Welcome to “Pine Tree Hall”:
An Ethnography of Caregiving for the Elderly in Beijing

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Abstract

Drawing upon ethnographic observations from Songtang Guanhuai Hospital, the first institution to offer hospice care in Beijing, China, this paper is an anthropological examination of caregiving for the elderly within a contemporary, urban Chinese context from the perspectives of patients and both professional and familial caregivers. Taking a phenomenological approach to anthropology, this article explores how Chinese individuals approach the illness experience, the aging process, and the end of life of elderly family members and patients, and aims to understand the particular Chinese cultural ideologies of caregiving for the elderly. By focusing on the notion of “sensibility,” or that which allows each individual to experience in her own way the challenges and realities of moral experience, I argue that not only is the practice of caregiving a fundamentally intersubjective process, but moreover that the experience of giving care in a Chinese setting is intersubjective in culturally specific ways. Through ethnography it is possible to examine how subjectivities are shaped and how intersubjectivity is experienced within the Chinese context. This article demonstrates how the active commitment to and the moral presence of caregiving emerges in the lives of Chinese individuals amidst the confusion, messiness, and deep uncertainty of the aging process and the end of life in China.

Keywords: Aging, caregiving, China

Introduction

The front gate of Songtang Hospital is bright red, daunting in its color of authority, but it opens easily and closes shut again behind me with that distinct creak and clang of old metal. I enter a stone-paved courtyard, surrounded by the inclined roof tiles, the dark grey walls, and the distinct curvature of ancient Chinese architecture. The red and blue paint on the wood pillars supporting the building appears even more intense and more vivid in the gleam of the morning sunlight. It is early morning, and elderly people are sitting in wheelchairs under a large tent, kept warm by the sun and cool by the soft, mid-June breeze.

When I walk through the front entrance, past the group of people watching the daily news on the television, I notice that there is a staff meeting taking place in the lobby. I stand to the side and watch, unnoticed. The staff are most easily identifiable by uniform. I count four or five doctors in white, ten or so nurses in white and blue, and fourteen young-looking nursing assistants in light pink. At the end of the meeting, everyone sings a song that celebrates giving love and care for the elderly, and then each goes her own way, criss-crossing paths with one another in the brisk and busy momentum of Monday morning.\(^1\) I walk up to the front desk and politely ask the woman at the desk to call Head Nurse Zhang who had previously agreed to show me around the hospital today.\(^2\) Hanging up quickly thereafter, she tells me to take a seat and wait, and then she goes back to chatting with the other staff.

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\(^1\) For consistency, I use the female pronoun throughout this article.

\(^2\) I have used pseudonyms for all the individuals featured in this article.
I pace slowly around the lobby and notice the collage of colorful pictures of elderly people printed on the walls. In these photos, they are smiling, shaking hands with foreign visitors, celebrating birthdays, and holding babies. The smiles in these images are meant to show the happiness and kindness of true *guanhuai*, or “care,” that is provided for the patients at Songtang. After peering at the pictures for as long as I can bear, I take a seat in a plastic chair near the front desk. At least twenty minutes pass and I wonder how long I will have to wait.

Just as I tell myself to stop glancing restlessly at the clock on the television screen, several doctors and nurses suddenly gather in the main lobby, surrounding a hospital bed. Crowding around the metal rails of the bed, the doctors and nurses speak with one another without showing any signs of distress or pressing urgency. Soon after, the bed is pushed gently to the side, next to one of the walls with the frozen smiling photographs. The staff depart in their own ways, a flurry of blue and white coats criss-crossing each other in all directions again. A stark image: a lone hospital bed against the grey wall, lit dimly in the flickering fluorescence of the lobby. From my seat, I can only see a pair of feet showing underneath a thin, white sheet. I wonder if this person is waiting to be taken to the emergency room or to the intensive care unit. In a few minutes, a man dressed in plain clothes comes and wheels the bed away and out of sight. The staff and the nurses at the front desk are chatting busily. “Who died?” one of them asks, and then the chattering goes on as they try to figure out who it was.

*Background*

An anthropological inquiry of caregiving at the end of life is the exploration of a universal experience that tells us something profound about what it means to be human—to alleviate suffering and to suffer, to be part of a terminal illness experience, and to discover meaning in the midst of uncertainty. This panhuman condition of giving and receiving care, at the same time, occurs in particular ways at the level of local experience. This article is a critical examination of the particularities of caregiving at the end of life in modern-day, urban China, through an ethnographic lens that looks into the “sensibilities” of distinct individuals involved in the process of caregiving. I define sensibility as the innate aspect of the individual that transforms sensory perceptions of the social world into a kind of experience that both “makes sense” and is imbued with meaning. In this understanding of the term, sensibility is neither the more cognitively based notion of “disposition,” nor is it the externalized sense of “personality”; rather, it constitutes a full, detailed, and intimately meaningful orientation to the world, and allows one to become more attuned and sensitive to the unpredictable phenomena of the world.

In China, caregivers and care receivers approach the practice of *guanhuai* through both an individual sensibility and a cultural sensibility that is unique to core Chinese values and meanings that have been shaped through historical and social processes. I argue that both these personal and cultural sensibilities interweave in particular ways that are crucial to how care is experienced practically, emotionally, and morally in the lives of various individuals involved in caregiving.

In 2011, as part of the ethnographic research I conducted for my senior thesis project in social anthropology, I had the opportunity to volunteer at Songtang Guanhuai Hospital every other day for four weeks over the course of two months. Songtang Hospital is the first institution of its kind in Beijing to provide hospice and palliative care for its patients. A typical, half-day visit to Songtang Hospital for me included ‘shadowing’ the head nurse on her daily duties throughout the hospital, interacting with staff and visiting family members, and sitting and speaking with elderly patients. Based on this work, in this article I explore the roles and experiences of professional and familial caregivers and elderly patients, as well as the

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3 All conversations and interviews were conducted in Mandarin Chinese without the aid of a translator.
relationships between them, when illness and death occur not at home but in a social, medical institution.

Aging in China Today

The development of elderly and end-of-life care is a crucial concern for China today as it faces a large, rapidly aging population. The National Bureau of Statistics of China shows a population of 184 million that is aged 60 or older, making up 13.7 percent of the total population in mainland China, at the end of 2011 (National Bureau of Statistics 2011). This age cohort is expected to reach 248 million by 2020 (People’s Daily Online 2006), and over 30 percent of the population is projected to be aged 60 or older by 2050 (Banister et al. 2010:1). Furthermore, the 2010 national census shows a population of 19.6 million in Beijing (Xiong 2011), with more than two million aged 60 or older (People’s Daily Online 2006). The aging population in Chaoyang District, where Songtang Caregiving Hospital is located, comprises 17 percent of the city’s total aging population (People’s Daily Online 2006), or approximately 340,000 people aged 60 or older.

Given this very recent and necessary effort to improve the quality of life for the elderly in China, it is surprising to note the considerable absence of anthropological literature that delves into end-of-life caregiving in modern-day China through ethnographic research and writing. This paper aims to open a space for further social, and particularly medical, anthropological discourse on what is at stake in the lives of Chinese individuals at the interface between aging, illness, and caregiving.

Caregiving: An Anthropological Inquiry into Experience

A subdiscipline of social-cultural anthropology, medical anthropology engages with “many of the most vital issues that define what it means to be human” (Good et al. 2010:1), seeking ways to understand the particular modalities of illness, death, suffering, and healing for various groups of individuals situated in socially and culturally specific settings. One trajectory of inquiry within medical anthropology draws upon cultural phenomenology and focuses on embodied illness experience. Emerging from the philosophical traditions of Edmund Husserl, Martin Heidegger, and Maurice Merleau-Ponty, as well as the writings of John Dewey and William James, phenomenological anthropology is “the study of things as they appear in our lived experiences” (Desjarlais and Throop 2011:88). Phenomenological anthropology shifts away from a “classical” analysis of political, kinship, and symbolic structures toward an understanding that “for the most part human beings live their lives independently of the intellectual schemes dreamed up in academe, and that the domain of knowledge is inseparable from the world in which people actually live and act” (Jackson 1996:4). This interpretive or “meaning-centered” approach to anthropology has explored an array of topics especially related to the concerns of medical anthropology that include embodiment and bodiliness, pain and suffering, illness and healing, sensory perception and experience, and subjectivity and intersubjectivity (Desjarlais and Throop 2011).

The notion of subjectivity can be understood as part of the transformative inner life of the person embedded in her social, cultural, historical, and political world that necessarily involves the subjectivities of others around her. Anthropologists Arthur Kleinman and Erin Fitz-Henry argue:

Experience is intersubjective inasmuch as it involves practices, negotiations, and contestations with others with whom we are connected. It is also the medium within which collective and subjective processes, fuse, enter into dialectical relationship, and mutually condition one another... Experience, then, has as much to do with collective realities as it does with individual translations and transformations of those
realities. It is always simultaneously social and subjective, collective, and individual (Kleinman and Fitz-Henry 2007:53).

In this sense of intersubjectivity, experience is about engagement, through the making and remaking of values and meanings, and it becomes moral in its commitment of the self to others. Kleinman writes, “Moral experience is always about practical engagements in a particular local world” (1988:365). It is an uncertain and always shifting terrain on which we both carry out the practices of our daily lives and set out to share, negotiate, and interpret our relationships with others.

The moral experience of caregiving is a daily reality for many families. Caregiving is defined as the practical assistance of providing health or social care for others in need. It is also about concern, support, and presence. Caregiving is a moral commitment, inseparably tied to subjective, social, and cultural values, virtues, and meanings of illness and suffering. Feeding, dressing, changing diapers, toileting, washing, giving medicine, staying awake for whole nights—these are a few of the everyday activities of the caregiver. Being fully present, seeing another human being’s inability to move or to communicate, and experiencing for oneself the closeness of another’s cognitive or physical struggles, pain, and suffering—these are the moral realities in the act of giving care. Kleinman writes, “Caregiving is a practice of empathic imagination, responsibility, witnessing, and solidarity with those in great need” (2009:293).

In the commitment to care for another, the experience of caregiving is fundamentally intersubjective, necessarily going between caregiver and care receiver and having the potential to transform both their experiences. Being able to eat, to move, to relieve oneself, to feel less pain, to feel clean—these are some of the positive, practical realities for the individual receiving care. Feeling connected to another through conversation or physical touch, feeling respected and acknowledged—these are some of the ways in which caregiving morally and emotionally transforms the care receiver’s illness experience.

In China, it is generally considered the responsibility of the family to care for an elderly family member. The Confucian notion of family reverence and filial piety is one of the major traditional values in Chinese culture that holds together the family unit in providing care for an elder (Ikels 2004) and continues to play an important role in maintaining a moral standard for elderly care in China today, although it is expressed in different forms and modes that have resulted from the changing values and experiences of individuals living in modern-day Chinese society. In this ethnography, building upon a phenomenological framework of sensibility, I argue not only that the practice of caregiving is a crucial intersubjective process but also that the experience of giving care in a Chinese setting is intersubjective in specific cultural ways. Through an analysis of Chinese social and moral relationships, including notions of guanxi (“social relations”) and family reverence, it is possible to understand in greater depth the particularities of Chinese cultural ideologies of caregiving for the elderly.

Much of the existing literature on caregiving for the elderly has taken a sociological and health policy-oriented approach that examines caregiving within changing demographic and health care contexts (Liu and Kendig 2000, Szinovacz and Davey 2008, Fleming and Hagan III 2010). More interpretive or meaning-centered studies have employed specific phenomenological research methods (van Manen 1990) to extract the clinical implications of caregiving in the practice of medicine and nursing (Connell 2003, Corker 2010). These research studies make significant contributions to the development of elderly care programs and policies in European, American, and East Asian health care systems. In this article, however, I take an anthropological approach, through the ethnographic interpretation of individual lives, in order to gain insight into the realities of caregiving in China.
In terms of its sheer sense of place, as well as its history and its approach to giving care, Songtang Hospital is unlike any other care facility I have ever visited. Upon first glance, it is the old, stone architecture of the building that is most striking. Then, as I walk through the front entrance and into the hospital, my senses struggle to adjust to the dimness of the hallways and the silence of these small rooms that house all together more than three hundred patients.

Founded as a private hospital in 1987 (though some sources say 1990), Songtang is the first end-of-life care institution in Beijing and has become well known for its holistic, patient-oriented care that attends to the physical, psychological, and spiritual well-being of the individual. The character song in Songtang is that for “pine tree,” signifying long life, and tang means “grand hall.” Together, the meaning of these two characters can be interpreted as “the everlasting home.” Located in east Beijing, the hospital provides care to patients of various health conditions and social backgrounds. Some are elderly patients with diabetes, cardiovascular disease, dementia, or cancer; others are in persistent vegetative states. Songtang also provides care for mental health patients who do not meet the strict criteria of mental health institutions, as well as infants who are born with severe disabilities. For some, Songtang is a nursing home (yanglaoyuan); for others, the hospital provides specific care at the end of life, including a vigil service for the actively dying and the deceased. Because the hospital is not government-sponsored and depends on private funding, Songtang is unsurprisingly short-staffed. In each rotation, there are five physicians, ten or so nurses, and fourteen nursing assistants. There is also one personal care attendant (often with very little training) per room, who feeds, washes, and monitors the patients around the clock and maintains the cleanliness of her assigned room.

Through a series of short vignettes based on my interactions with the staff, patients, and family members, my observations at Songtang set out to paint a portrait of the particularities of caregiving in the context of an atypical Chinese hospital as they are viewed from these distinct perspectives.

Nurse Zhang: The Charismatic Presence of Caregiving

Back in the main lobby, I am still waiting for Head Nurse Zhang. None of the staff at the desk seems surprised by the death this morning. I walk out toward the entrance where there is a large television blaring at full volume. Five or six elderly men sit motionlessly around the television in chairs and wheelchairs, watching the news. Some turn to glance at me, then wordlessly turn their attention back to the screen.

I wonder, is this how everyday life is lived among the elderly and the sick in a Chinese care facility? In her compassionate retelling of life at a Jewish Senior Center in America, Barbara Myerhoff (1994) contemplates the sense of invisibility felt by the elderly to the world around them and to themselves. She writes:

Some people in their midst seemed to fade away, as if the color had bled out of their countenance, leaving behind vague forms. These people no one spoke to, no one greeted or touched. Periodically, they came back to life, in a short, sharp outburst of singing, dancing, praying, fighting, or eating, emerging from behind a veil as fully realized presences. [Myerhoff 1994:143-144]

Myerhoff’s vivid and somber reflection of the loss of sentient life among the very elderly resonates with my own observations of many of the patients at Songtang Hospital. I learn quickly, however, that these contrasting moments between vague blankness and lively awakening often occur with a simple greeting, eye contact and a smile, a light touch of the hand.
—gestures we forget to make consciously in our lives that express the necessity of being present with others.

I meander back to the lobby in case I spot Nurse Zhang. A man dressed in plain clothes finally comes to get me, and I follow him to Nurse Zhang’s office. There are wheelchairs in the dark hallway, and we walk past a number of patient rooms that evoke the solemn and heavy feeling of an intensive care unit in their stillness and muted silence.

At the end of the hallway, we arrive not at Nurse Zhang’s office, as I had imagined, but rather at her living quarters—a cramped, concrete space no more than eighty square feet. Dim, small, and messy, filled with the smell of tobacco, this is a room filled to the brim with the presence of a person’s life. Dressed in a white uniform, Nurse Zhang is sitting on a low stool by the computer, smoking, and seeing me, she beckons me in.

Nurse Zhang is fifty-one years old. She is not a nurse, but the director of nurse management and administration at the hospital. She oversees the nurses, nursing assistants, and care attendants, and spends much of her time with the patients and their family members. For four weeks, she is my guide to Songtang Hospital. From day one, she shows me around the hospital, introducing me to the patients and the nurses as “a compassionate child from Canada.” She has worked at Songtang Hospital for nine years, having seen many of the administrative and structural changes the hospital has undergone throughout the years.

Raised by her nainai, or “grandmother,” Nurse Zhang has a special way with the elderly. “I loved my grandma more than anyone. I have a certain kind of yuan with elderly people,” she tells me. The word yuan signifies a notion of fate and connectedness that is tied to Chinese cosmology and Buddhism and poetically used only in the most meaningful circumstances.

Indeed, she is gifted with the elderly patients here. When they sit outside in a circle under the tent in the courtyard in the morning, Nurse Zhang sings and dances along to the music, jokes, and cheerfully addresses each elderly person individually. When she walks into a room, family members, care attendants, and patients alike greet her with pleasure and excitement. For the patients and their family members, whose faces light up with smiles when they see her, Nurse Zhang is the charismatic presence of a professional caregiver. With her sense of humor, straightforwardness, and distinctive low voice, Nurse Zhang’s presence is enlivening and reassuring to patients and family members. Her singing, dancing, bodily contact and gestures animate the hospital’s elderly patients who lie immobile in bed everyday, and offer through active presence and personal engagement the possibility of comfort, security, and hope to families and patients alike.

In comparison to familial caregiving, the practice of professional caregiving often appears to be removed at an emotional, and thus moral, distance. Professional caregivers, in a way, simply and inevitably seem to “care less.” Kleinman writes:

Professionals of all types simply do not have enough at stake in their relations with patients… to invest themselves into their caregiving practices. Moreover, institutional settings further limit the experience of professionals, impairing them from bringing the fullness of their presence into interactions with patients and families. [Kleinman 2010:19]

Nurse Zhang, however, as a professional caregiver in a demanding health care facility, has overcome these seemingly fundamental constraints in her own act of giving care to the patients at Songtang. Her prominent physical presence translates into the moral presence of caregiving for those whose chronic illness experience takes place not at home but in a hospital setting. By enacting the values according to which she is able to make meaning in her own life, Nurse Zhang’s sincere engagement with patients and family members is a moral commitment to recognize the illness experiences of those around her and their need for care.
“It is important to have someone do this kind of difficult job,” she says, acknowledging the challenging nature and the necessity of her position. Nurse Zhang has a professional commitment and moral obligation in her everyday work with the elderly, with those who suffer from long-term illness, and with those who are soon nearing death. Weaving between an individual sensibility that is shaped by personal history and a cultural sensibility that draws upon certain values and meanings, this sense of obligation comes from not only her personal background as a child raised by her grandmother, but also the deeply embedded Chinese tradition of filial piety in caring for one’s elders. Nurse Zhang takes on this practical and moral responsibility for the well-being of others in her role as a professional caregiver by being present in the lives of the patients, family members, and staff who depend on her, with whom she has created significant and meaningful interpersonal bonds. She appears strong, unwavering, authoritative, and faces the daily challenges that await her with an action-oriented, pragmatic sense of duty.

Her work is not without risk, however; there is much at stake for Nurse Zhang in her own health, happiness, and moral well-being. She tells me that sometimes she feels like “collapsing” (bengkui) under the pressure of the painful and difficult situations of patients’ illnesses, suffering, and deaths. With no vacation and very little opportunity to leave the hospital—though she sometimes schedules outdoor weekend trips with friends she made through online groups, showing me pictures and videos on her computer afterward—she wishes she could get away and take a real break. She looks overwhelmed by the immensity of her work when she says this.

Nurse Zhang’s professional responsibility to oversee the quality of life of the hundreds of patients in Songtang brings her close to the lived experience of illness and death. In her daily work, Nurse Zhang is exposed to the immediacy of others’ chronic pain and suffering, placing her in an “experience-near,” intersubjective space that inevitably shapes her personal process of making sense and meaning in life. At the same time that she confronts the solemnity and heaviness of the constant suffering around her, Nurse Zhang experiences moments of light-heartedness and laughter when she jokes with the other staff or when she checks in on patients and their visiting family members. Together, these moments of exhaustion and of joy and lightness in Nurse Zhang’s daily moral experience at Songtang demonstrate the emotional challenges and the ambivalence of caregiving that are not merely professionalized but part of the interpersonal act of giving care.

Carrying One’s Parents: Filial Children as Caregivers

One morning, Nurse Zhang shows me the second floor of the wing on the other side of the hospital building. We stop in every room, Nurse Zhang speaking loudly with her usual strong presence, charming the elderly patients and their family members. We enter one of the largest rooms, which has nine patients. The headboards of four and five narrow beds are stacked closely against each wall. This is a room of women, some quite young and immobile. Walking in, we are warmly greeted by a number of women—daughters feeding lunch to their mothers.

“Children bring their parents here when they themselves become ill or when they no longer have the means to take care of their parents,” Nurse Zhang explains to me. One of the daughters, she says with praise, comes to visit her mother every day, bringing her lunch and fanning away the summer heat, which will soon become intolerable with July’s arrival. “These are our filial sons and daughters,” Nurse Zhang says proudly, referring to those adult children who are committed to the care and well-being of their elderly parents, despite both the challenges they may face in the caregiving process and the concerns they may have in their own lives.
The word *xiao*, which means filial, is one that we hear and see in everyday Chinese life. The terms *xiaojing* (translated as “filial piety” or “family reverence”) and *xiaoshun* (translated as “filial obedience”) represent the virtue of ultimate humaneness toward one’s family in Confucian Chinese culture, which has deep reverence for others—practiced and cultivated with a sincerity and truthfulness of spirit—at the crux of its values for moral experience. The classic notion of filial piety emphasizes loyalty and compliance toward one’s family in both practice and in sentiment, denoting an active commitment to being present with one’s family. A filial child not only performs his obligations but also “finds pleasure in respecting” his parents (Rosemont Jr. and Ames 2009:112). In China, children have historically been socialized within the lived values of filial piety (Whyte 2004:106). Through a lifelong journey of learning and self-cultivation according to classical Confucian principles, the virtues of reverence, loyalty, and deference have become a core part of Chinese intersubjectivities in caregiving for the elderly.

Although it is a necessary responsibility that “should be done” (*yinggai zuode*) (Stafford 1995:82), filial piety is not easy to “carry on one’s shoulders.” At the level of language, the ambiguous modern-day interpretation of the Chinese character *xiao* (孝) reflects the ambivalence that exists in the practice of filial reverence in daily life amidst modern-day China’s changing moral landscape. The character is comprised of two separate radicals: “son” on the bottom and “elder” on top. In modern-day China, this character can be interpreted as “child lifting and carrying parent” or, in a more critical reading, as “parent weighing down child.” The modern-day ambivalence toward filial piety both as an uplifting responsibility and a burdensome duty indicates that filial piety can no longer be understood as a set of moral criteria fixed in traditional thought, but rather as malleable and shifting values that are “situationally dependent and shaped by local circumstances of history, economics, social organization, and demography and by personal circumstances of wealth, gender, and family configuration” (Ikels 2004:2). A deeper and more nuanced exploration of the role of filial piety in modern-day China entails a necessary consideration of the particularities of these locally contingent moral worlds at play in the interpersonal relationship between adult child and aging parent. Rather than approaching these long-established ethics—or “moral standards”—as ones that dictate and pre-determine categories of living life, I understand filial piety and family reverence as cultural inflections that enter the discourse and practice of daily life, through which values are identified and meaning is created in individual experience.

At Songtang, familial and professional caregiving intersect in the practice of filial piety toward the elderly. Traditionally, it is considered most filial for adult children to care for their parents at home. However, in modern-day, urban areas like Beijing, the decreasing availability of adult children to provide day-to-day care for their elderly parents due to economic, demographic, and social changes in recent years has led to residential care facilities becoming an increasingly viable—though not necessarily preferred—option for the elderly (Cheng et al. 2010:365). At Songtang, some children never come to see their parents, while others come every day with food and music. For some, Songtang becomes the “everlasting home,” a place where elderly parents feel safe, and their children feel assured about the quality of professional care that is being provided. Despite not providing care for their parents at home for individually specific reasons, these children are still able to act filially as caregivers. In the same way that Nurse Zhang embodies a physical and moral presence of caregiving, the physical proximity of family, especially children, is translated into an actively engaged, moral presence of care.

Making the commitment to care for one’s parents toward the end of life is a moral act that is inseparable from the role of *guanxi* (generally translated as “social relations” or “social networks”) in the formation and preservation of interpersonal relationships in Chinese society. Though used more often to signify interactions with specific social objectives, the word *guanxi*, in its most basic sense, can also be used to refer to a personal relationship between two
individuals.5 “How is her guanxi with her mother?” one could ask. Chinese sociologist Xiaotong Fei delineates the ties of guanxi as “both normatively defined and strictly personal” (1992:22). Interpersonal relationships in Chinese society are maintained by the fulfillment of personal obligations performed within an “explicit category of social relationship” (Fei 1922:22). Without this crucial interconnectedness between individuals in their moral obligations toward one another, “the entire social system collapses” (Fei 1922:24). This understanding of the term guanxi, localized from its social definition to its more fundamental meaning in the context of elderly caregiving and filial piety, emphasizes the specifically Chinese idea of maintaining interpersonal relationships as the fulfillment of obligatory social roles and, thus, the upholding of one’s social world. It provides a critical lens for understanding in more depth the kinds of bonds that extend beyond conventional kinship ties that are created and sustained in the intersubjective process of caregiving in China. In this final section, I present the ethnographic vignette of one patient in Songtang whose experience poignantly and remarkably illustrates the intersubjectivity of giving and receiving care through the expression of individual sensibility.

“Heart Condition” Laughter and Hope amidst Suffering

In the coming weeks, this large room of nine patients, Room 212, becomes the spirited, busy, often noisy, and unexpectedly light-hearted place in which I spend most of my days at Songtang. Nurse Zhang introduces me to Wang nainai, her neighbor Chen nainai, and Chen nainai’s daughters.6 By engaging in lively conversation with these women, I am exposed to the patient’s own moral experience within Songtang Hospital. By spending time with Wang nainai in particular, I witness how her individual sensibility allows her to endure her suffering and her aging process within a medical institution through the sustenance of relationships and the crucial presence with which she both experiences her own illness and remains connected to the world around her.

Wang was paralyzed after a spinal cord injury at the age of 18. Now 70 years old, she has spent almost exactly four years at Songtang. She is the most lucid, knowledgeable, and most delightful person to speak with in the entire hospital, according to the staff and family members who trickle in and out of the room. I quickly realize for myself this truth. Every time I visit, Wang welcomes me to sit at her bedside. We talk for one or two hours at a time, both of us asking questions about the other’s life. Her spinal cord injury damaged much of her body’s central nervous system, so that she is able to move only her arms but not bend her fingers. Unable to sweat, she finds the stifling, humid summer heat unbearable. She endures, however, with little complaint, dipping her hands into the lukewarm water of a yellow, plastic washbowl at her side, wetting her face and arms every few seconds.

In the bed next to Wang is Chen nainai, a frail, 96-year-old woman who is unable to move her legs after a bad fall. Every day, one of her four daughters comes to visit. I meet three of them on separate days; each has a distinct personality, a different way of caring for their mother, and a close relationship with Wang. Their mother has been at Songtang for exactly one year. Chen constantly murmurs to her daughters, never eating much and spending most of her time sleeping.

5 In China today, it is common to use guanxi to refer to specific interactions with individuals of a certain status that work in one’s favor. For example, a sick individual may develop guanxi with a well-known doctor in order to get preferential treatment earlier in his illness. I use the word guanxi to refer more generally to the moral relationships between individuals, including family members.

6 Nainai signifies “grandmother” and is also used as a term of respect to address women who are two or more generations older than the speaker.
“When my brother died, that’s when my mother’s health took a turn for the worse. We tried to hire a caregiver at home for her, but it wasn’t working out, so we decided to put her in Songtang. None of us wants her here,” says Chen’s oldest daughter, a schoolteacher, sitting on a stool between her mother’s and Wang’s beds. “It is such a relief for all of us to know that our mother stays next to Wang, and it makes every visit so enjoyable when we can chat with Wang with such ease and comfort. We have become like family.” This affirmation not only expresses the reassurance Chen’s daughters feel about their elderly mother’s safety and comfort at Songtang in her physical closeness to Wang, but also illustrates the significant relationships, or guanxi, between Chen’s family and Wang that extend beyond what is generally understood as strictly kin relations.

Another day, I meet Chen’s youngest daughter. She has brought two bowls of porridge for the two old ladies to share. She tells me, “Despite Wang having been immobile for so many years, it does not seem at all like she is out of touch with reality or society. She is someone who is cultured. You can talk to her about anything, and she will offer an insightful and interesting opinion.” Indeed, Wang’s connectedness with people, as well as her optimism, her resilience, and her warm sense of humor, seems to be a natural part of her sensibility.

“I am lucky. People have always liked me,” Wang says modestly. Her friends tell her that she has renyuan, which means “fate or destiny to be connected with others.” High school classmates used to say that the teachers liked her the most. During her two-year recovery at the hospital following her injury, the nurses would stay after normal work hours to sing songs and read stories with her. Often, as I am sitting at her bedside, she receives a phone call on a cellphone her siblings bought her—usually from a friend asking how she is and when they can come visit. Here at Songtang, in the words of Nurse Zhang, the room’s personal care attendant, and the family members whose parents live in this room, Wang is well-liked and respected for her kindness and engagement with others.

At the same time, Wang does not disregard the realities of her own situation, nor does she ignore the limitations of available care at Songtang. She lives the moments of every day in this room, unable to move, with only a plastic washbowl to help cool herself down. She cannot go outside in the mornings to sit under the tent and enjoy the sunlight. She awakens and sleeps in the immediate closeness of the suffering of the eight other women in this room. In her bed, she lies between quiet, murmuring Chen and an elderly woman with advanced dementia. For years, she has witnessed the flux of old patients leaving and new patients entering this room—a rotation of sick bodies living their distinct illness experiences that is marked by the temporary emptiness of a bed and the changing of white sheets. These are intersubjective daily realities that can undoubtedly lead one to a psychological self-seclusion and withdrawal of engagement with others.

Yet, surrounded by this constant suffering of others around her, Wang’s xintai is good. Literally “the condition of her heart,” xintai signifies not only emotional well-being or a healthy mentality, but moreover an ethos—“the tone, character and quality of life, its moral and aesthetic style and mood… the picture they have of the way things in sheer reality are” (Geertz 1993:89). Wang’s xintai and her renyuan (“fate to be with others”) have facilitated her connectedness with others. In her interactions with Chen’s daughters, with Nurse Zhang, and with me, it is clear that Wang has a special ability to create and uphold social relationships with ease, sincerity, open-mindedness, and kindness. In the moral experience of her daily life at Songtang, Wang draws upon her sensibility to make and maintain guanxi, in terms of the relationships that extend beyond traditional kinship bonds, allowing her to be connected with others, remain present in her daily life, and retain a positive xintai amidst suffering and uncertainty despite her paralysis and her aging experience confined within Songtang Hospital.
Conclusion

At Songtang, these snippets of different lifeworlds are tied together—neither neatly, not wholly, but connected nonetheless—by the act of giving care. Caregiving for the elderly and for those at the end of life is an intersubjective experience in its ability to have a positive social, physical, and moral impact on both the care receiver and the caregiver. For hospital staff, family members, and elderly patients all together in the midst of illness, suffering, and death, being sincerely connected with one another allows for true and full guanhuai, or care, to flow between these distinct individuals. Drawing upon specific Chinese notions of guanxi and filial piety, which are not limited to their delineation as philosophical traditions but very much suffuse and shape individual lived experience, it can be argued that the fundamentally intersubjective act of caregiving in China allows for the practice and process of creating and upholding not only interpersonal bonds but also a spirit of presence between caregiver and care receiver.

In the moral worlds of these distinct individuals—patient, professional caregiver, and familial caregiver—and their illness and caregiving experiences, the idea of sensibility, as the combination of that which is personal and that which is social, historical, and cultural, provides a crucial way for each individual to respond to the complex, delicate, demanding, emotionally fraught, and immediate conditions of illness and suffering. In other words, sensibility gives each of us individually what we need in order to tread the uncertain and potentially volatile terrain of moral experience, through which we are then able to reconfigure, repattern, reinterpret, and rediscover meaning in our experience.

Emerging from the expression of sensibility, furthermore, the notion of presence plays a necessary role in the relationship between caregiver and care receiver, which is fundamentally built on concern, support, comfort, and solidarity. Guided by this idea (and ideal) of presence, we are able to better understand what is most at stake for those who give, receive, and need care in China today.

At Songtang Hospital, Nurse Zhang is a figure of authority for the other hospital staff and a figure of reassurance and reaffirmation of care for the patients and their family members. Her charismatic presence as a professional caregiver who overcomes the “moral distance” in order to connect fully with her patients is critical to the hospital’s mission to provide holistic, patient-oriented care. The presence of familial caregiving is also integral to the giving of care at Songtang. In Room 212, the everyday presence of one of Chen’s four daughters upholds more than a cultural standard of filial piety; through the practice of everyday caregiving, this presence keeps alive the relationship between mother and daughter. Moreover, Wang, despite her physical condition, demonstrates the presence of the patient amidst her own illness, aging, and suffering. Unlike many of the other patients at Songtang, for whom, “without natural audiences to be witnesses for their life… the engagement with the present [is] often tenuous” (Myerhoff 1994:143), Wang remains present in her own life, through which she creates and sustains meaningful relationships with those around her. All together, these may only be rare instances of fully present caregiving in modern-day Chinese society, in which many lives are lived in the complete absence of guanhuai, but it is in these particularities that we begin to understand and grapple with the realities of those who share with one another the crucial experience of care.

Anthropologist Michael Jackson writes: “How the particular is related to the universal is one of the most ubiquitous and persistent questions in human life. The question is taken up in different ways in different social contexts and different discursive domains” (1998:2). An anthropological study of elderly and end-of-life caregiving is both the exploration of a universal human experience and an inquiry into particular forms, values, and meanings of care in a specific, historically contingent, social context. These ethnographic vignettes of individual and interrelated lives at Songtang Hospital offer glimpses into the subjectivities and moral realities of caregivers and care receivers and illustrate the ways in which illness, aging, and end-of-life
experiences are transformed by the visible and deeply felt presence of care. Informed by traditional notions of family reverence and interpersonal relationships, as well as shaped by the social realities of available caregiving for the elderly in modern-day, urban China, it is the coming together of active presence, sincere engagement, and moral commitment that gives the practice of caregiving its culturally meaningful Chinese sensibility and tells us something truly fundamental about the condition of being human amidst the confusion, messiness, and deep uncertainty at the end of life.

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