anthropology* 36 (1): 61-76.
Ikels, Charlotte. 2004. “Serving the Ancestors, Serving the State: Filial Piety and Death Ritual in Contemporary Guangzhou.” In: *Filial Piety: Practice and Discourse in Contemporary East Asia*, edited by C. Ikels, pp. 88-105. California: Stanford University Press.
James, Deborah., David Neves and Erin Torkelson. 2022. “Saving, Investment, Thrift? Welfare Beneficiary Households and Borrowing in South Africa.” In: *Thrift and Its Paradoxes: From Domestic to Political Economy*, edited by C. Alexander and D. Sosna, pp. 49-73. New York: Berghahn.
Jeffreys, Elaine, and Xuezhong Su. 2016. “Governing through Lei Feng: a Mao-era role model in Reform-era China.” In *New Mentalities of Government in China*, edited by D. Bray and E. Jeffreys, pp.30-55. London: Routledge.
Jeon, Elaine and Jun Jing. 2023. “A Study of End-of-life Care Communication and Decision-making in China by Exploring Filial Piety and Medical Information Concealment.” *Asian Journal of Medical Humanities* 2 (1). DOI: 10.1515/ajmedh-2023-0006.
Jing, Jun. 2004. “Meal Rotation and Filial Piety.” In: *Filial Piety: Practice and Discourse in Contemporary East Asia*, edited by C. Ikels, pp. 53-62. Stanford: Stanford University Press.
Johnston, James. 2013. “Filial Paths and the Ordinary Ethics of Movement.” In *Ordinary Ethics in China*, edited by C. Stafford, pp. 45-65. London: Routledge.
Kaufman, Sarah. 1986. *The Ageless self: Sources of Meaning in Late Life.* Wisconsin: University of Wisconsin Press.
Kavedžija, Iza. 2019. *Making Meaningful Lives: Tales from an Aging Japan*. Philadelphia: University of Pennsylvania Press.
Keane, Webb. 2016. *Ethical Life: Its Natural and Social Histories.* Princeton: Princeton University Press.

Kelly, Tobias. 2006. “Documented Lives: Fear and the Uncertainties of Law during the second Palestinian Intifada.” *Journal of the Royal Anthropological Institute* 12 (1): 89-107.
Keimig, Rose. 2021. *Growing Old in a New China: Transitions in Elder Care*. New Jersey: Rutgers University Press.
Kipnis, Andrew. 1997. P*roducing Guanxi: Sentiment, Self, and Subculture in a North China Village.* Durham: Duke University Press.
———. 2006. “Suzhi: A Keyword Approach.” *The China Quarterly* 186: 295-313.
———. 2008. “Audit Cultures: Neoliberal Governmentality, Socialist legacy, or Technologies of Governing?” *American Ethnologist* 35 (2): 275-89.
———. 2016. *From Village to City: Social Transformation in a Chinese County Seat.* California: University of California Press.
———. 2007. “Neoliberalism Reified: Suzhi Discourse and Tropes of Neoliberalism in the People’s Republic of China.” *Journal of the Royal Anthropological Institute* 13: 383-400.
———. 2017. “Governing the Souls of Chinese Modernity.” *Hau: Journal of Ethnographic Theory* 7 (2): 217-38.
Kleinman, Arthur. 2009. “Caregiving: The Odyssey of Becoming More Human.” *Lancet* 373 (9660): 292-3.
——— et al., eds. 2011. *Deep China: The Moral Life of the Person*. Berkeley: University of California Press.
——— et al. 2011. “Remaking the Moral Person in a New China.” In: *Deep China: The Moral Life of the Person*, pp. 1-35. Berkeley: University of California Press.
———. 2012. “Caregiving as Moral Experience.” *Lancet* 380 (9853): 1550-1.
———. 2015. “Care in Search of a Health Agenda.” *The Lancet* 386 (9990): 240-1.
———. 2019. *The Soul of Care: The Moral Education of a Husband and a Doctor*. Manhattan: Penguin Random House.
Kleinman, Arthur and Sjaak van der Geest. 2009. “‘Care’ in Health Care: Remaking the Moral World of Medicine.” *Medische Antropologie* 21 (1): 159-68.
Kittay, Eva. 1999. *Love’s Labor: Essays on Women, Equality and Dependency*. New York: Routledge.
Kuan, Teresa. 2015. *Love’s Uncertainty: The Politics and Ethics of Child Rearing in Contemporary China*. Berkeley: University of California Press.
Kung, James Kai-Sing and Shuo Chen. 2011. “The Tragedy of the Nomenklatura: Career Incentives and Political Radicalism during China's Great Leap Famine.” *American Political Science Review* 105(1): 27-45.
Lamb, Sarah. 2009. *Aging and the Indian Diaspora: Cosmopolitan Families in India and Abroad*. Bloomington: Indiana University Press.
———. 2013. “Personhood, Appropriate Dependence, and the Rise of Eldercare Institutions in India.” In *Transitions and Transformations: Cultural Perspectives on Aging and the Life Course*, edited by C. Lynch and J. Danely, pp.171-87. London: Berghahn.
———. 2014. “Permanent Personhood or Meaningful Decline? Toward a Critical Anthropology of Successful Aging.” *Journal of Aging Studies* 29: 41-52.
———. 2019. “On Being (Not) Old: Agency, Self-care, and Life-course Aspirations in the United States.” *Medical Anthropology Quarterly* 33 (2): 263-81.

Lamb, Sarah, Jessica Robbins-Ruszkowski and Anna Corwin. 2017. “Introduction: Successful Aging as a Twenty-first-Century Obsession.” In: *Successful Aging as a Contemporary Obsession: Global Perspectives*, edited by S. Lamb, J. Robbins-Ruszkowski and A. Corwin, pp. 1-18. New Brunswick: Rutgers University Press.

Lambek, Michael, eds. 2010. *Ordinary Ethics: Anthropology Language, and Action.* New York: Fordham University Press.

Lammer, Christof. 2024. *Performing State Boundaries: Food Networks, Democratic Bureaucracy and China.* London: Berghahn Books.

Lan, Pei-Chia. 2010. “Cultures of Carework, Carework across Cultures.” In *Handbook of Cultural Sociology*, edited by J. Hall, L. Grindstaff and L. Ming-Cheng, pp. 438-48. London and New York: Routledge.

Laidlaw, James. 2002. “For an Anthropology of Ethics and Freedom.” *Journal of the Royal Anthropological Institute* 8: 311-32.

———. 2014. *The Subject of Virtue: An Anthropology of Ethics and Freedom.* Cambridge: Cambridge University Press.

Laszczkowski, Mateusz and Madeleine Reeves. 2015. “Introduction: Affective States—Entanglements, Suspensions, Suspicions.” *Social Analysis* 59 (4): 1-14.

Lea, Tess. 2021. “Desiring Bureaucracy.” *Annual Review of Anthropology* 50: 59-74.

Lempert, Michael. 2013. “No Ordinary Ethics.” *Anthropological Theory* 13 (4): 370-93.

Leibing, Annette. 2018. “On Heroes, Alzheimer’s, and Fallacies of Care: Stories of Utopia and Commitment.” In *Kulturen der Sorge, Wie unsere Gesellschaft ein Leben mit Demenz ermöglichen kann*, edited by H.-P. Zimmermann, pp. 177-94. Frankfurt and New York: Campus.

Leung, Joe and Yuebin Xu. 2015. *China’s Social Welfare*. Cambridge: Polity Press.

Lora-Wainwright, Anna. 2011. “’If You Can Walk and Eat, You Don’t Go to Hospital’: The Quest for Healthcare in Rural Sichuan.” In: *China’s Changing Welfare Mix: Local Perspectives*, edited by J. Duckett, pp. 1-24. New York: Taylor & Francis.

Louw, Marla. 2024. “Staying Behind: Divine Presence, Virtuous Emplacement, and *Sabr* at the End of Life among Older Kyrgyz Muslims.” *Hau: Journal of Ethnographic Theory* 14(1): 33-46.

Li, Xueqin. 2013. *The Origin of Characters.* (in Chinese). Tianjin: Tianjin Ancient Works Publishing House.

Li, Wenjia, Xinni Zhang, Han Gao and Qinghe Tang. 2024. “Heterogeneous Effects of Socio-economic Status on Social Engagement Level among Chinese Older Adults: Evidence from CHARLS 2020.” *Frontiers in Public Health* 12. DOI: 10.3389/fpubh.2024.1479359.

Lipsky, Michael. 1980. *Street-level Bureaucracy: Dilemmas of the Individual in Public Services.* New York: Russel Sage Foundation.

Livingston, Julie. 2012. *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham: Duke University Press.

Liu, Jieyu. 2016. “Intimacy and Intergenerational Relations in Rural China.” *Sociology* 51(5): 1034-49.

Liu, Shao-Hua. 2011. *Passage to Manhood: Youth Migration, Heroin, and AIDS in Southwest China.* Stanford: Stanford University Press.

Lubman, Stanley. 2000. *Bird in a Cage: Legal Reform in China after Mao*. Stanford: Stanford University Press.

Lv, Xiaobo and Elizabeth Perry. 1997. *The Danwei: Changing Chinese Workplace in Historical and Comparative Perspective*. London: Routledge.

Lynch, Caitrin and Jason Danely, eds. 2013. *Transitions and Transformations: Cultural Perspectives on Aging and the Life Course.* New York: Berghahn.

Ma, Zhiying. 2020a. "Biopolitical Paternalism and its Maternal Supplements: Kinship Correlates of Community Mental Health Governance in China." *Cultural Anthropology* 35 (2): 290-316.

———. 2020b. "Promises and Perils of Guan: Mental Healthcare and the Rise of Biopolitical Paternalism in Contemporary China." *Medicine Anthropology Theory* 7 (2): 150-74.

———. 2021. "Affect, Sociality, and the Construction of Paternalistic Citizenship among Family Caregivers in China." *HAU: Journal of Ethnographic Theory* 11 (3): 958-71.

———. 2025. *Between Families and Institutions: Mental Health and Biopolitical Paternalism in Contemporary China.* Durham: Duke University Press.

Ma, Zhiying, Yaochu Bi and Naiyu Jiang. 2025. "Pandemic, Paternalism, and the (Im)possibilities of Citizenship in China." *American Ethnologist*: DOI: 10.1111/amet.70017.

Maags, Christina. 2021. "Hybridization in China's Elder Care Service Provision." *Social Policy Administration* 55 (1): 113-27.

———. 2022. "Marketization of Eldercare in Urban China: Processes, Effects, and Implications." *Modern China* 48 (6): 1140-78.

Massumi, Brian. 2002. *Parables for the Virtual: Movement, Affect, Sensation.* Durham: Duke University Press.

Mattingly, Cheryl. 2014. *Moral Laboratories: Family Peril and the Struggle for a Good Life.* Berkeley: University of California Press.

Meinhof, Marius and Yinming Zhang. 2024. "Engineering the Filial Self. Negotiating the Moral Construction of Filial Piety at Different Government Levels in China." *Critical Social Policy* 45 (3): 469-88.

Mattingly, Cheryl and Lone Grøn, eds. 2022. *Imagistic Care: Growing Old in a Precarious World.* New York: Fordham University Press.

McLean, Athena. 2007. *The Person in Dementia: A Study of Nursing Home Care in the U.S.* Peterborough: Broadview Press.

McLellan, Timothy. 2024. "Bureaucracy and Distributed Vulnerability at a Chinese Research Institute: Beyond the Faculty Perspective on Audit Cultures." *Journal of the Royal Anthropological Institute* 30 (2): 282-300.

McKearney, Patrick. 2020. "Challenging Care: Professionally Not knowing What Good Care is." *Anthropology and Humanism* 45 (2): 223-32.

———. 2022. "Disabling Violence: Intellectual Disability and the Limits of Ethical Engagement." *Journal of Royal Anthropological Institute* 28: 956-74.

———. 2024. "At the Edges of Liberal Care: Disability and Ethics between Dependence and Freedom." *Current Anthropology* 65(6): 939-64.

Meng, Zhaohua and Wang Han. 2006. *General History of Chinese Civil Affairs* (in Chinese). Beijing: China Social Sciences Press.

McKearney, Patrick. 2020. “Challenging Care: Professionally Not Knowing What Good Care is.” *Anthropology and Humanism* 45 (2): 223-32.
———. 2024. “At the Edges of Liberal Care: Disability and Ethics between Dependence and Freedom.” *Cultural Anthropology.* DOI:10.1086/733062.
Minzner, Carl. 2018. *End of an Era: How China’s Authoritarian Revival is Undermining its Rise.* Oxford: University of Oxford Press.
Miller, Eric. 2004. “Filial Daughters, Filial Sons: Comparisons from Rural North China.” In: *Filial Piety: Practice and Discourse in Contemporary East Asia*, edited by C. Ikels, pp. 34-52. Stanford: Stanford University Press.
Mitchell, Timothy. 1991. “The Limits of the State: Beyond Statist Approaches and their Critics.” *American Political Science Review* 85 (1): 77-96.
Mok, Ka Ho and Qian Jiwei. 2018. “A New Welfare Regime in the Making? Paternalistic Welfare Pragmatism in China.” *Journal of European Social Policy 29*(1): 100-14.
Mol, Annemarie. 2008. *The Logic of Care: Health and the Problem of Patient Choice.* London: Routledge
———. 2010. “Care and its Values: Good food in the Nursing Home.” In: *Care in Practice: On Tinkering in Clinics, Homes and Farms*, edited by A. Mol., I. Moser and J. Pols, pp. 215-35. Bielefeld: Transcript Verlag.
Mol, Annemarie., Ingunn Moser and Jeannette Pols, eds. 2010. *Care in Practice: On Tinkering in Clinics, Homes and Farms*. Bielefeld: Transcript Verlag.
Muehlenbach, Andrea. 2012. *The Moral Neoliberal Welfare and Citizenship in Italy.* Chicago: The University of Chicago Press.
Navaro-Yashin, Yael. 2007. “Make-believe Papers, Legal Forms and the Counterfeit: Affective Interactions between Documents and People in Britain and Cyprus.” *Anthropological Theory* 7 (1): 79-98.
———. 2009. “Affective Spaces, Melancholic Objects: Ruination and the Production of Anthropological Knowledge.” *Journal of the Royal Anthropological Institute* 15 (1): 1-18.
———. 2012. *The Make-Believe Space: Affective Geography in a Postwar Polity*. Durham: Duke University Press.
National People’s Congress (NPC). 1998. *Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly*. Beijing.
———. 2011. *Outline of the Twelfth Five-Year Plan for National Economic and Social Development of the People’s Republic of China (2011-2015).* Beijing.
———. 2012. *Law of the People’s Republic of China on the Protection of the Rights and Interests of the Elderly* (second revised edition). Beijing.
Nussbaum, Martha. 1986. *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*. Cambridge: Cambridge University Press.
Organisation for Economic Co-operation and Development (OECD). 2023. *Health at a Glance 2023: OECD Indicators*. Paris: OECD Publishing. Paris. DOI: 10.1787/7a7afb35-en.
Ortner, Sherry. 2016. “Dark Anthropology and its Others: Theory since the Eighties.” *Hau*: *Journal of Ethnographic Theory* 6 (1): 47-73.
Osburg, John. 2013. *Anxious Wealth: Money and Morality Among China’s New Rich*. Stanford: Stanford University Press.

———. 2018. “Making Business Personal: Corruption, Anti-Corruption, and Elite Networks in Post-Mao China.” *Current Anthropology* 59 (S18): 149-59.

Österberg, Emma and Jenny de Fine Licht. 2021. “Beyond Auditor and Auditee: Exploring the Governance of Performance in Eldercare.” *Public Management Review* 25 (1): 84-103.

Oxfeld, Ellen. 2010. *Drink Water, but Remember the Source: Moral Discourse in a Chinese Village.* Berkeley: University of California Press

Parry, Jonathan and Maurice Bloch. 1989. “Introduction: Money and the Morality of Exchange.” In: *Money and the Morality of Exchange*, edited by J. Parry and M. Bloch, pp. 1-33. Cambridge: Cambridge University Press.

Perry, Elizabeth. 2002. “Moving the Masses: Emotion Work in the Chinese Revolution.” *Mobilization: An International Journal* 7 (2): 111-28.

Pettier, Jean-Baptiste. 2023. “Just Merit? Authoritarian-Caring Parenting Style in China and the Challenge of Inequality and Hierarchy in Late Post-Revolutionary Societies.” *Qualitative Studies* 8 (2): 79-100.

Power, Michael. 1997. *The Audit Society: Rituals of Verification*. Oxford: Oxford University Press.

Qi, Xiaoying. 2021. “Rethinking Family Obligation and Intergenerational Support.” In: *Chinese Families Upside Down: Intergenerational Dynamics and Neo-Familism in the Early 21st Century*, edited by Y. Yan, 103-22. London: Brill.

Raman, Bhavani. 2012. “The Duplicity of Paper: Counterfeit, Discretion, and Bureaucratic Authority in Early Colonial Madras.” *Comparative Studies in Society and History* 54(2): 229-50.

Ran, Guangpei. 2024 “The Placing of Care: Ordinary Ethics of Mobility in the Sino-Tibetan Borderlands.” *Journal of Royal Anthropological Institute* 31 (3). DOI: 10.1111/1467-9655.14237.

Reed, Adam. 2006. “Documents Unfolding.” In: *Documents: Artifacts of Modern Knowledge*, edited by A. Riles, pp. 158-177. Ann Arbor: Michigan University Press.

Reeves, Madeleine. 2013. “Clean Fake: Authenticating Documents and Persons in Migrant Moscow.” *American Ethnologist* 40 (3): 508-24.

Richaud, Lisa. “Introduction: The Politics of Negative Affects in Post-Reform China” *HAU: Journal of Ethnographic Theory* 11 (3): 901-14.

Riles, Annelise, eds. 2006. “Introduction: In Response.” In: D*ocuments: Artifacts of Modern Knowledge*, pp. 1-40. Ann Arbor: University of Michigan Press.

Robbins, Jessica C. 2020. *Aging Nationally in Contemporary Poland: Memory, Kinship, and Personhood.* New Brunswick: Rutgers University Press.

Robbins, Joel. 2013. “Beyond the Suffering Subject: Toward an Anthropology of the Good.” *Journal of Royal Anthropological Institute* 19 (3): 447-62.

———. 2023. “Anthropology Bright and Dark: Relativism, Value Pluralism, and the Comparative Study of the Good.” *Social Analysis* 67 (4): 43-100.

Roach, Levi. 2021. *Forgery and Memory at the End of the First Millennium.* Princeton: Princeton University Press.

Rose, Nikolas. 2007. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century.* Princeton: Princeton University Press.

Rowe, John and Robert Kahn. 1997. “Successful Aging.” *Gerontologist* 37 (4): 433-40.

Seaman, Aaron, Jessica Robbins and Elana Buch. 2019. “Beyond the Evaluative Lens: Contextual Unpredictabilities of Care.” *Journal of Aging Studies*. DOI: 10.1016/j.jaging.2019.100799.

Scott, James. 1998. S*eeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed.* Princeton: Yale University Press.

Ruan, Qinghua. *Studies of Shanghai Vagrant Rehabilitation, from 1949 to 1958* (in Chinese). Shanghai: Shanghai Lexicographical Publishing House.

Sahlins, Marshall. 2011. “What Kinship is (Part One).” *Journal of the Royal Anthropological Institute* 17 (1): 2-19.

Shea, Jeanne. 2011. “Older Women, Marital Relationships, and Sexuality in China.” *Ageing International* 36 (3): 361-377.

Shea, Jeanne and Zhang Yan. 2016. “Ethnography of Eldercare by Elders in Shanghai, China.” *Ageing International* 41: 366-93.

Shea, Jeanne., Katrina Moore and Hong Zhang, eds. 2020. *Beyond Filial Piety: Rethinking Aging and Caregiving in Contemporary East Asian Societies*. New York: Berghahn.

Shore, Cris and Susan Wright. 2015. “Audit Culture Revisited: Rankings, Ratings, and the Reassembling of Society.” *Current Anthropology* 56 (3): 421-44.

Seidel, Katja., David Prendergast and Jamie Saris, eds. 2025. *From Legacies to Futures: The Lifeworlds of Older Adults in Europe*. New York: Berghahn.

Shi, Lihong. 2009. “‘Little Quilted Vests to Warm Parents’ Hearts’: Redefining the Gendered Practice of Filial Piety in Rural North-Eastern China.” *China Quarterly* 198: 348-63.

Shi, Ziyuan. 2023. “Monkey King’s Golden Headband: Domestic Surveillance Technology as a Moral Journey in Chinese Urban Families.” *Ethnos*. DOI: 10.1080/00141844.2023.2274297.

Shi, Ziyuan and Gil Hizi. 2026. “Wellbeing Entrepreneurship and the Moral-Emotional Landscape of Reform-Era China.” *Modern China* (forthcoming).

Shi, Ziyuan and Susanne Brandtstädter. 2026. “What’s Love Got to Do with it? Care Crises and the Critique of ‘Control Care’ in China.” In: *China Multiple: Un/Doing Ethnographic Regions in Anthropology*, edited by C. Lammer., M. Lazzarotti and J.-B. Pettier. Chicago: Hau Books.

Shin, Solee and Lake Lui. 2022. “Guanxi and Moral Articulation: Strategies of Corruption During China’s Anti-Corruption Drive.” *The Journal of Development Studies* 58 (6): 1124-39.

Smart, Alan. 1993. “Gifts, Bribes, and Guanxi: A Reconsideration of Bourdieu’s Social Capital.” *Cultural Anthropology* 8: 388-408.

———. 2018. “The Unbearable Discretion of Street-level Bureaucrats: Corruption and Collusion in Hong Kong.” *Current Anthropology* 59: 37-47.

Smith, Graeme. 2010. “The Hollow State: Rural Governance in China.” *The China Quarterly* 203: 601-18.

Stafford, Charles. 2000. “Chinese Patriliny and the Cycles of Yang and Laiwang.” In: *Cultures of Relatedness: New Approaches to the Study of Kinship*, edited by J. Carsten, pp. 35-54. Cambridge University Press, Cambridge.

———. 2013. “Ordinary Ethics in China Today.” In: *Ordinary Ethics in China*, edited by C. Stafford, pp. 3-28. London: Bloomsbury Academic.

———. 2015. “Being Careful What You Wish For: The Case of Happiness in China.” *HAU: Journal of Ethnographic Theory* 5 (3): 25-43.
Song, Keying, Jiedan Luo, Xiaodong Cao and Zijian Zhao. 2016. “Urban-rural Differences in the Successful Aging among Older adults in China.” *PLoS ONE* 20 (3). DOI: 10.1371/journal.pone.0319105.
Sorace, Christian. 2017. *Shaken Authority: China’s Communist Party and the 2008 Sichuan Earthquake.* New York: Cornell University Press.
———. 2021. “The Chinese Communist Party’s Nervous System: Affective Governance from Mao to Xi.” *The China Quarterly* 248 (S1): 29-51.
———. 2025. “Life First: Pandemic Biopolitics in China.” *Political Theory* 53 (4): 451-82.
Srivastava, Sanjay. 2012. “Duplicity, Intimacy, Community: An ethnography of ID Cards, Permits and other Fake Documents in Delhi.” *Thesis Eleven* 13 (1): 78-93.
Stafford, Philip. 2003. “Introduction: The Nursing Home as Cultural Code.” In: *Gray Areas: Ethnographic Encounters with Nursing Home Culture*, edited by P. Stafford, pp. 3-23. Santa Fe: School of American Research Press.
Steinmüller, Hans. 2011. “The Moving Boundaries of Social Heat: Hambling in Rural China.” *Journal of the Royal Anthropological Institute* 17: 263-80.
———. 2013. *Communities of Complicity: Everyday Ethics in Rural China.* New York: Berghahn.
———. 2015. “‘Father Mao’ and the Country-Family: Mixed Feelings for Fathers, Officials, and Leaders in China.” *Social Analysis* 59 (4): 83-100.
———. 2022. “Sovereignty as Care: Acquaintances, Mutuality, and Scale in the Wa State of Myanmar.” *Comparative Studies in Society and History* 64 (4): 910-33.
———. 2023. “Crises of Care in China Today.” *The China Quarterly* 254: 301-09.
Steinmüller, Hans and Susanne Brandtstädter, eds. 2015. *Irony, Cynicism and the Chinese State.* London: Routledge.
Stevenson, Lisa. 2014. *Life Beside Itself: Imagining Care in the Canadian Arctic*. California: University California Press.
Strathern, Marilyn. 2025. “A Language for Kinship.” In *Difficult Attachments: Anxieties of Kinship and Care*, edited by K. Goldfarb and S. Bamford. New Brunswick: Rutgers University Press.
Street, Alice. 2011. “Artefacts of Not-knowing: The Medical Record, the Diagnosis and the Production of Uncertainty in Papua New Guinean Biomedicine.” *Social Studies of Science* 41 (6): 815-34.
———. 2012. “Seen by the State: Bureaucracy, Visibility and Governmentality in a Papua New Guinean Hospital.” *The Australian Journal of Anthropology* 23: 1-21.
Sun, Yuezhu. 2017. “Among a Hundred Good Virtues, Filial Piety is the First: Contemporary Moral Discourses on Filial Piety in Urban China.” *Anthropological Quarterly* 90 (3): 771-99.
Sun, Yanfei. 2013. “Popular Religion in Zhejiang: Feminization, Bifurcation, and Buddhification.” *Modern China* 40 (5): 455-87.
The Department of Civil Affairs, Zhejiang Province. 2024. “Notice on the Issuance of the ‘Administrative Measures for the Grading Evaluation of Eldercare Institutions in Zhejiang Province’ and the ‘Detailed Evaluation Indicators for the Grading Evaluation of Eldercare

Institutions in Zhejiang Province' (浙江省养老机构等级评定管理办法和浙江省养老机构等级评定细化评价指标)." January 29. Accessed from https://mzt.zj.gov.cn/art/2024/1/29/art_1229266175_2511500.html.

The Ministry of Civil Affairs. 2013. "The Measures on the Management of Nursing Homes (养老机构管理办法)." June 28. Accessed from https://www.gov.cn/gongbao/content/2013/content_2496403.htm.

———. 2020. "The Measures on the Management of Nursing Homes (养老机构管理办法)." September 1. Accessed from https://www.gov.cn/zhengce/2020-09/01/content_5713134.htm.

———. 2022. "Statistical Bulletin on the Development of Civil Affairs in 2022 (2022 年民政事业发展统计公报)." April 3. Accessed from: https://www.mca.gov.cn/n156/n2679/c1662004999979995221/attr/306352.pdf.

———. 2024. "The Bulletin on on the Development of National Aging Undertakings in 2024 (2024 年度国家老龄事业发展公报)." July 25. Accessed from https://www.gov.cn/lianbo/bumen/202507/content_7033724.htm.

The Ministry of Civil Affairs, The Standardization Administration of China, The Ministry of Commerce, The General Administration of Quality Supervision, Inspection and Quarantine and China National Committee on Aging. 2014. "The Guidelines on Enhancing Standardization of Eldercare Services (关于加强养老服务标准化工作的指导意)." January 26. Accessed from https://www.gov.cn/gongbao/content/2014/content_2684514.htm.

The National Development and Reform Commission. 2022. "The 14th Five-Year Plan for the Development of the National Aging Undertaking and the Elderly Care Service System (十四五"国家老龄事业发展和养老服务体系规划)." March 25. Accessed from https://www.ndrc.gov.cn/fggz/fzzlgh/gjjzxgh/202203/t20220325_1320220.html.

The Paper. 2021. "Li Keqiang: Only When Older People Enjoy a Happy Old Age Can the Younger Generation Have a Predictable Future" (in Chinese). *The Paper*. March 27. Accessed from https://www.thepaper.cn/newsDetail_forward_11925937.

The People's Daily Online. 2025. "Beijing Held a Press Conference on Flood Prevention and Disaster Relief, Observing a Moment of Silence for the Victims." July 31. Accessed from http://bj.people.com.cn/n2/2025/0731/c14540-41309003.html.

The State Council. 2019. "The State Council General Office's Opinions on Promoting the Development of Elderly Services (国务院办公厅关于推进养老服务发展的意见)." April 16. Accessed from https://www.gov.cn/zhengce/content/2019-04/16/content_5383270.htm.

———. 2019. "The Medium and Long-term National Plan for Actively Responding to Population Ageing (国家积极应对人口老龄化中长期规划)." December 21. Accessed from https://www.gov.cn/xinwen/2019-11/21/content_5454347.htm.

———. 2024. "State Council's Opinions on Deepening the Reform and Development of Elderly Care Services (中共中央国务院关于深化养老服务改革发展的意见)." December 30. Accessed from https://www.gov.cn/zhengce/202501/content_6996775.htm.

———. 2025. "Notice of the Ministry of Civil Affairs and the Ministry of Finance on Implementing the Program to Provide Eldercare Service Consumption Subsidies to Older Adults with Moderate or More Severe Disability (民政部 财政部关于实施向中度以上

失能老年人发放养老服务消费补贴项目的通知).” [In Chinese.] July 16. Accessed from https://www.gov.cn/gongbao/2025/issue_12286/202509/content_7041210.html.

Thelen, Tatjana. 2015. “Care as Social Organization: Creating, Maintaining and Dissolving Significant Relations.” *Anthropological Theory* 15(4): 497-515.

———. 2021. “Care as Belonging, Difference, and Inequality.” In: *Oxford Research Encyclopaedia of Anthropology*. DOI: 10.1093/acrefore/9780190854584.001.0001/acrefore-9780190854584-e-353.

Thelen, Tatjana., André Thiemann and Duška Roth. 2014. “State Kinning and Kinning the State in Serbian Elder Care Programs.” *Social Analysis* 58 (3): 107-23.

Thelen, Tatjana., Larissa Vetters and Keebet von Benda-Beckmann. 2014. “Introduction to Stategraphy: Towards a Relational Anthropology of the State.” *Social Analysis* 58 (3): 1-19.

Thomason, Erin. 2021. “Rural Grandparents and the Intergenerational Contributions of Care.” In *Chinese Families Upside Down: Intergenerational Dynamics and Neo-Familism in the Early 21st Century*, edited by Y. Yan, pp. 76-102. London: Brill.

Ticktin, Miriam. 2011. *Casualties of Care: Immigration and the Politics of Humanitarianism in France.* Berkeley: University of California Press.

Tronto, Joan. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.

United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP). 2024. “Labour Force Participation of Older Persons and Population Ageing in China: Trends, Challenges and Ways Forward.” [Working Paper]. April 1. Assessed from https://repository.unescap.org/server/api/core/bitstreams/22b21944-d6ac-45cb-8353-39fc71d41222/content.

Van der Veer, Peter. 2009. “Pain and Power: Reflections on Ascetic Agency.” In: *The Anthropologist and the Native: Essays for Gananath Obeyesekere*, edited by H. Seneviratne, pp. 201-16. Florence: Studio Editoriale Fiorentino.

Van der Veen, Klaas. 2016. “Self-determination in Dependence: The ambiguity of Elder Care in the Netherlands.” *Medicine Anthropology Theory* 3 (2): 306-12.

van Eijk, Marieke. 2022. “Studying Health Care Institutions: Using Paperwork as Ethnographic Research Tools.” *Ethnography* 23 (4): 539-58.

Verdery, Katherine. 1996. *What was Socialism, and What Comes Next?* Princeton: Princeton University Press.

Wang, Xinyuan. 2023. *Ageing with Smartphones in Urban China: From the Cultural to the Digital Revolution in Shanghai*. London: UCL Press.

———. 2025. “Claiming Kinship through ‘Filial Heart’: Migrant Care Workers in Ageing Shanghai.” *Journal of Royal Anthropological Institute*. DOI: 10.1111/1467-9655.14288.

Walder, Andrew. 1986. *Communist Neo-Traditionalism: Work and Authority in Chinese Industry.* Berkeley: University of California Press.

Waddell, Chloe, George Van Doorn, Garry Power, and Dixie Statham. 2025. “From Successful Ageing to Ageing Well: A Narrative Review.” *The Gerontologist* 6 (1). DOI:10.1093/geront/gnae109.

Wallman, Sandra, ed. 1979. *Social Anthropology of Work*. London: Academic Press.

Whyte, Martin. 1997. "The Fate of Filial Obligations in Urban China." *The China Journal* 38: 3-31.

Williams, Bernard. 1985. *Ethics and the Limits of Philosophy*. Harvard: Harvard University Press.

Wu, Guo. 2014. "Speaking Bitterness: Political Education in Land Reform and Military Training under the CCP, 1947-1951." *The Chinese Historical Review* 21 (1): 3-23.

Wu, Xinyue. 2020. *Ordinary Life in Liminal Space: An Ethnographic Encounter with China's Nursing Homes*. PhD Thesis: Tunghai University.

———. 2023. "Negotiating Filial Care in Transitions: An Ethnographic Study of Family Involvement in China's Nursing Homes." *The Journal of Chinese Sociology* 10 (9). DOI: 10.1186/s40711-023-00187-4.

Xiang, Biao. 2010. "'The "State' Theory of the Ordinary People." [in Chinese.] *Open Times* 10: 117-32.

Xinhua News. 2009. "Hu Jintao's Report to the Seventeenth National Congress of the Communist Party of China" (in Chinese). *Xinhua News*. October 24. Accessed from http://www.npc.gov.cn/zgrdw/npc/zggcddsbcqgdbdh/2012-11/06/content_1742192.htm.

———. 2018. "Xi Jinping: Adhere to the New Development Philosophy, Win the "Three Major Battles," and Forge a New Chapter of Hubei's Development in the New Era (in Chinese)." *Xinhua News*, April 28. Accessed from https://www.xinhuanet.com/politics/2018-04/28/c_1122761186.htm?utm_source=chatgpt.com.

———. 2019. "Li Keqiang: The People's Wellbeing is a Matter of Paramount Importance, Addressing Key and Difficult Issues One by One (in Chinese)." *Xinhua News*. March 15. Accessed from https://www.mca.gov.cn/zt/history/2019lh/20190300015505.html.

———. 2025. "The CPC Central Committee and the State Council Issue Opinions on Deepening the Reform and Development of Eldercare Services" (in Chinese). *Xinhua News*. January 7. Accessed from https://www.mca.gov.cn/zt/n2916/n2917/c1662004999980003139/content.html/

Yan, Yunxiang. 2003. *Private Life under Socialism: Love, Intimacy, and Family Change in a Chinese Village 1949-1999*. Stanford: Stanford University Press.

———. 2011. "The Individualization of the Family in Rural China." *Boundary 2*38 (1): 203-29.

———. 2016. "Intergenerational Intimacy and Descending Familism in Rural North China." *American Anthropologist* 118 (2): 244-57.

———. 2018. "Neo-Familism and the State in Contemporary China." *Urban Anthropology* 47 (3): 181-224.

———. 2021. "The Inverted Family, Post-Patriarchal Intergenerationality and Neo-Familism." In: C*hinese Families Upside Down: Intergenerational Dynamics and Neo-Familism in the Early 21st Century*, edited by Yan Yunxiang, pp. 1-30. London: Brill.

———. 2023. "Familial Affections vis-à-vis Filial Piety: The Ethical Challenges Facing Eldercare under Neo-Familism in Contemporary China." *Journal of Chinese Sociology* 10 (5). DOI: 10.1186/s40711-023-00185-6.

Yang, Mayfair. 1994. *Gifts, Favors, and Banquets: The Art of Social Relationships in China.* Ithaca: Cornell University Press.

Yang, Jie. 2013. "'Fake Happiness': Counseling, Potentiality, and Psycho-Politics in China." *Ethos* 41 (3): 292-312.
———. 2016. *Unknotting the Heart: Unemployment and Therapeutic Governance in China*. New York: Cornell University Press.
———. 2021. "'Bureaucratic Shiyuzheng': Silence, Affect, and the Politics of Voice in China." *Hau Journal of Ethnographic Theory* 11 (3): 972-85.
Zavoretti, Roberta. 2017. "Get Yourself an Insurance! Negotiating Family and Intergenerational Care in post-Mao Urban China." *Ethics and Social Welfare* 11 (3): 248-60.
Zelizer, Viviana. 2021 [1994]. *The Social Meaning of Money.* Princeton: Princeton University Press.
———. 2004. "Circuits of Commerce." In: *Self, Social Structure, and Beliefs: Explorations in Sociology*, edited by J. Alexander., G. Marx and C. Williams, pp. 122-44. University of California Press.
———. 2005. *The Purchase of Intimacy.* Princeton: Princeton University Press.
Zhan, Heying., Guangya Liu., Xinping Guan and Hong-guang Bai. 2006. "Recent Development in Institutional Elder Care in China: Changing Concepts and Attitudes." *Journal of Aging and Social Policy* 18 (2): 85-109.
Zhang, Dino. 2025. "On Sinopessimism, or Junkies of Futility." *Made in China Journal* 10 (1): 66-73.
Zhang, Hong. 2004. "'Living Alone' and the Rural Elderly: Strategy and Agency in Post-Mao Rural China." In: *Filial Piety: Practice and Discourse in Contemporary East Asia*, edited by C. Ikels, 63-87. Stanford: Stanford University Press.
———. 2008. "The New Realities of Aging in Contemporary China: Coping with the Decline in Family Care." In: *The Cultural Context of Aging: World-Wide Perspective* (3rd edition), edited by J. Sokolovsky, pp. 196-215. Westport: Greenwood Publishing Group.
———. 2009. "The New Realities of Aging in Contemporary China: Coping with the Decline of Family Care." In: *Cultural Context of Aging: World-Wide Perspective*, edited by J. Sokolovsky, pp. 197-215. Westport: Greenwood Publishing Group.
———. 2016. "Recalibrating Filial Piety: Realigning the State, Family, and Market Interests in China." In: *Transforming Patriarchy: Chinese Families in the Twenty-First Century*, edited by G. Santos and S. Harrell, pp. 234-50. Seattle: University of Washington Press.
Zhang, Letian. 1998. *Farewell to Ideals: Research on the System of People's Communes* (in Chinese). Shanghai: Shanghai People's Press.
Zhang, Qiaoyun and Yang Zhan. 2021. "'Gratitude Education:' Aid-as-Gift and the Agency of Recognition in Chinese Ethnic Governance." *Journal of Contemporary China* 30 (132): 960-76.
Zhang, Yan. 2017. "Context-Specific Eldercare Patterns, Cultural Categories of Elder Mistreatment, and Potential Social Causes in Post-Socialist China." *Ageing International* 42: 169-86.
———. 2020. "Debating 'Good' Care: The Challenges of Dementia Care in Shanghai, China." *Anthropology and Ageing* 41 (1): 52-68.
———. 2022. Stewardship and Family Caregiving for People with Dementia in Shanghai. *Medical Anthropology* 41 (4): 474-87.

Zhang, Yilin, 2021. “Navigating Home-Based Eldercare: Can Communities Support the Coming ‘Silver Wave’?”. (in Chinese). *China News*. December 22. Accessed from https://www.chinanews.com.cn/gn/2021/12-22/9635211.shtml.

Zheng, Yongnian and Yanjie Huang. 2018. *Market in State: The Political Economy of Domination in China.* Cambridge: Cambridge University Press.

Zhejiang Party-State Departments. 2022. “Notice on Issuing the “Guiding Opinions on Party-Building Leadership and Multi-Party Coordination to Support ‘“Zheli Kangyang’ (关于印发《关于党建统领多方协同助力“浙里康养”的指导意见》的通知).” November 18. Accessed from https://www.linhai.gov.cn/art/2022/11/18/art_1229467279_59044083.html.

Zhou, Guoyong, Kaijun Qiu and Fannie Feng. 2022. “Shi Huifang: Actively Responding to Population Aging and Building an Age-Friendly Society.” *Shaoxing News*. December 14. Accessed from https://www.shaoxing.com.cn/p/2985462.html.

Zhou, Su’en. “Silver Wave Exposes Challenges of Eldercare; National People’s Congress Deputies and Chinese People’s Political Consultative Conference Members Call for Urgent Measures to Address Pension Funding Shortfall.” (in Chinese). *People’s Daily*. March 4. Accessed from http://finance.people.com.cn/n/2014/0304/c1004-24516705.html.

Zhou, Xueguang. 2022. *The Logic of Governance in China: An Organizational Approach.* California: Stanford University Press.

Zhu, Jianfeng., Tianshu Pan., Hai Yu and Dong Dong. 2017. “Guan (Care/Control): An Ethnographic Understanding of Care for People with Severe Mental Illness from Shanghai’s Urban Communities.” *Culture, Medicine, and Psychiatry* 42 (1): 92-111.

Zigon, Jarrett. 2007. “Moral Breakdown and the Ethical Demand: A Theoretical Framework to an Anthropology of Moralities.” *Anthropological Theory* 7 (2): 131-50.

Zou, Xiang, Ruth Fitzgerald and Jing-Bao Nie. 2020. “‘Unworthy of Care and Treatment’: Cultural Devaluation and Structural Constraints to Healthcare-Seeking for Older People in Rural China.” *International Journal of Environmental Research and Public Health* 17 (6). DOI:10.3390/ijerph17062132.