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THE CONCEPT OF HEALTHY AGEING IN HONG KONG

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THE CONCEPT OF HEALTHY AGEING IN HONG KONG

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ABSTRACT

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The purpose of this study is to explore the concept of 'Healthy Ageing' in Hong Kong. The research attempts to explore the historical base from which 'Healthy Ageing' has been conceptualized in both Western and Chinese societies. This study also tries to provide an overview of literature that relevant to the 'Healthy Ageing' concept, and to provide an initial theoretical framework of 'Healthy Ageing' in a Hong Kong Chinese context.

This study mainly adopts a qualitative approach in exploring the meaning of the concept. Since that 'Healthy Ageing' is likely to be conceptualized from the concept of health and ageing, which have been here since the early days, a method of documentary analysis on the origin of the concept and the paths leading to what it is at present has been employed. To re-construct the concept in Hong Kong, this thesis works towards an explanation of the historical base of the concept of 'Healthy Ageing' in both Chinese and Western societies since Hong Kong has evolved from a mixture of both cultures. Comparative cultural analysis and research's own interpretation act as important roles in the present study to consolidate those raw documents in particular of the Chinese literature and construct a new model for the concept. Having constructed a model of 'Healthy Ageing', an expert in cultural studies was then interviewed at the end of May 2002 for verifying the model.

Adopting a comparative cultural analysis, this study found that the fundamental elements, say physical and psychosocial well-being, in conceptualization of health in both East and West are almost the same, but manifestations and interpretations show some variations. Chinese people are apt to manifest and interpret their concept of health by an holistic approach, while the concept of health in Western societies is more likely to be manifested in a "compartmental" approach. These variations are

basically derived from the differences of geo-cultural adaptations and the differences in individual lifestyles.

As to the concept of ageing, this study revealed that ageing subject as a process instead of an end-stage of life-span. According to one view of human beings, life-spans can be divided into eight periods: Prenatal (pregnancy), Infancy (0-3), Early Childhood (3-6), Middle Childhood (6-12), Adolescence (12-20), Young Adulthood (20-40), Midlife (40-65) and Old Age (65+). It is a natural and integral process of growing old starting from birth and ending at death, in which a continuous process of biological, psychological and social changes will be experienced in a person's life-course.

After reconstructing health and ageing concepts, a tentative model of healthy ageing was developed in this study. In this study, healthy ageing is an holistic and dynamic concept. It is a state of interactions and adaptations between people and the environment in attaining optimal health in one's life-span. It is a three-dimensional concept that encompasses health, health-ageing and health-ageing-environment dimensions. For the health dimension, there are six interrelated cross-life domains in achieving healthy ageing, which involve physical, psychological, social, economic, spiritual and environmental well-being. For the health-ageing dimension, people can achieve healthy ageing by attaining health in each stage of life. In this process, the health at younger stage influences the health at older stage. Thus, keeping healthy in early stage benefits the health conditions in later stages, although it cannot be said that what happens in early stage might not be unchangeable for later stages. Adopting health-promoting strategies in later stage can also provide opportunities for individuals to achieve healthy ageing. The health-ageing-environment dimension refers to the people-environment adaptation for attaining optimal health in their life-spans. Basically, people can ideally achieve healthy ageing by adopting health-promoting strategy at every stage of life. However, those favourable and unfavourable external environments will limit and change the opportunities for a person to achieve healthy ageing. To achieve optimal health in their life-spans, people are required to adjust themselves, adapting to their environment and also helping to shape the environment. Therefore, an individual-community approach is crucial for attaining healthy ageing.

I declare that this thesis <<The concept of Healthy Ageing in Hong Kong>> is the product of my own research and has not been published in any other publications.

CHIU Mei Lan Mandy
September 2002

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CHAPTER 1: INTRODUCTION

The concept of 'Healthy Ageing' was introduced by the Elderly Commission in late 2000 in response to changes in the demographic and health status of the Hong Kong population. However, this concept is based on Western ideas, and might not be applicable to, or truly reflect the life philosophy of, Hong Kong Chinese. Thus, this study aims to reconstruct the concept of 'healthy ageing' in Hong Kong society. This introductory chapter provides the background of the study, in which the rationale and justification of the study will be highlighted.

1.1 Background to the study

Before we deal with the rationale of reconstructing the 'Healthy Ageing' concept in a Hong Kong context, a description of the existence of the concept in Hong Kong society is necessary. These include changes in demographics, and in the physical, psychological and social status of Hong Kong's older persons and the development of ageing policy in Hong Kong.

1.1.1 Demographic ageing of Hong Kong's population

In accordance with the worldwide population trend, Hong Kong is now experiencing a 'greying' population, which is more advanced than in many other parts of the world

(Phillips, 2000). As stated by Chan & Phillips (2001), the Hong Kong ageing population was noticeable in the early 1970s, when those aged 65 or above constituted 4.5% of the total population in 1971, which increased to 6.6% (1981) and 8.7% (1991) respectively (Table 1.1). This growth of the ageing population continued at a rate of roughly 1% increase each five years, and older persons thus constituted 11.1% in 2001 of the whole population in Hong Kong (Table 1.2) (Chan & Phillips, 2001; Census and Statistics Department, 2001). As to the population projection, data provided by the Census and Statistics Department (2000) showed that the percentage of persons aged 65 and over is projected to be 17.3% in 2024 and 19.7% in 2029 (Table 1.3). As for the statistical data about median age, the median age of Hong Kong population in mid-1999 was 36 and is projected to be 41 in mid-2029 (Table 1.4). For the elderly dependency ratio, there were 153 persons aged 65 and over per 1000 persons aged between 15 and 64 in mid-1999 – a figure which is projected to be 309 by mid-2029 (Table 1.4). This remarkable demographic change raises concern about providing current and future generations with a long-term policy for care of the aged (United Nation, 2000).

Table 1.1: Growth of population aged 65 and above, 1997 – 2016

Aged 65 and above		
Year	Number (' 000)	% of Total Population
1971	178	4.5
1976	243	5.5
1981	327	6.6
1986	409	7.6
1991	482	8.7
1996	630	10.0
1999	---	11.0
2000	760	12.0
2016	---	13.0

Source: Census and Statistics Department (1997) Hong Kong Population Projection 1997-2016

Table 1.2: Population by age group, 1991, 1996 and 2001

Age Group	1991		1996		2001	
	Number	% of total	Number	% of total	Number	% of total
0 – 14	1 151 916	20.9	1 151 038	18.5	1 109 417	16.5
15 – 24	839 841	15.2	869 511	14.0	920 445	13.7
25 – 34	1 178 288	21.4	1 188 424	19.1	1 108 529	16.5
35 – 44	891 032	16.1	1 178 522	19.0	1 360 487	20.3
45 – 54	487 658	8.8	683 569	11.0	960 417	14.3
55 – 64	491 506	8.9	516 937	8.3	502 042	7.5
65+	482 040	8.7	629 555	10.1	747 052	11.1
Total	5 522 281	100.0	6 217 556	100.0	6 708 389	100.0

Source: Census and Statistics Department (2001)

<http://www.info.gov.hk/censtatd/eng/hkstat/fas01c/cd0032001e.htm>

Table 1.3: Mid-year population projections by age group for selected years

Age group	1999*		2004		2009		2014		2019		2024		2029	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
65-69	253.2	3.8	249.4	3.5	233.8	3.1	338.9	4.3	455.1	5.5	552.0	6.4	591.3	6.5
70-74	200.5	3.0	228.4	3.2	223.7	3.0	209.7	2.7	306.5	3.7	412.4	4.7	501.3	5.5
75-79	139.6	2.1	167.1	2.4	188.7	2.5	185.4	2.4	174.3	2.1	259.5	3.0	352.8	3.9
80-84	81.3	1.2	103.0	1.5	123.7	1.7	141.1	1.8	139.4	1.7	131.6	1.5	201.0	2.2
85+	60.2	0.9	73.1	1.0	94.2	1.3	118.1	1.5	140.4	1.7	148.4	1.7	145.6	1.6
Total	6 720.7	100.0	7 100.1	100.0	7 458.7	100.0	7 853.1	100.0	8 282.9	100.0	8 685.0	100.0	9 054.5	100.0

* Base year population estimates

Source: Census and Statistics Department (2000)

http://www.info.gov.hk/censtatd/eng/press/population/release_before2001/pop_proj2029_index.html

***Table 1.4: Key summary statistics: significant characteristics of the population for selected years**

	Mid-1999 ⁽¹⁾	Mid-2004	Mid-2009	Mid-2014	Mid-2019	Mid-2024	Mid-2029
Dependency ratio⁽²⁾							
Elderly dependency ratio	153	158	155	172	208	259	309
Median age	36	38	39	40	40	41	41
Notes:							
(1) Base year population estimate							
(2) Elderly dependency ratio: refers to the number of persons aged 65 and over per 1 000 persons aged between 15 and 64.							

Source: Census and Statistics Department (2000)

http://www.info.gov.hk/censtatd/eng/press/population/release_before2001/pop_proj2029_index.html

* Table 1.4 has been edited by the researcher

With regard to the physical status of the ageing population in Hong Kong, a high proportion of older persons suffer from poor physical health and functional impairment in recent years. Like the world health trend, non-communicable diseases (such as cancers, stroke, diabetes, and heart disease) are fast replacing the traditional infectious diseases (such as cholera, typhoid and tuberculosis) as the leading cause of disability and premature death in Hong Kong society (Elderly Commission, 2001).

The Healthy Ageing Report published by the Elderly Commission (2001) indicates that death from cancers and other chronic diseases has increased considerably over the past 40 years. In 1961, less than 38% of deaths came from cancers, and circulatory and respiratory system diseases, but this rate increased to 77% in 2001. The death rate from cancers was 13% in 1961 and this rate increased to over 30% in 2001. These non-communicable diseases are the major causes associated with disability and premature death. For the aged group, the report noted that 75% of the aged population suffered from one or more chronic illnesses. Almost half (48%) of them have high blood pressure and 40% have arthritis. Such chronic diseases directly affect the physical and functional ability of older persons.

Besides physiological changes in the ageing population in Hong Kong, there have also been changes in the psychological well-being of older persons in recent decades.

According to the study by Chan and Phillips (2001), dementia, depression, and suicide are the three main types of age-related psychological ailments for the elderly in Hong Kong. As noted in the Liu et al.'s study in 1993, and the studies conducted by the Hong Kong Council of Social Services in 1998, many older persons suffer from dementia. There are about 4% of those aged 65 or above with moderate to severe dementia, compared with 4-5% in other advanced countries. The percentage of dementia for older persons in care and attention homes and nursing homes is even higher, representing 37% and 94% respectively (HKCSS, 1998). Depression is another common type of psychological ailment among Hong Kong's older persons. As noted by Chan and Phillips (2001), while the rate of occurrence in the general population varies from 5% to 15%, depending on different therapies and different cohorts, the rate for Hong Kong's older persons is far beyond this range. According to the study conducted by Chi & Boey in 1994 and the study done by Ngan et al. (1996), the rate of depression for older persons ranges from 15% to 70%, with an average of around 45% (Chan, 1997). This implies that there are one in two older persons suffering from depression in Hong Kong society. A high elderly suicide rate has been recorded in Hong Kong and several other Chinese societies in the region over the past two decades. As noted by Chi et al. (1997), from 1981 to 1995, the average suicide rate in the elderly group was 28 per 100,000, whereas the average

suicide rate in the general population was 12 per 100,000. As compared with most other advanced countries, the elderly suicide rate in Hong Kong is very high: rates of only 20%, 16% and 12% are recorded in the U.S.A, in Australia and in New Zealand respectively. Such a high rate is often associated with depression (as has been mentioned before), changes in family structure, and inadequacy of social security provision (Chi et al., 1997). Those psychological ailments mentioned above directly affect the health and cognitive functioning of Hong Kong's older persons.

Other than the changes in physical and psychological status, there has also been a change in the social well-being of Hong Kong's older persons in recent years. Family support for Hong Kong older persons has weakened during the past few decades. As stated by Chi (1995), 'the traditional preference of the Chinese is for the elderly to live with their children, especially with sons'. However, as a result of changes in family structure within Hong Kong society, this preference has not been possible in the past decade. A decrease in household size and an increase in the number of nuclear families can be a significant indicator of changes in family structure, and of family support in Hong Kong. Data provided by the Census and Statistics Department (1991, 2001) shows that the average household size in Hong Kong has decreased from 4.5 persons in 1971 to 3.9 in 1981, and further decreased to 3.4 in

1991 and 3.1 in 2001 (Table 1.5). As for the number of nuclear families, this was the most dominant family type in the last decade, constituting 61.6% of the total number of households in 1991 - a figure which is going to increase in the near future (Census & Statistics Department, 1991). Regarding the living arrangements of Hong Kong's older persons, most of them are living in the community, and only 5% in long-term care institutions (Health and Welfare Branch, 1994). As for older persons living alone, there were 8.8% singletons aged 60 and above in 1999 reported by the Census and Statistics Department (1999) (Table 1.6). This change in family support directly affects the social well-being and life satisfaction of Hong Kong older persons.

Table 1.5: Domestic households and average domestic household size in 1971, 1981, 1991, 1996 and 2001

Population Census/By-census	Number of Domestic Households	Average Annual Growth Rate (%)	Average Domestic Household Size
1971	---	---	4.5
1981	---	---	3.9
1991	1 582 215	1.7	3.4
2001	2 053 412	2.0	3.1

Source: Census and Statistics Department (1991, 2001)

***Table 1.6: Elderly persons aged 60 and over living alone by age and sex in 1999**

Age Group	Male			Female			Overall		
	No. of persons ('000)	%	**Rate	No. of persons ('000)	%	**Rate	No. of persons ('000)	%	**Rate
60-64	7.7	9.1	5.5	3.6	4.2	2.8	11.3	13.3	4.2
65-69	11.5	13.5	9.2	7.7	9.1	6.4	19.2	22.6	7.8
70-74	8.0	9.5	9.1	10.0	11.8	10.7	18.1	21.3	9.9
75-79	6.3	7.4	10.5	11.5	13.6	15.3	17.8	21.0	13.2
80 or above	6.0	7.0	11.4	12.6	14.8	14.6	18.5	21.8	13.4
Overall	39.4	46.4	8.5	45.4	53.6	9.1	84.9	100.0	8.38

Source: Census and Statistics Department (1999)

* Table 1.6 has been edited by the researcher

** As a percentage of all persons aged 60 and over in the respective age and sex sub-groups. For example, among all males aged 60-64, 5.5% were living alone.

As to the economic status of Hong Kong's older persons, their economic well-being has become worse in recent years. As noted by the Census & Statistics Department (2000), only 16.7 % of all older people had retirement protection provided by their present and/or previous employers. This shows that the retirement protection for Hong Kong elders is insufficient, which adversely affects their economic well-being after retirement. As for their living conditions, 50.7 % of all elderly people resided in public rental housing and 34.1% resided in private permanent housing (Table 1.7). This suggests that most of them are in the lower class. As for the monthly personal income for older persons, 37.9% received less than \$1,999. The median monthly

personal income for older persons was \$2,600, which is a little bit higher than the amount receivable from the Comprehensive Social Security Assistance (CSSA)

(Table 1.8). This situation lowers Hong Kong older persons' quality of life.

***Table 1.7: Elderly people by type of housing**

Type of housing	Elderly people	
	No. of persons (' 000)	%
Public rental housing	492.4	50.7
Subsidized sale flats	138.2	14.2
Private permanent housing	330.9	34.1
Private temporary housing	8.8	0.9
Total	970.3	100.0

Source: Census and Statistics Department (2000)

* Table 1.7 has been edited by the researcher

***Table1.8: Amount of monthly personal income for elderly people**

Amount (HK\$)	No. of persons (' 000)	%
<1,000	168.1	17.4
1,000 – 1,999	201.9	20.9
2,000 – 2,999	189.5	19.6
3,000- 4,999	207.7	21.5
5,000 – 9,999	136.3	14.1
10,000 – 19,999	44.6	4.6
20,000 or above	22.1	2.3
Total	970.3	100.0
Median (HK\$)	2,600	

Source: Census and Statistics Department (2000)

* Table 1.8 has been edited by the researcher

Regarding the environmental well-being of Hong Kong's older persons, there has been an improvement over the last two decades. In 1987, the Housing Authority started to cater for elderly persons with its Housing for Senior Citizens (HSC) programme, which provided small self-contained flats, and shared accommodation. More importantly, in order to encourage family care for older parents, a range of "Families with Elderly Persons Priority Schemes" were also launched a few years ago. Besides the basic need for shelter, the HKSAR Government also recognized the importance of community service to older persons. Since the 1990s, the Housing Department has started to provide community service for older persons, such as regular home visits to the single elderly, recreational activities, elderly centers and so on. Emergency alarm systems have been provided for elderly persons living alone, and Self-care Hostels for the Elderly, Residential Care Homes for the Elderly, Care-and-attention Homes, Nursing Homes and Infirmary Units are both publicly and privately provided. Although the living environment for older persons is improving, there is still a room for the community to provide an environment which is even more favourable to future generations.

Spiritual well-being is also a crucial component of health, but it is difficult to measure whether there has been a change in this respect or not. Generally, spiritual

well-being refers to the religion and faith of a person; it varies among older persons and also among other Hong Kong Chinese. In Hong Kong society, there is freedom of religion. People can have their own beliefs, whether in religion or in faith, which can provide them with emotional and spiritual support. Amongst current older persons, most believe in Buddhism or Taoism. The principles of these beliefs enhance their spiritual well-being since they advocate that people should “cherish no worries” and “keep away from fame and gain”.

In response to the changes in the demographic and health status of older persons, different policies have been proposed by the Hong Kong Government (before 1 July 1997) and the Hong Kong Special Administrative Region Government (since 1997). With the rapid change in the demographic profile of Hong Kong after the Second World War, the need for elderly care was first noticeable in the 1970s (Phillips, 1988; Chow, 1996; Chan and Phillips, 2001) and the special needs of the elderly people in Hong Kong, like the need for health care, were first acknowledged. However, policy for elderly care and service was still limited due to the poor economic situation. Social welfare service still emphasized the needs of the general population, especially for improvements in sanitation. However, in the 1980s, the increase in the ageing population raised the profile of welfare services designed for elderly people,

and social services for the elderly as a separate service target group were organized and provided mainly by the Social Welfare Department (Chan and Phillips, 2001). With the help of a booming economic in early times of the decade (1990s), a variety of welfare services for older persons were provided, such as social centers and multi-services centers for older persons, home help services, day care centers and housing services. In the early 1990s, however, welfare services for older persons still remained at a remedial level.

Nevertheless, a new policy orientation was advocated in the mid-1990s due to the consolidation and contraction of Hong Kong's economy. On 1st July 1997, the sovereignty of Hong Kong reverted to China and elderly care was specially emphasized in the first 1997 Policy Address by the new Chief Executive, Mr. Tung Chee Hwa. In this Policy Address, he stressed 'Care for the elderly' emphasizing family support for older persons and community care, providing a sense of security, a sense of belonging and a feeling of health and worthiness for the aged. In the following two years, the contents of elderly care policy were focused on the mission identified in 1997. By late 2000, the Mandatory Provident Fund (MPF) had been formally implemented for enhancing the economic well-being of Hong Kong's future elderly savers – a development which came too late for the current and up-coming

older cohorts as they will not have contributed to the MPF. In late 2000, a new orientation for elderly care, 'Healthy Ageing', was initiated by the Elderly Commission to meet the challenge of ageing in the 21st century. As stated in *the Healthy Ageing Report* (Elderly Commission, 2001), 'Healthy Ageing is a total life-course approach in attaining optimal physical and psychosocial well-being. This initiative is the viewing of ageing as a positive process full of opportunities and needs. The focus is to improve the quality of life rather than curing and preventing disease'. The rationale of the mission is to promote a right attitude and direction for all people towards life, and hopefully to improve their well-being in long run.

This concept provided a new orientation towards disease and health in old age, which marked an advance from the traditional remedial and chronological view of age care towards a health promotion and lifelong ageing perspective (Chan, 2000). In this new orientation, both personal responsibility and social encouragement were emphasized as strategies in approaching healthy ageing. For personal responsibility, the report stressed the need to adopt a healthy lifestyle as young as possible so as to improve the physical and psychosocial well-being of each individual. In promoting physical well-being, sufficient physical activity, a healthy diet and quitting smoking are important lifestyle factors, whereas both cognitive and social functioning are the two

leading aspects in promoting the psychosocial well-being of the individual. For social encouragement, the role of society was stressed in taking responsibility for assisting older people to achieve 'Healthy Ageing'. This involves making it possible for older people to continuously participate in the community's economic and social activities so as to ensure for them an active and interesting later life; promoting environmental changes in communities – and, in particular, the barrier-free design of community facilities and amenities; developing a caring and concerned community; and promoting a positive image of ageing by placing emphasis on the potential contribution of older people (Elderly Commission, 2001).

Nonetheless, this concept of 'Healthy Ageing' provided by the Elderly Commission is principally a Western-based concept that was formalized by the World Health Organization (WHO), and it might not be applicable to, or truly reflect the life philosophy of, Hong Kong Chinese. Basically, there is few Western literature on 'Healthy Ageing'. Rober Butler, a well-known expert in gerontology, first advocated the terms in mid-1990s and the WHO adopted the same term since 2000, but has not yet a full definition except referring the concept to covering all aspects of health domains and active ageing. According to WHO (1999), 'Healthy Ageing' is an holistic concept, which encompasses complete physical, psychological, social,

economical, environmental and spiritual health. This premise focuses on maintaining health in the process of growing old. It is an individual-community approach to ageing, in which the individual, on the one hand, is required to adjust himself by adapting to the environment when aiming for optimal physical and psychosocial well-being, whilst, on the other hand, the community is also expected to help by creating a favourable environment for facilitating healthy living and 'ageing in place' for individuals. This living philosophy benefits the individual's quality of life in the process of ageing by giving a new approach to achieving the best possible life. It also helps society to face the ageing challenge, especially that of enhancing productivity in healthcare expenditure by providing a healthy living environment to every individual. This will help to bring about a 'compression of morbidity' - an optimistic view that changes in lifestyle will delay the age-at-onset, and the progression, of non-fatal disabling disease, so that the time lived with disease and disability will be compressed into a short period before death (Jagger, 2000). This supports the view that the concept provided by the Elderly Commission is a mainly Western-based concept that might not therefore be applicable to, or truly reflect the life philosophy of, Hong Kong Chinese, who are living in a different cultural environment.

Besides the different cultural environments, the concept provided by the Elderly

Commission still has some limitations. First of all, Hong Kong older people do not easily understand the concept since many of them are uneducated. They may guess that the term mainly covers physical health, with a varying emphasis on psychological, social, economic, spiritual and environmental aspects, but they may not be able to delineate those related concepts. More importantly, there has been a conceptual inaccuracy of the concept of the HKSAR Government as she adopted the term as a policy guide just uses loose definition to incorporate the physical and psychosocial aspects of living. Psychosocial well-being is actually a complicated and broad component of 'Healthy Ageing' which has not been clearly defined in the Report. In addition, 'Healthy Ageing' is an holistic approach to health and ageing, but the report has not illustrated the relationship between physical and psychosocial well-being, and the definition also divides physical and psychosocial well-being into two parts. Hence, to have a realistic and a better understanding of the concept, it is necessary to evaluate the meaning of the concept and hopefully redefine it, if need be, in an Asian context.

Although 'Healthy Ageing' is a relatively new term, it is built on many old concepts, and historical review of the origins of these related concepts and the paths leading to what it is at present will be helpful in reconstructing the concept in Hong Kong. In

the context of the development of ageing policy worldwide, 'Healthy Ageing' is a relatively new term. In the early 1950s, old people were often referred to as 'crocks' (Larkin, 2001). Many believe that ageing is inevitably characterized by increased disease, dependence, and a continual process of decline (Lynda, 1996). Older persons were often portrayed negatively in this period. In the 1960s, however, the phenomenon of ageing first began to attract serious attention. Butler, 'the father of geriatrics', helped create the 'new gerontology' (Luddington, 2000; Larkin, 2001). In 1976, Butler was single-minded in his efforts to overcome 'ageism'. However, there was still a feeling that ageing was a weak field without much substance. In the early 1980s, there was an ageing initiative in every institute in response to the ageing population trend associated with increasing disability. The main focus was on the quality of life of the older person. In this decade, 'positive ageing', 'productive ageing' and 'successful ageing' were emphasized accordingly. In the 1990s, the phenomenon of ageing populations began to be experienced all round the world. Butler first emphasized the need to find humane ways to finance and capitalize upon the new extended period of life. One priority was to advance 'Healthy Ageing' worldwide by teaching geriatric principles, health promotion, and lifestyle improvements. So not only medication but also the environment has to be adapted to the changing life course (Luddington, 2000; Larkin, 2001). In accordance with this

premise, the WHO brought this new initiative forward in 1996. It encompassed philosophies of 'positive ageing' (positive image of old age), and 'productive ageing' (economic well-being and continuing economic contributions) and 'successful ageing' (psychological well-being) since it was developed from those concepts. So, it is obvious that 'Healthy Ageing' is new terminology, but built on many old concepts, so that an historical review of the origin of these concepts and of the paths leading to what meaning the term has at present will be helpful in reconstructing the concept in Hong Kong.

More importantly, 'Healthy Ageing' is a blending concept generated from 'health' (in the sense of attaining optimal physical and psychosocial well-being) and 'ageing' (a total life-course approach) - concepts which have existed since the early days in both Chinese and Western cultures. The origin of the concept and the paths leading to what it is present are better understood by a historical review of relevant materials over the years. Assuming that the basic essentials, say physical and psychosocial well-being, are almost the same, the expressions nowadays are different as a result of being influenced by the people-in-environment adaptations. Therefore, the present study proposes to explore the common basis from which 'Healthy Ageing' has been conceptualized, as well as the variations in the present day expressions of the

‘Healthy Ageing’ concept.

1.2 Rationale for the study

There is limited literature discussing the concept of ‘Healthy Ageing’ in Hong Kong.

The report published by the Elderly Commission is probably the one with the highest authority. Based on this report, various community promotion activities are proposed.

For example, in 2000, the Hong Kong Council of Social Service (HKCSS) organized a Health Ambassador programme and cooking competition to promote the message of ‘Healthy Ageing’. Lingnan University conducted a Young -Old Partnership Internet Project to promote the inter-generational relationship between the young and the old. Others, such as the University of Hong Kong, provide training programmes for carers about smoking cessation for Hong Kong’s elderly and gave a demonstration service project for elderly smokers. Some other sub-vented Non-Government Organizations (NGOs) have provided physical and social activities and residential care for older persons. However, all these programmes focus on the strategies for achieving ‘Healthy Ageing’. They are based on the existing concept and premise given by the Elderly Commission in its *Report on Healthy Ageing* (2001). But they seldom discuss and consider the existing concept whether it is applicable to the Hong Kong society or not.

1.2.1 The importance of developing a clear concept of 'Healthy Ageing'

A better understanding of the concept of 'Healthy Ageing' is essential for both future elderly and policy-makers. For the future elderly, a clear concept of 'Healthy Ageing' provides an opportunity for them to achieve their best possible life during the ageing process. According to the population projections, the life expectancy of human beings will certainly increase in the future. This implies that all the future elderly may probably also experience nearly the same problems as current older people have. For example, they are more likely to suffer from chronic and acute illnesses (perhaps new types), psychological depression, functional disability, etc. in their ageing process, according to current epidemiological predictions. 'Healthy ageing' is a new living philosophy, which focus on maintaining health in the process of growing old, rather than at the stage of old age, by early preparation. It aims to provide people with opportunities to achieve their best possible lives. However, the vague meaning currently attached to the concept discourages the future elderly from practicing this philosophy in their daily lives. Hence, it is desirable to have a better understanding of the concept, so that the up-coming elderly can make early preparations for achieving their best possible lives.

For policy-makers, a clear concept of 'Healthy Ageing' can serve as a catalyst for

policy formulation and implementation on a sounder footing by creating an environment that is conducive to current and future generations preparing for their best possible lives. For policy-makers, it is important to develop tailor-made policies for their dynamic society. They are responsible for formulating effective policies and programmes to meet the challenges of ageing. Currently in Hong Kong, people's life expectancy has been lengthened as a result of advances in health technology and social care provision, but this has been associated with increasing disabilities as their age increases. This phenomenon, traditionally, attracts medical intervention in order to cure the disease. However, older people in their later life usually suffer from chronic illnesses, which are less susceptible to prevention or cure by our healthcare system. Therefore, a simple way for medical intervention is to provide advanced technologies for old age illnesses by using additional funding. However, experience in other advanced countries, like the U.S.A., shows that such medical interventions are expensive, but have mediocre outcomes (Chan, 2000). In the light of the demographic and epidemiological changes in Hong Kong's population, 'Healthy Ageing' is the most practicable option in healthcare policy. However, the vague meaning of the concept prevents policy-makers from dwelling on providing current and future generations with the tools to meet the ageing challenge. Hence, a better understanding of the concept can encourage and drive forward the formulation of

policies designed to create a suitable environment for the current and future generations to prepare their best possible lives.

1.2.2 Existing concept of 'Healthy Ageing' in Hong Kong

The definition of 'Healthy Ageing' has a basis in Western literature, but the philosophical base seems similar to concepts of traditional guides for Hong Kong's elderly people's daily living, since Chinese tradition also emphasizes a holistic concept of health. Nonetheless, discrepancies still exist among the local Chinese between their beliefs and behavioural practices with respect to the concept. For instance, Chinese tend to integrate their health with nature. Physical exercises like taiji, yoga, qi gong etc. are practiced enthusiastically among Hong Kong elders. These discrepancies are indeed likely to be influenced by the specific cultural conditions in Chinese society, which help to shape individuals' ways of thinking, ways of interpretation and ways of practice. As many anthropologists (Bates & Plog, 1990; Ferraro, 1995; Ember & Ember, 1996; Scupin, 2000; Nanda & Warms, 2002; Crapo, 2002) have noted, human living and needs are essentially the same, but the manifestations and interpretations of life aspects may be different due to different geo-cultural adaptations and the historical development of social, political and environmental conditions. Therefore, it is timely to work for an explanation within

the historical basis of the concepts in both Chinese and Western cultures, since Hong Kong – which is noted as the meeting place of East and West - may undoubtedly have evolved under a mixture of both cultural environments. This will give a better understanding of the explanation for the expressed discrepancies and for exploration of the present expressions of the concept in the Hong Kong context.

This study adopted for the review and literature organization will form a distinctive methodological initiative for studies of a similar nature. When generating a new model in Hong Kong, the researcher tried to adopt a grounded theory approach, however, the method is not applicable since it can only refer to what the future elderly may identify as their understanding of the term or concept and not where the concept has developed from. In terms of cultural aspect, the researcher attempted to employ anthropological approach, but this method is also impracticable since it can only have participant observation and fieldwork of present existing societies, and not of the past. Therefore, researcher's own interpretation on documentary analysis for constructing a new model is employed in the present study. In the organization or re-organization of the historical developments of the concept in both cultures, some similarities and differences in expressing the concept is expected to be found out in this thesis. A comparison is necessary for generating a tentative conceptual model,

which is used to reassess, reconstruct and redevelop a model of 'Healthy Ageing' in Hong Kong society.

As discussed before, a better understanding of the concept is essential for both future elderly and policy-makers. It not only provides an opportunity for the future elderly in achieving their best possible life during the ageing process, but also offers a foundation for policy-makers in formulating a conducive and harmonious environment for current and future generation to prepare their best possible lives. However, the existing expression of the concept in Hong Kong is based on Western concepts and may not be fully applicable in an Asian, and especially a Chinese context. Therefore, this study will attempt to reconstruct a concept of 'Healthy Ageing' in Hong Kong society.

1.3 Aims of the study

In this study, the historical development of both Chinese and Western conceptualizations of 'Healthy Ageing' will be applied to develop a model of 'Healthy Ageing' in Hong Kong society. As a methodological initiative, this study is formulated to achieve the following objectives:

1. To explore the historical base from which 'Healthy Ageing' has been conceptualized in both Western and Chinese societies
2. To provide an overview of literature relevant to 'Healthy Ageing'
3. To provide an initial theoretical framework of 'Healthy Ageing' in a Hong Kong Chinese context

To achieve these objectives, three stages will be employed in this study. In the first stage, a comprehensive literature review of the historical development of the concept in both cultures will be conducted. In the second stage, a method of comparison will be adopted to generate a tentative conceptual model of 'Healthy Ageing'. In the last stage, in-depth interviews with experts (key informants) will be employed to verify and validate the model in the Hong Kong Chinese context.

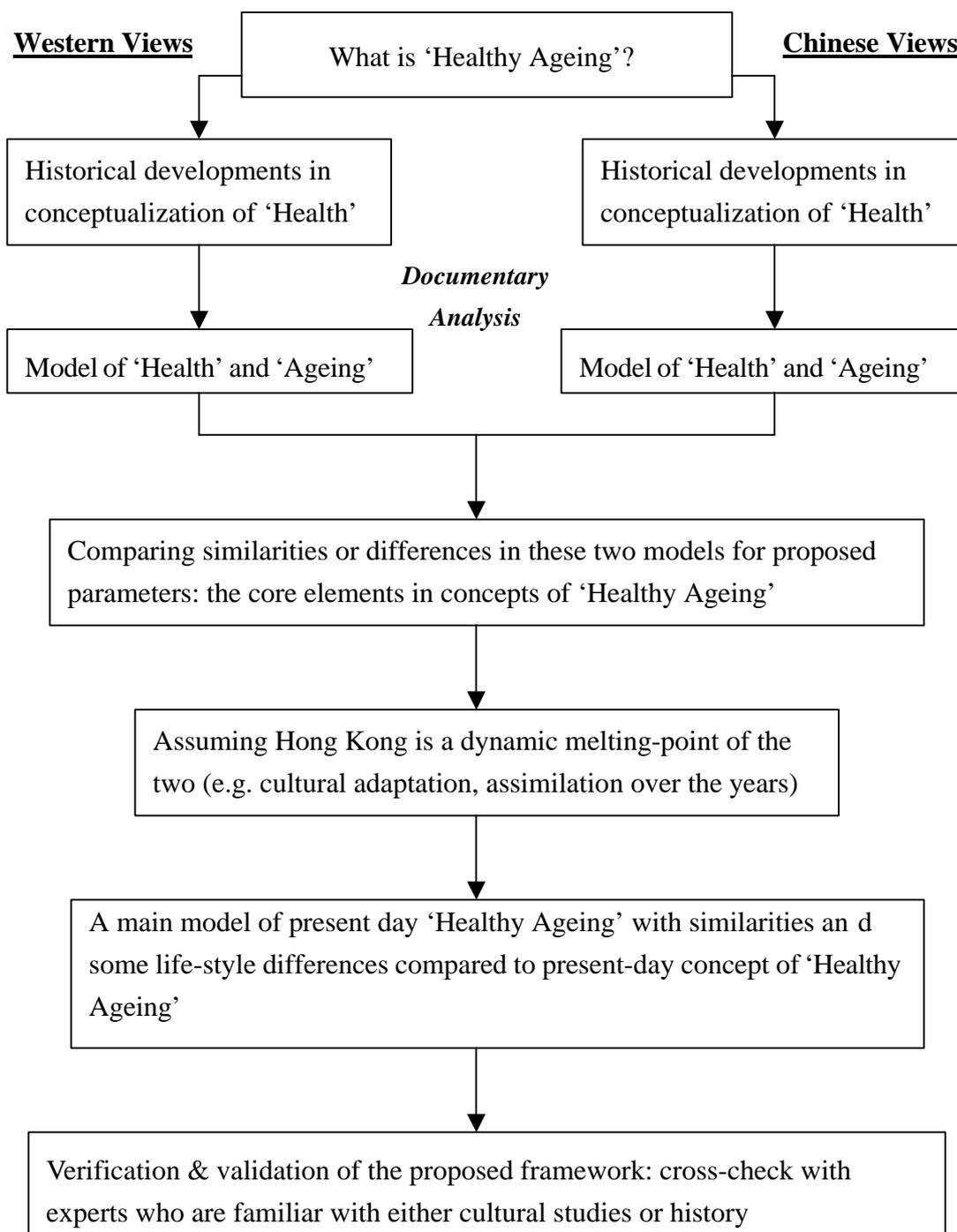
CHAPTER 2: METHODOLOGICAL CONSIDERATIONS

In order to achieve the objectives stated, the present study will have first of all to choose an appropriate means of approaching the issue. Given that 'Healthy Ageing' is a new concept, which depends on a precise understanding of 'Health', 'Ageing' and other related concepts, it is likely that its origins and the stages of its development will be better understood via a reconstruction of relevant material over the years. In contrast to common methodologies adopted in many Master of Philosophy studies in the Social Sciences, such as survey, interview, field-observation, etc., the present study employs a distinctive approach to working out the concept which relies on the researcher's selection of material in order to reconstruct the conceptualization of 'Healthy Ageing' over the years.

As previously noted, the concept of 'Healthy Ageing' in the Hong Kong context is likely to have been generated from a 'blending' of the relevant concepts (say, 'Health' and 'Ageing'), from both Chinese and Western social and historical developments. Thus, a comparative literature review becomes a necessary part of the methodology in the present study. In order to argue for the validity of this approach, this section will be devoted to an explanation of it. To achieve this, some methodological considerations are involved.

2.1 Overview of the study

The comparative literature review focuses on tracing the historical development of the concept of 'Healthy Ageing' in both Chinese and Western literature. In organizing and re-organizing the literature, a method of comparison is then developed in order to produce a tentative conceptual model of 'Healthy Ageing' in Hong Kong, in which similarities and differences in manifestations and interpretations of the concept between these two cultures are revealed. By offering an initial framework for the present-day concept, the study works on the degree of match of the proposed framework through in-depth interviews with experts familiar with either cultural studies (as this study involves a comparative cultural analysis) or history (as the concept developed from an historical comparison of health philosophy from both East and West). The methodological framework of this study can thus be illustrated by the following sketch (figure 2.1):

Figure2.1: Outline of the methodological framework

2.2 Justification of the methodology

In addition to offering an overview of the methodology employed in this study, a justification for such an approach is important. This includes the rationale for using documentary analysis in generating an initial framework of 'Healthy Ageing' in the Hong Kong context, and a justification for verifying the framework with a number of experts and for validating the framework with professionals and older persons in Hong Kong.

2.2.1 Researcher's own interpretation of the literature (from then to now)

Interpretations of the concept of healthy ageing are essential components of this study, and a qualitative research method will be employed. As indicated in the aims of the study set out in the last chapter, the study attempts to identify the meanings and interpretations of what is essentially a new terminology, to provide a deeper understanding of the meaning of 'Healthy Ageing', and to find out what people think about this concept in Hong Kong. It does this by qualitative analysis, in which the bulk of the analysis is interpretative (Glaser & Strauss, 1967; Strauss & Corbin, 1998; Sofaer, 1999). Thus, a qualitative approach is appropriate in this study.

In methodological consideration, a 'grounded theory' approach is not applicable,

because this can only refer to what the future elderly may identify as their understanding of the term or concept, but not where 'Healthy Ageing' has developed from. As noted by Strauss & Corbin (1998), a 'grounded theory' approach is applied when a researcher does not begin a project with a preconceived theory in mind but rather with an area of study and allows the theory to emerge from the data. Since this research aims at generating a conceptual model of 'Healthy Ageing', which has not yet been developed in Hong Kong, a grounded theory approach would seem to be appropriate. However, the conceptualization of 'Healthy Ageing' is likely to be based on understandings of 'Health', 'Ageing' and other related concepts, and these concepts have been present since early days, therefore, the study cannot employ the grounded theory approach.

Consideration was also given to adopting an anthropological approach in what is, to some extent, a comparative cultural study, but also this is not appropriate since participant observation and fieldwork are inapplicable in this study. The study does, however, involve some cultural considerations of one society, so, from that point of view, an anthropological approach (which is applicable in cases of a comparative study of human societies and cultures, which aim to describe, analyze, and explain different cultures, to show how groups have adapted to their environments and given meaning

to their lives, and to understand similarities and differences among human cultures (Bate & Plog, 1990; Nanda & Warmas, 2002; Crapo, 2002)) might have been justified.

In attempting to understand human diversity, cultural anthropologists have developed a particular methodology, namely ethnography, for gathering data, and for developing and testing theories. The ethnographic method aims to gather and interpret information based on intensive, first-hand study of a particular culture, in which participant-observation and fieldwork are major techniques. However, this approach is not appropriate in this case because the application of intensive participant-observation and fieldwork to the task of exploring the concepts in both Chinese and Western societies would be impracticable since the concepts which go to make up 'Healthy Ageing' have been here since early days.

In the light of the above methodological considerations, there is no existing methodology that is applicable in this study, so a distinctive approach has been adopted, which relies on the researcher's own interpretation of the literature from ancient to modern. Since data and raw materials that are collected from the Chinese and Western literature may not directly denote the meaning and concept of 'Healthy Ageing' so that interpretations and integrations are important in conducting this study.

More importantly, understanding of Chinese and Western cultures and philosophies is crucial when conducting this research since conceptual development is highly related to social interaction in the relevant society. This calls for a person who is experienced in these two cultures to undertake the interpretation of how ‘floating concepts’ (like ‘Health’ and ‘Ageing’) and philosophies are related to ‘Healthy Ageing’. Thus, the researcher’s own interpretation of the literature from then to now is very important since this study has not previously been conducted in Hong Kong.

2.2.2 Literature review as a method of analysis

Historical review of the literature is an important method of analysis in this study, since tracing back the origin of the concepts of ‘Health’, ‘Ageing’ and other related concepts, and their development over the years, together provide an opportunity for revealing a fuller picture of the ‘Healthy Ageing’ concept. In addition, documentary analysis is utilized to categorize literature from different sources, since it allows the researcher to get inside local cultures and situations, and observe the hidden life and meanings of the concept, which is similar to an archaeologist putting pieces of bones together to tell the story of mankind. In general, documents like diaries, newspaper cuttings, literature, video, letters, photos, pictures, etc. are useful for concept development (Hodson, 1999). In this study, literature about the ‘floating concepts’ (i.e.

‘Health’ and ‘Ageing’) and the living philosophy of Chinese and Western cultures act as an important source of material in the process of historical review since most of the histories were systematically recorded in the literature. Thus the relevant literature is the most appropriate source of information in this study and a comparative and historical review of the relevant literature is employed as the method of analysis.

2.2.3 Verification from experts

In addition to offering an initial framework from documentary analysis for considering the concept of ‘Healthy Ageing’, it is necessary to have verification of the framework by experts from either cultural studies or history, in order to cross-check and examine the interpretations put forward and the proposed model of ‘Healthy Ageing’.

Since this is a conceptual study, which involves explanation and interpretation from cultural comparisons, experts in cultural studies who work in a multicultural environment would be suitable to provide professional ideas about the ‘Health’ and ‘Ageing’ concepts, and the ‘Healthy Ageing’ concept, from both Chinese and Western societies. As mentioned in the last chapter, however, since this study aims to examine the concept of ‘Healthy Ageing’ in the context of Hong Kong, experts who are familiar with Hong Kong life philosophy are likely to be more useful.

Besides cultural considerations, verifications from historians are also important since, if the study is to succeed in its aim of reconceptualizing the concept of 'Healthy Ageing' in Hong Kong society, it will be necessary to make a comparison of the historical development of both the Chinese and the Western conceptualization of 'Healthy Ageing'. In undertaking such a comparative cultural analysis, an explanation of the historical basis of the concept of 'Healthy Ageing' in both cultures is essential. In this way, historians who are familiar with both Chinese and Western developments, would also be suitable to provide professional ideas to this study by providing verifications of the development of the relevant concepts. More importantly, knowledge of one's own – and other-cultures can be significantly enhanced by reading history. Therefore, verifications either from historians or from experts in cultural studies will be equally helpful contributions to the study.

Since the part of verification is target basis, purposive sampling has been employed in this study. In the present study, an expert in cultural studies from Lingnan University have been invited to have an in-depth interview for verifying the model. Taking into account accessibility and responding rate, experts from Lingnan University would be the first consideration since they are easily contacted and arranged for the interview. In addition, the Department of History has not yet been developed in Lingnan before

September 2002, thus an expert from cultural studies, who is expertise in Chinese and Western cultures would be the main target in consolidating the present study. In terms of the interview, in-depth interview have been employed since the method provides a deeper and thoughtful recognition and explanation to the study and to the concept. The interviewee was interviewed for approximately one and a half hours by the researcher in Cantonese at the office of the expert in late May 2002. In the process of interview, both note-taking and tape recording were engaged for purpose of convenience and accuracy. An open-end question guideline with Chinese and English version was attached in Appendix II and III. As to the data analysis, the content of the interview was transcribed, coded and categorized. For the transcribing, the audiotape was verbatim recorded in Chinese for ensuring the true meaning of the interviewee and translated to English when categorize for coding the transcription. To ensure the true interpretation of the expert, several iterative analyses of the transcripts and the audiotape were employed in coding and categorizing process.

2.2.4 Mappings of the framework

Ideally, after generating the tentative model of 'Healthy Ageing', it is necessary to map out the framework in respect of the Hong Kong Chinese, when certain matches may be expected when mapping to the reality. Since the study aims to provide a clear

understanding of what the concept of 'Healthy Ageing' means to the Hong Kong Chinese, it is important to establish the validity of the tentative model developed from comparative cultural analysis in Hong Kong society. However, verifications from experts mainly provide interpretations and examples of the concept in both Chinese and Western cultures which are primarily theoretical, which may not truly reflect Hong Kong's environment in reality. Therefore, mappings of the framework at a more practical level are necessary. However, this part of mapping does not been covered in this study due to the limited resource and time.

Mapping of the framework with professionals

To work on the mapping, interviews with policy-makers and front-line professionals who have knowledge of older persons in Hong Kong are appropriate. 'Healthy Ageing' is a relatively new term with vague implications for promoting the best possible quality of life in the process of ageing. There is no consensus definition in Hong Kong and the concept is not easily understood by most Hong Kong Chinese, To conceptualize this concept, professionals who have knowledge of Hong Kong elderly people, such as policy-makers and front-line professionals who work on age and health care, would be appropriate to map with the initial framework since they are qualified to give examples and interpretations of this concept in the light of their

experience.

Again, since the verification is also target basis, purposive sampling would be employed and in-depth interview would be carried out for verifying the model until theoretical saturation. The interview will approximately be conducted by the researcher in Cantonese within one and a half hours. In the process of interview, both note-taking and tape recording are supposed to be engaged for purpose of convenience and accuracy. An open-end question guideline with Chinese and English version would be designed. In terms of data analysis, content of the interview would be transcribed, coded and categorized. For the transcribing, the audiotape would again be verbatim recorded in Chinese and translated to English when categorize for coding the transcription. Several iterative analyses of the transcripts and the audiotape would be employed in coding and categorizing process.

Mapping of the framework with older persons

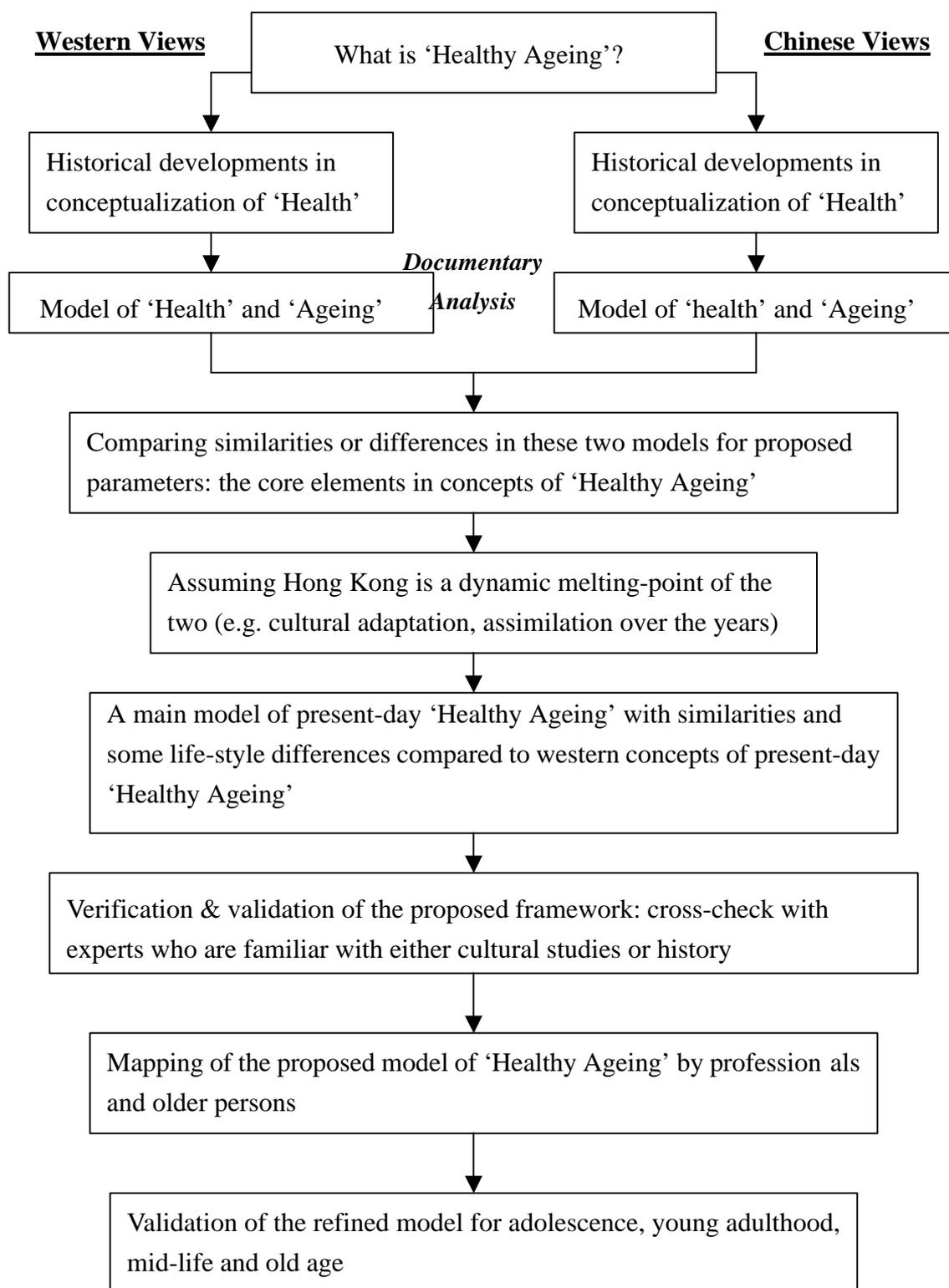
Besides mapping the framework with professionals, an understanding of the views of the major stakeholders, i.e. elderly persons, is also necessary. 'Healthy Ageing' is a new initiative which aims to provide opportunities for the elderly to achieve their best possible lives. However, the meaning of 'Healthy Ageing' is difficult for those who

are yet to become elderly to view in this way, since they still have no experience of old age, and it is difficult for them to envisage how or why they should expect their 'best possible lives' in their later years. Therefore, the most proper and eclectic way is mapping the framework of by current older persons since they are easily to interpret and manifest the best lives in their years provided that their present situation might be experienced by the up-coming older persons.

In terms of sampling, uneducated and less educated older persons might not be appropriated respondents because it is difficult for them to elaborate what 'Healthy Ageing' is and to understand the concept since 'Healthy Ageing' concept is newly advocated and complicated. Thus, it is important to include well-educated active older persons and older volunteers in the interviews since they are more likely able to give examples and interpretations of the concept which derive from their life experiences. They have a 'greater sense of control over their lives' (Ko, 1996), and are likely to be able to interpret and provide examples of such a new living philosophy amongst the Hong Kong Chinese. Sampling method would be same as the one employed in professionals'.

Further refinement and validation

For more advanced postgraduate study, such as for a PhD, further verification or validation of the refined model would need to be employed. To give a fuller picture of the concept of 'healthy ageing' across generations, a cross-sectional group comparison, based on adolescence, young adulthood, mid-life and old age, would be necessary for discriminated and convergent validities. A representative study would need to be done to generalize the concept in Hong Kong society by different cohorts. The following sketch (figure 2.2) portrays an ideal methodological framework for conceptualization of the concept of 'healthy ageing' in Hong Kong:

Figure 2.2: Ideal framework for developing concept of ‘healthy ageing’

CHAPTER 3: MODELLING AND THE DEVELOPMENT OF THE FRAMEWORK ON ‘HEALTHY AGEING’

Regarding the methodological considerations for developing the concept of ‘healthy ageing’ in Hong Kong mentioned in the last chapter, one source from which to generate the concept is a comparative review of Chinese and Western literature, which therefore becomes part of the study. This section therefore attempts to explore both the ‘health’ and ‘ageing’ concepts, since the concept of ‘healthy ageing’ is developed from the close relationship between ‘health’ and ‘ageing’ concepts. To provide a detailed and in-depth understanding of the present day expression of ‘healthy ageing’, a historical review of relevant concepts from both Chinese and Western societies will be undertaken.

3.1 The concepts of ‘health’ and ‘ageing’: components of ‘healthy ageing’

According to *the Healthy Ageing Report* (Elderly Commission, 2001), ‘healthy ageing’ is a total life-course approach in attaining optimal physical and psychosocial well-being’. It is a holistic and life-span approach in obtaining health. By such definition, it is obvious that this concept developed from a close relationship between ‘health’ (attaining optimal physical and psychosocial well-being) and ‘ageing’ (a total life-course approach). Hence, to have a better understanding of the concept of ‘healthy

ageing', it is necessary to look at the 'health' and 'ageing' concepts.

3.1.1 Philosophy of health and medicine

Health philosophy can be realized by reviewing the philosophy of medical science.

Medicine is a science with a particular interest in health since it focuses on the primary negative counterpart of health - disease - which is a key-concept in medicine (Nordenfelt, 1995). As stated by Danzer et al. (2002), 'with reference to the relative nature of the concept of health, health is not a state that once attained then remains stable, it is an unremitting capturing of health and overcoming of sickness.' This notion of health stemmed from Nietzsche, a German philosopher, that health is 'surmounted sickness'. Thus, understanding the development of medical science is crucial to understanding of philosophy of health.

3.1.2 Developments of health philosophies and medicine in China

Similar to the development of other health philosophies and medicines in the world, Traditional Chinese Medicine (TCM) originated from the experience of the ancient Chinese people in their struggle against disease. Concept and theories in TCM were derived from the medical practice of humankind for its survival. Their development has been dependent not only on the progressive accumulation of experience in medical

practice, but also on social history, science and technology and traditional culture (Chen, 1997).

Regarding the healing arts in China, Chinese people are apt to express and perceive health in a holistic sense, in which the doctrines of yin-yang, balance, and the harmony between man and nature are the main health philosophies. China was one of the earliest countries where medicine was developed (Chen, 1999). As Ho & Lisowski (1993) researched this area extensively, the following analysis is largely based on their work.

The beginning of Chinese medicine is traditionally attributed to Shennong 神農, the Heavenly Husbandman (Ho & Lisowski, 1993). He is supposed to be the legendary emperor who had personally tasted over 100 types of plants. He has been regarded as the patron saint of Chinese physicians and represented a certain phase in pre-historic times. In this earliest stage, medicine and magic were indistinguishable. Both shamans and doctors were called *wu yi* 巫醫 who were responsible for preserving the health of mortals and the stability of society by using prayer, incantation, rituals and sacrifices. The health of mankind was judged by *Tian* 天. There was a close relationship between man and heaven. These theological explanations of health were dominant in ancient

times in China.

In Yin Shang times 殷商時期 (1766-1122 BC), society was under slavery where witches were widely believed in, and magic and supernatural explanations of health dominated. Slave-owners and nobles enthusiastically advocated the ‘worship of Heaven and ancestors’; they would ask them for instructions on all matters from state affairs to individual suffering. All questions to the gods were carved on ‘oracle bone’.

Witches were believed to have magical powers and were in charge of song and dance, music and the treatment of disease.

From the Zhou dynasty 周朝 (1122-221 BC), the philosophy of medicine in China broke away from magical and superstitious medical practices, and supernatural explanations of illness and natural disasters gradually disappeared. From the western Zhou dynasty, the dominant role of witchcraft was lost. The thought of ‘communication between man and nature’ began to develop. Magical and superstitious explanations gradually declined due to the accumulation and advancement of medical knowledge. With gradual social progress, ideas about the causes of diseases and the use of medicinal herbs gained prominence in the Zhou dynasty, and the post of court physician 御醫 was established. Physicians and shamans had parted company by this

time.

During the period of the Spring-Autumn (722 to 481 BC) and the Warring States (481 to 221 BC), various schools of thought arose and competed with each other. This brought about great advances in the studies of health philosophy. Laozi 老子 advocated that man should “recover the pure and innocent nature of the ancients” (返樸歸真), and “cherish no worries and keep away from fame and gain” (清靜無為); Zhuangzi 莊子 maintained that “breathing deeply to get rid of the stale and take in the fresh, and imitating a bear climbing and a bird flying all promise longevity”; Confucius 孔子 asserted that “activity and inertia be in perfect order, and joy and sorrow be appropriate” (動靜以必 喜怒以時) (Confucius’s Family Teachings, Volume I, 孔子家語 卷一). Guanzi 管子 stressed the importance of “restraining sex to store essence of life”; and The Lu’s History 呂氏春秋 believed that essence (*qi*) (氣), and vitality (精、神) are the essential substances of life. All these, together with the theories of the Yin-Yang School (陰陽學), and the Eclectics (雜家), reveal the relationship between the natural environment and people’s health by different perspectives, thus producing considerable influence upon the health philosophy.

Generally, the traditional Chinese believed in the harmony of nature --- the close

relationship between heaven (*tian*)天, earth (*di*)地, and man (*ren*)人, the so-called ‘three forces’ (*sancai* 三才). The Chinese world-view believed that a harmonious cooperation of all matters exists in the universe, arising from the fact that they are all parts of a hierarchy of wholes forming a cosmic and organic pattern and obeying the internal dictates of their own nature. This ideology dominated the health philosophy in particular of Chinese medical development.

In the Warring States’ Period (481 -221 BC), the earliest Chinese medical writing, The Yellow Emperor’s Internal Classic 黃帝內經, is the first form of writing whose authorship has been attributed to the legendary Yellow Emperor (Huang Di 黃帝) who has been given the traditional dates of between 2698 and 2599 BC. The book actually consists of two treatises, namely the *Suwen* 素問 (“Questions and Answers about Living Matter”) and the *Lingshu* 靈樞 (“The Vital Axis”). The *Suwen* appeared during the Spring-Autumn Period, while the *Lingshu* was written during the second century BC. The Yellow Emperor’s Internal Classic demonstrates clearly that Chinese medicine embodied the traditional Chinese concept of a belief in the harmony of nature between heaven, earth and man. Like everything in the world, man is composed of the Five Elements (*wu xing* 五行), namely, Water 水, Fire 火, Wood 木, Metal 金 and Earth 土. Man constitutes a microcosm in the macrocosm in the universe. An

important element in macrocosmic combinations is relationship between the two opposite and yet complementary cosmological forces of nature, *yin* 陰 and *yang* 陽.

Different parts of the body partake of *yin*, *yang* and the Five Elements in different degrees. For example, the heart, the small intestines and the tongue partake of the element of Fire, the kidneys and the ears of Water, the gall-bladder and the eyes of Wood, the lungs, the large intestines and the nose of Metal, and the stomach, the spleen and the mouth of Earth. Health and well-being depend on the equilibrium and harmony of the two cosmological forces *yin* and *yang*, which continually ebb and flow. The healing arts that perceive health in holistic terms are characteristic of the health philosophies of China.

Yin and *yang* are the two components of the primordial *qi*. *Yin*, the negative principle, represents cloudiness, the moon, earth, night, water, cold, dampness, darkness and so forth; while *yang*, the positive principle, refers to sunshine, the sun, heaven, day, fire, heat, dryness, brightness and so on. Together Water, Fire, Wood, Metal and Earth form the Five Elements (*wu xing*), which reminds us of five powerful forces in continuous cyclic motion.

The Five Elements (*wu xing*), operate under two fundamental principles, i.e. that of

Mutual Production (*xiangsheng*) 相生 and that of Mutual Conquest (*xiangke*) 相克. In the order of Mutual Production, Water produces Wood 水生木; Wood produces Fire 木生火; Fire produces Earth 火生土; and Earth produces Metal 土生金. In the order of Mutual Conquest, Water conquers Fire 水克火; Fire conquers Metal 火克金; Metal conquers Wood 金克木; Wood conquers Earth 木克土; and Earth conquers Water 土克水. From the two fundamental principles of Mutual Production and Mutual Conquest, two corollaries are deduced, e.g. the principle of Control (*xiangzhi* 相制) and the principle of Masking (*xianghua* 相化). The principle of Control says that Water conquers Fire, but the process can be controlled by Earth (which undermines Water); Fire conquers Metal, but the process can be controlled by Water; and so on. In the principle of Masking, we find that Water conquers Fire, but the process can be masked by Wood (which produces more Fire); Fire conquers Metal, but the process can be masked by Earth; and so on.

The concept of Chinese pathology is also derived from the principles mentioned above. This concept considers that the chief cause of all disease is a disharmony in the equilibrium of *yin* and *yang*, or an undue preponderance of one over the other which can cause illness, and in extreme cases, death. Traditional Chinese medicine recognizes three fundamental causative factors in disease, namely (1) external agents,

including climatic, infectious and contagious, which are classified as *yang* factors; (2) internal dysfunction, which is classified as a *yin* factor; and (3) accidental and traumatic injuries, which are considered to be partly *yin* and partly *yang*. Any one of these factors may result in a disharmony in the equilibrium of *yin* and *yang* or arrest their flow. They create and destroy, personifying energy and dissolution; and the effluvia or humours are the result of a disturbance in the balance of these two cosmological forces. The task of the Chinese doctor is to restore harmony by such means as prescribing herbal medicine, applying surgery, acupuncture, moxibustion, massage, breathing exercises, diet, and so on. Treatment should aim at the syndrome as a whole rather than at any particular symptom.

Based on this health philosophy, medical practice during the Spring-Autumn and the Warring States followed this direction. For example, A physician 'He' 和 in 540 BC, believed that moderation was the best remedy for an illness caused by over-indulgence in sex. Another celebrated physician in this period of time called Bian Que 扁鵲 (500 BC), postulated four important diagnostic procedures used in Chinese medicine, namely *wang* 望 (an observation of external signs shown in the face, eyes, nose, ears, mouth, tongue and throat of the patient), *wen* 聞 (listening to sounds emitted by coughing, breathing and talking, i.e. early forms of auscultation and osphresis), *wen*

問 (taking the patient's history, anamnesis, by inquiring about the site of discomfort, his appetite, his bowels, etc) and *qie* 切 (palpation and pulse-feeling, sphygmology 脈搏學). These diagnostic procedures and postulations used in Chinese medical practice reflect its holistic health philosophy whereby treatment should aim at the syndrome as a whole rather than at any particular symptom and disharmony is the main cause of sickness.

The true flowering of Chinese medicine began during the time of the two Han dynasties (206 BC to AD 220) 漢朝. Medical schools were founded in various parts of China. It is demonstrable that examinations of scholarly proficiency were inaugurated by the Han emperor Wendi 文帝 in 165 BC, while the Imperial Academy (*taixue* 太學) was found in 124BC. The earliest Chinese pharmacopoeia extant appeared during this period. This is the *Shennong bencaojing* 神農本草經 (Pharmacopoeia of the Heavenly Husbandman). This explains the *yin* and *yang* and the indications of each medicinal substance, and notes that certain combinations of two or more different substances will have a beneficial effect while other combinations will be counter-indicative.

Considerable development in Chinese medicine took place between the 3rd and the 10th

century. First, Huangfu Mi 皇甫謐 (AD 215 to 282) wrote the *Zhenjiu jiyijing* 針灸甲乙經 (“Systematic Manual of Acupuncture”), a major work on acupuncture – a system most characteristic of therapy in Chinese medicine. Traditional Chinese medicine identifies a large number of points. These points (*xue* 穴) are connected by “tracts”, some of which are called *jing* 經 (cardinal tracts) and other called *luo* 絡 (decumen tracts). Traditional Chinese medicine, however, talks about acupuncture in terms of the *yin* and *yang* theory. It identifies twelve cardinal tracts running along the length of the limbs, with six of these tracts categorized as *yin* and other six as *yang*. These twelve tracts pertain to the viscera of the body. There are eight extra cardinal tracts (*mai* 脈) along the head and the trunk interlacing with the twelve cardinal tracts (*jing*) and regulating the *qi* and blood in the latter. The *renmai* 任脈 is the confluence of all the *yin* tracts, while the *dumai* 督脈 is that for all the *yang* tracts. There are decumen tracts to communicate between the *yin* and *yang* cardinal tracts. The connecting points of the decumen tracts and the cardinal tracts are used in treating diseases, which involve both the *yin* and the *yang*, related cardinal tracts. This showed that Chinese acupuncture also promoted the balance of *yin* and *yang*.

Pulse-reading was an important technique employed by the traditional Chinese physician for the purpose of diagnosis. In AD 265 to 317, Wang Shuhe 王叔和 had

written the famous canon, the *Maijing* 脈經 (“Manual on the Pulses”). The behavior of the pulse in the three positions – *cun* 寸, *guan* 關, and *chi* 尺- at both wrists, taking into account its rate, rhythm, pressure, volume, and the variation in the pulse wave, as felt by the three fingers, is used by the physician to tell the nature of the illness. Besides pulse-reading, the Chinese had also other diagnostic techniques, such as the examination of the abdomen (*fuzhen* 腹診), examination of the back (*anbei* 按背), and inspection of the tongue (*yanshe* 驗舌). These are holistic methods to tell the nature of the illness by examining the balance of *yin* and *yang*.

Some physicians attempted to prolong the human life span indefinitely through the preparation and ingestion of elixirs of life. These were the alchemists. Ge Hong 葛洪 (AD 261 to 341), one of the greatest alchemists of the Jin dynasty 晉朝, wrote the *Jingui yaolue* 金匱要略 (“Prescription in the Treasury of Medicine”) and the *Zhouhou jiuzufang* 肘后救卒方 (“Handbook of Medicine for Emergencies”). Tao Hongjing 陶弘景 (AD451 to 536), a famous herbalist of Liang of the Southern dynasty 南朝梁代, wrote the pharmacopoeia *Bencaojing jizhu* 本草經集注 (“Collected Annotations of the Pharmacopoeia”), the *Zhouhou baiyifang* 肘后百一方 (“Handbook of Medicine for the Hundred Emergencies”), and the *Mingyi bielu* 名醫別錄 (“Informal Records of the Famous Physician”). In Tang dynasty 唐朝, Sun

Simiao 孫思邈 (AD581 to 682) was also a great alchemist, known popularly as ‘*Yaowang*’ 藥王 (King of Medicine), who wrote two vast medical treatises – *Qianjinfang* 千金方 (“The Thousand Golden Remedies”), and *Qianjin yifang* 千金翼方 (“Supplement to the Thousand Golden Remedies”). These books concerning health preservation, preventing diseases, and promoting longevity are based also on exactly the same principles of *yin* and *yang* and the Five Elements as explained before. Throughout the last 400 years, there have been many studies and books about traditional Chinese medicine which are also based on the same principle.

There were a number of famous physicians in the Song dynasty 宋朝, like Shen Gua 沈括 (AD 1031 to 1095), Su Shi 蘇軾 (AD 1036 to 1101), Liu Wanshu 劉完素 (AD 1110 to 1200) and Zhang Congzheng 張從正 (AD 1156 to 1228). Li Gao 李果 is one of these famous physicians, who theorized that the stomach and the spleen were the two most important organs to attend to in therapy. The stomach corresponds to *yang* and the spleen to *yin*. One must protect the former against *yin* and the latter against *yang*. This showed that the balance of *yin* and *yang* is very important to health.

Two fundamental entities of nature, namely *li* 理 and *qi* 氣 were identified during this time. Throughout heaven and earth, there is *li* and *qi*. *Li* is the *Dao* 道 (that organizes)

all forms (*xing* 形) from above and the roots from which all things are produced. *Qi* is the instrument composing all forms from below, and the tools and raw material with which all things are made. Thus, men and all other things must receive this *li* in their moment of coming into existence, and thus obtain their specific nature (*xing*). They must also receive this *qi* in order to get their form.

There was another entity *shu* 數, about which the mystic philosopher Zhuangzi 莊子 remarked about the year 290 BC, “there is something which one gets from without and responds to from within but cannot express in words. It is the *shu* that exists in it”. It embraces not only “mathematics” and numerology”, but also “calendrical science” and prognostications from the “calendar (*lishu* 曆數) and fate and destiny” of various aspects - from the country as a whole to the individual_ known variously as *tianshu* 天數 (predestination of heaven), *mingshu* 命數 (fate), *dinghu* 定數 (predestination), and *yunshu* 運數 (destiny-cycle). More generally, it refers to the way that the forces of nature operate. Most of the phenomena were considered to operate under the same principles of *li*, *qi* and *shu*, and *qi* gradually became the dominating factor after the time of the Song neo-Confucianists.

The other famous Song neo-Confucianist Zhu Xi 朱熹 (AD1130 to 1200) said “when

there is *li* there is *qi*, and when there is *qi* there is *shu*. That is to say *shu* comes between.” Zhu Xi identified *li* as *taiji* 太極 (variously rendered as “Supreme Ultimate” and “Supreme Pole”), which is the ultimate source of all things. Zhou Dunyi 周敦頤 (1017 to 1073) said: “The *taiji* moves and produces the *yang*. When the movement reaches a limit it comes to rest. The *taiji* at rest produces the *yin*. When the state of rest comes to limit it returns to a state of motion. Motion and rest alternate, each being the source of the other. *yin* and *yang* take up their appointed function to establish the “Two Forces”(*liangyi* 兩儀). *Yang* is transformed by combining with *yin*, producing Water, Fire, Wood, Metal and Earth. Then the five *qi* diffuse harmoniously, and the four seasons take their course”. In this way the philosophy of *yin* and *yang* and the Five Elements gradually came to dominate and spread throughout China through *Kufu* 功夫 or just exercise – *Taiji*.

During the Ming & Qing dynasties 明清兩朝 (AD 1644 to 1911), Western medicine reached China and had great influence on Chinese health philosophy. A Spanish Jesuit introduced some Western books on medicine and Western knowledge of human anatomy to China in the late 16th century. In the mid-19th century, more knowledge of Western medicine began to reach China as a result of an increase in the numbers of Christian missionaries and merchants. Traditional and Western medicine then

co-existed for some time but the former was condemned as being unscientific and regarded as an obstacle to the development of modern medicine in China. In the year 1929, the Chinese government took steps to abolish traditional Chinese medicine, and to establish modern medicine as the official system. As a result, during this period, traditional Chinese health philosophy gave ground before the advance of Western medicine.

From the year 1949, the state of people's health began to improve as a result of the attention given to sanitation and medical care. The average life-span increased, the crude death rate and the infant mortality rate decreased. To some extent, traditional Chinese medicine played an important role alongside modern Western medicine. In 1956, Mao Zedong 毛澤東 urged these two schools to be integrated so as to create a unified system of medicine. In China today, traditional Chinese doctors are working alongside Western-type doctors in hospitals, medical schools and research institutes. The Western-type doctors attach importance to the studies of physiology, anatomy, bacteria, pathology and local factors, while traditional Chinese doctors pay more attention to the holistic functional activity of *qi* and the health fluctuations due to changes in climatic and seasonal conditions and in the Five Elements. Thus, although, on the whole, traditional Chinese medicine has been on the decline during the past

hundred years, since the founding of the People's Republic of China, the Chinese Communist Party and the people's government have attached great importance to its development, and have made policies that have paved the way for this. Their policy of long-term coexistence, simultaneous development and the integration of traditional Chinese medicine and Western medicine have laid the foundations for its continued development.

3.1.3 Developments of health philosophies and medicine in the West

As with the Chinese, medicine in West was also developed from the experience of ancient people in their attempts to deal with disease. But Western societies adopted an evidence-based explanation when considering health. They have been more likely to approach the question of health and disease on a compartmentalized basis, and their conceptualization of health and medicine developed more slowly than that of Chinese.

Similar to the historical development of health philosophies in China, the concept of 'health' in Western societies had its origins in theological explanations. In ancient times, 'health' referred to 'absence of illnesses, sickness and disease'. The health of mortals was manifested or interpreted by supernatural means, and illness was regarded as punishment as a result of judgment by a superhuman agency. The health of mankind

was thus subject to divine intervention. (Mis) fortune and with (out) illness were signs' of god's (dis) pleasure (Weiss & Lonquist, 2000).

To a certain extent, the health of mortals was personalized when shamans ('witch doctor' or 'medical man') emerged. During this time, shamans were believed to have god-given powers to heal the sick (Porter, 1997). They served as intermediaries between the Gods and mortals by using prayer and incantation, ritualistic dancing and sacrifices to capture the attention of the Gods for protecting and maintaining man's health. As a 'medical man', they would also experiment with different kinds of herbs for identifying the most effective way for keeping health and practicing medicine (Weiss & Lonquist, 2000). This supernatural explanation of disease and medical beliefs were prominent in most of the pre-historical time.

The first forms of writing appeared between 4,000 and 3,000 B.C. in Egypt, which is therefore regarded as the beginning of 'historical time'. The concept of 'health' during this time still had theological references. In Egypt, the concept of 'health' was theological, which viewed sickness as the verdict of God upon the lifestyle of an individual. Health was related to holy lives, lived at peace with the gods. Human well-being was believed to be endangered by earthly and supernatural forces,

especially evil spirits. Illness was supposed to be an imbalance of body, which could be restored by prayers, magic, sacrifices, spells and rituals (Porter, 1997). The Egyptians believed that, while man was born healthy, they were susceptible to attack by devils and by internal putrefaction. Such a theological explanation of 'health' was dominant in Egyptian society.

Like the Egyptians, the Greek society that was found in 2,000 B.C. also paid much attention to sacred and religious healing in its earlier stages, but a change in its philosophy of health towards a more evidence-based approach becomes apparent later. In Greek society, religion and medicine were closely linked in early 2,000 B.C. For instance, Apollo, the sun god, was also the god of healing and medicine, so that people's health was associated with a superhuman agency. In late 2,000 B.C., demand for medicines grew; social development created new forms of healing and excluded the possibility of transcendental explanations of health. In this period, the ancient Greeks believed that diseases were not acts of god; they were created by mankind. The cause of illness began to be rationalized and theorized (Porter, 1997). Under such changes in the conceptualization of health, the concept of health in the West was no longer associated with spiritual factors but became a science.

In rationalizing and theorizing about illness, Hippocrates was a notable figure in Greek history. Hippocrates first developed a holistic concept of health. He emphasized the harmonic relationship between man and nature and got rid of the belief in divine intervention in mortals' health. He gave a powerful science-based explanation of health in his health philosophy. Hippocrates (460-377 B.C.), who is now considered as the founding father of modern medicine and medical ethics, was a crucial person in the development of evidence-based medicine. The fact that medicine developed as a science owes much to Hippocrates. He postulated a natural theory of disease etiology. He overthrew the explanation of disease as a visitation from the heavens, and designated medicine not as religious healing but as natural philosophy. He believed that disease is a natural process in human development. Physicians just assist man in releasing such natural forces from their bodies. Man possesses his own means of recovery in his body and a healthy man was one in a balanced mental and physical state (Green, 1968). In his writing, the *Corpus Hippocraticum* (a popular medical writing), he also encouraged physicians to treat the whole patient rather than just to treat a particular organ or particular symptom (Ackernecht, 1982). These principles laid the foundations of the concept of holistic health in Western medicine.

Other than the principles of nature, Hippocrates also emphasized the importance of

balance and harmony between man and nature as contributions to health. In accordance with the humoral theory of disease, Hippocrates postulated that there are four natural elements (air, earth, fire and water) with four natural properties (hot, cold, dry and wet) and with four humours (blood, phlegm, yellow bile and black bile) in society (Weiss & Lonquist, 2000; Porter, 1997). These four humours correlated their four properties to the four seasons (summer, autumn, spring and winter), to the four ages (infancy, youth, adulthood and old age), and to the four elements (air, earth, fire and water). Man enjoys health (both mental and physical) when these four humours are in balance with themselves and with the environment (Green, 1968; Porter, 1997). In achieving health, Hippocrates postulated that people should adjust their life in order not to upset the balance. He believed that good diet was essential to health, which represent an entire lifestyle rather than just more food and drink. More importantly, he considered that keeping one's physique in peak condition was essential for the well-being of the body. He stressed taking exercise and also placed emphasis on sex, bathing and sleeping. For instance, sexual intercourse should be more frequent in winter and more for the old than the young. This health philosophy and the dietary and lifestyle therapies parallel those which developed also in the classical Chinese traditions.

Ancient Rome is another remarkable civilized society in ancient times, but its conceptualization of health and medicine seemed conservative in early times. With reference to history, ancient Rome was founded in 753 B.C. and medicine did not flourish there in early time. In Roman society, they believed that people would be better off with no physician's intervention, since doctors were supposed to be the medium of death through medication (Porter, 1997). To fight disease, to resist old age and to maintain one's health, Romans were convinced of the need to adopt a regime which involved practicing moderate exercise and taking enough food and drink to restore one's strength (Porter, 1997). For healing practices, they preferred to minister to the sick within the family by using traditional treatments like herbs, charms and so on (Weiss & Lonquist, 2000; Porter, 1997). Such conceptualization of health retarded the development of health philosophy and medicine in ancient Rome.

Until 300 B.C., however, this was the health philosophy that thrived in ancient Rome before Greek physicians arrived, bringing with them the science-based explanation of health developed in Greece. Asclepiades (120-130 B.C.), the first noted Roman practitioner (a Greek physician), postulated the corpuscular theory in conceptualization of man's health. According to this theory, man's health was determined by the condition of pores that circulated around the body. People got sick

as a result of either obstruction (too closed) or undue looseness (too open) of the pores (Weiss & Lonnquist, 2000; Porter, 1997). To restore health, the enlarging narrow pores and reduction of large ones were supported in this atomist physiology. Practically, he advocated several means like massage, exercise, diet and cold-water bathing to maintain such pores in the right condition for maintaining health. Thus, according to Asclepiades, health was determined by the condition of the bodies' pores, in which lifestyle and exercise can balance their structure. A holistic concept of health philosophy had begun.

To sum up, the concept of 'health' referred to 'an absence of disease' in pre-historical time. The health of mortals was controlled by supernatural agencies. The appearance of shamans just represented the influence of man on health. However, the supernatural explanation of disease and medical beliefs were still dominant in historical time. In the early B.C. era, the concept of 'health' was manifested and interpreted in theological form in both ancient Egypt and ancient Greece. The health of mankind was associated with the relationship between gods and believers. In the late B.C. era, the appearance of Hippocrates changed such explanations. 'Health' became rationalized and theorized. The fundamental concept of 'holistic health' was developed from Hippocrates' theory. The significance of harmony between nature and man was emphasized. From

Graeco-Roman antiquity onwards, the supernatural explanation of health was replaced by the natural explanation of disease and healing. The body was regarded as integrated with cosmic elements and as the centre of the universe. Different body parts were generally represented as linked to the cosmos and the natural environment. Health was a state of balance and a state of harmony between body, universe and society. Meanwhile, there was great attention paid to general health maintenance by dietary regulation, exercise and lifestyle regulation. This concept of harmonic and holistic health existed in the classical Chinese tradition, but changed in the West afterwards, especially with the emergence of modern science.

In the B.C. era, recognition of sickness as a disturbance of the health of individuals was a great innovation, but humans still knew very little about the inner parts and real workings of the body. In the A.D. era, the development of anatomy made people realize more about man's structure and workings. Such discoveries provided the basis for a fundamental health philosophy in Western societies. A specialized and scientific explanation of health had been developed.

Before the collapse of the Western Roman Empire, a noted physician and medical scientist in Rome, Galen (129 A.D.), made a great contribution to the understanding of

anatomy, which initiated a specialized and scientific explanation of health. According to Roman law, using human cadavers for studying was prohibited. Galen had to perform dissections by using apes, sheep, pigs and goats in his medical study. Based on his attempts, he developed the field of anatomy. He discovered knowledge about bones, muscles, the brain and various nerves (Weiss & Lonquist, 2000; Porter, 1997). As a result of his discoveries, man was regarded as healthy when each part of his body was functioning well. Any change disturbed the operation of the body and sickness resulted. This invention of experimental physiology enhanced the scientific basis for the explanation of health. Health became more likely to be emphasized in the physiological sense. This conceptualization of health developed a distinctive approach (scientifically based) in exploring the workings of the human body and in developing the concept of health in the West.

In 476, barbarians defeated the Western Roman Empire during the conquest of Europe, while the Byzantine Empire became a center of civilization. This time period between roughly 500 and 1,500 is referred to as the Medieval Era. However, with the flourishing of Christian belief during this period, religion again intervened in explaining man's health. From the early medieval age, Christianity was the official imperial faith and religion in Byzantium (Porter, 1997). From birth to death, and

beyond death, Christian doctrines, rituals and sacraments directly affected mortals' health. The Church in Byzantium officially controlled the practice of medicine; hence, evangelists and priests were physicians during this time. Just as in ancient times, man was regarded as sinfully born, which was the cause of illness. Suffering from disease was regarded as chastisement of the wicked by the Lord. Prayer and faith alone could save the sick and restore them to health (Porter, 1997).

In the late Middle age (around 1,000-1500), religious medicine was replaced by scholastic medicine under the proclamation from the Council of Clermont in 1,130, which forbade monks from practicing medicine because of their disruption of the peace and monastic sequestration (Weiss & Lonquist, 2000). The influence of monks in matters affecting humans' health gradually faded, whereas universities, where a variety of disciplines were taught, rapidly developed in the period 1,100-1,200, and began to play an important role in educating physicians (Weiss & Lonquist, 2000). This change represented the re-confirmation of the evidence-based approach to people's health and encouraged specialization in medical study and practice.

To conclude, health philosophy in the early Middle Ages succumbed once again to the influence of religion. Christianity was the main faith at this time. Religion controlled

the whole of human well-being – including health - from birth to death and even after death. In the late medieval era, the decline of monastic medicine and religious healing was followed by the development of scholastic medicine, which had a great influence on medical developments during the Renaissance, and in particular on the theorization of medical practical and beliefs.

From the Renaissance to the Industrial Revolution, a science-based and compartmentalized version of health philosophy was developed in Western societies. From the 15th and 16th centuries, Western societies experienced a period of Renaissance, which represented a rebirth in the arts and philosophy, scientific endeavor, technological advancement, and medicine. During the Renaissance, the medical specialization that had begun to develop in the 9th or 10th centuries became more obvious. Physicians who had graduated from a school of medicine focused on providing diagnosis and consultation, while surgeons were responsible for treating external complaints (e.g. wounds and abscesses), repairing broken bones, and performing minor surgeries, and apothecaries were responsible for dispensing herbs and spices prescribed by physicians. This encouraged the development of specialization in health philosophy in Western societies.

In the 17th century, Western societies experienced another crucial change in their health philosophy as a result of the development of modern science. The scientific revolution was the key event in this period of time, and was stimulated by several scientist-philosophers of the century such as Francis Bacon (1561-1626) and Rene Descartes (1596 – 1650). For example, Bacon argued for ‘natural’ explanations for events that could be understood through systematic observation and experimentation, whereas Descartes invented analytical geometry, a theory of vision, the concept of reflex actions, and a mind-body duality, which laid the basis for a science of physiology. The most important physiological advancement in the century was the achievement of William Harvey (1578 – 1657). His confirmation of the circulation of blood by experimental and quantitative proof supported the scientific development of health philosophies in Western societies.

The 18th century is known as the ‘Age of Enlightenment’, and is characterized by advances in knowledge in all fields - including medicine. During this period, freethinking was prominent, which stimulated progress in society. For example, intellectual inquiry was more open; arts, literature, philosophy, and science all advanced and political thought was more freely expressed. As for the development of health philosophy, a modern concept of pathology had been developed in this time. A

noted Italian physician and Professor of Anatomy at the University of Padua, Giovanni Battista Morgagni (1682-1771), postulated that diseases are attached to particular organs. Based on patients' symptoms, he postulated that disease could be viewed as a pathology or disturbance of individual organs, and health could be restored by directing medicine to the particular organs concerned.

More importantly, from the 18th to the 19th centuries, there was a rapid growth in the iron and textile industries, which formed part of the Industrial Revolution in Western societies. The Industrial Revolution began in England and spread rapidly to the rest of Europe and the United States. The development of large industries led to a pool of workers concentrated in some areas, which facilitated urbanization. Social problems like severe overcrowding and unsanitary living conditions emerged. Infectious diseases became epidemic. Individuals were encouraged to attend more to personal hygiene. An interest in public health was aroused, which encouraged the discoveries of effective preventive measures against some infectious disease like smallpox. A noted British country doctor, Edward Jenner (1749 – 1823) observed that people who had suffered from cowpox appeared to be immune to smallpox, which led to the development of the theory of vaccination as a means of preventing disease. This marked the start of the development of preventive medicine (Ackernecht, 1982). This

interest in public health and preventive medicine led to the development of a remedial and physiological approach to health philosophy in Western societies

During the inter-war years (1,919-1,939), an emphasis on holistic health was once again advocated in the West. However, after the Second World War (1939-1945), more attention was paid to the health care of the general public. This was not limited to a concern for the prevention of disease, but included also the holistic health of the population at large. Hence, in 1948, the World Health Organization (WHO) re-defined 'health' as 'a state of complete physical, mental, and social well -being, and not merely the absence of disease' (Beigbeder, 1998; Moon & Gillespite, 1995). The ultimate goal of WHO is to achieve that all people can attain the highest possible level of health. This definition of health was a new departure from the traditional model that viewed health only as the absence of disease. Besides physical well-being, the WHO realized that psychosocial well-being is also an important component of health. An emphasis on holistic health philosophy has been stressed since this time.

During the 20th century, ageing of the population became a noticeable social trend. There was increase in longevity. This had a discernible effect on political economies and the rising costs of aged care have attracted attention worldwide since the 1970s. In

the early 1980s, there was an ageing initiative in every institute response to the ageing population. The main focus became the quality of life of older persons. In 1990s, 'positive ageing', 'productive ageing' and 'successful ageing' were emphasized accordingly. In the 21st century, an ageing population seems inevitable all round the world. A new initiative, 'healthy ageing', has been brought forward by the WHO since 1996 for meeting the challenge of ageing. It is a holistic concept, which encompasses complete physical, psychological, social, economic, environmental and spiritual health. It focuses on maintaining health in the process of growing old by early preparation. It is an individual-community approach to ageing. By this concept, each individual is encouraged to aim for the optimization of health in relation to the normal age-related physical, psychological and sociological changes throughout one's life-span. This new premise re-confirms the holistic concept of health in Western societies, but the manifestation and interpretation of health is still compartmentalized as a result of the influence of the scientific and evidence-based ideology.

3.1.4 A comparison of Health philosophies between East and West

In referring to the historical development of health philosophies and medicine in both East and West, there are more similarities than differences in the expression of the concept of health between these two cultures. The fundamental elements in the

conceptualization 'Health' in both Western and Chinese societies are almost the same, but manifestations or interpretations have some variations. The comparative cultural analysis of the development of health philosophies and medicine in the East and the West, both Chinese and Western, reveals that health was conceived as a state of achieving both physical and psychosocial well-being. However, the Chinese are apt to approach 'health' holistically, whilst Western societies are more likely to adopt a compartmentalized approach.

In Western society, the concept of health was compartmentalized into different domains. Individually, people obtained health when they maintained physical, psychological, social, economic, spiritual and environmental health. To elevate this health concept onto the macro level, the relationship between people and the environment is also compartmental in nature in Western society. Unlike in Chinese society, people and environment are two independent existences. The relationship between people and the environment is thus contradictory: the tendency is to change the environment in order to make it favorable to people's health, rather than to adjust the relationship between people and the environment.

In contrast with this, the concept of health in the East has mainly developed from the

concept of holism, in which nature is regarded as an organic unity in which everything is closely related. As an inseparable part of nature, the human body depends on nature for its survival. Man has developed the ability to adapt himself to nature when growing up. For the human body itself, it is also an organic unity. Components of the body are inseparable in structure, and supplement and affect each other. Based on this notion, the concept of health in China is composed of two main perspectives: the body as an integral whole and the unity of man and nature. As Chen (1997) researched this area extensively, the following analysis is largely based on his work.

According to Traditional Chinese Medicine (TCM), the human body is an organic unity and integral whole, which is composed of a number of tissues and organs, which have different functions. The integrity of these functions ensures the normal activities of the whole body. According to TCM, the integrity of the body is centred on the Five *Zang* 五臟 (Heart, lung, spleen, liver and kidney) and Six *Fu* Organs 六腑 (Gallbladder, stomach, small intestine, large intestine, bladder and san jiao), which are connected via the Channels which go throughout the whole body. These Five *Zang* Organs interconnect with all the component parts of the body like sensory organs, orifices, etc. According to the theory of the Five Elements 五行 (metal, wood, water, fire and earth), organs and tissues of the body can be categorized into five groups matching the Five

Elements. These organs and tissues are basically generated from the Essence of the Five *Zang* organs. Hence, the normal physiological function of the body depends on the function of each of the *Zang* or *Fu* Organs. In the light of *Yin-Yang* 陰陽 doctrine, the *yin-yang* balance principle applies to everything - including the human body. Every object in the universe contains *yin* and *yang* forces. Some *Zangfu* Organs are denoted as *yang* in nature, while some are denoted as *yin*. The condition of the body is due to the interplay of *yin* and *yang*. An equilibrium state between these two forces refers to a healthy state. If the normal relation between these two forces is threatened, functional disorders occur in the whole body. For example, most Chinese elderly are likely to explain their emotional and physical illnesses in terms of an imbalance of *yin* and *yang* forces. Thus, the balance of *yin* and *yang* is closely related to the interplay among all organs and tissues and is essential in contributing to health.

Besides the human body itself, the unity of man and nature is crucial to the concept of health in China: man lives in nature and depends it for survival. Nature provides different environmental conditions that influence the health of mortals. Hence, man ought to develop his ability to adapt to the changes of nature. If changes are beyond man's capacity for adaptation, health deteriorates. There are three main types of natural influences: seasonal changes, daily changes and geographical changes, and all

these changes are caused by the waxing and waning of *yin* and *yang* in nature. So far as seasonal changes are concerned, the change in the four seasons clearly affects on the health of the human body: for example, *yang qi* 陽氣 grows in spring and is exuberant in summer, while *yin qi* 陰氣 appears in the autumn and is luxuriant in winter. Similarly, according to the man-in-environment relationship, *yang qi* in the human body is exuberant in both spring and summer, while *yin qi* is luxuriant in both autumn and winter. As for the daily changes, *yang qi* in the human body is exuberant from morning to noon, whereas *yin qi* in the human body is luxuriant after noon. As for geographical changes, people living in different regions may have different conditions and ways of life. For example, the *yin qi* of those living in the North West of China, where the climate is dry and cold, tend to be exuberant, in contrast to the *yang qi* of those living in the South East, who tend to be luxuriant. Therefore, in accordance with the concept of holism, Chinese people are encouraged to aim for the balance of *yin* and *yang* by adapting to the changes in nature.

Generally speaking, the fundamental elements in the conceptualization of 'health' in both Western and Chinese societies are almost the same, but their manifestations and interpretations have some variations. Chinese people are apt to manifest and interpret their concept of health by a holistic approach. The quality of a person's health is

determined by interactions among the organs and tissues and between the body and the surrounding environment. If one of them fails to function properly, the balance of *yin* and *yang* is distorted and health deteriorates. Therefore, a holistic approach to health is emphasized in Chinese society. Balance and harmony are essential to long life and well-being. In contrast, the concept of health in Western societies is more likely to be compartmentalized.

3.2 Analysis of different interpretations of health philosophy

In referring to the development of health philosophies and medicine in both East and West, there are more similarities than differences in the expression of the concept of 'healthy ageing' in these two cultures. The fundamental elements in the conceptualization of 'health' in both Western and Chinese societies are almost the same, but the manifestations or interpretations have some variations. These variations are basically derived from the differences in geo-cultural adaptation and individuals' lifestyles.

3.2.1 Body-mind-nature explanation --- a geo-cultural adaptation perspective

Human needs are essentially the same, but, with different geo-cultural adaptations, their manifestations and interpretations may be different. If we accept that the core

elements in the attitude to 'healthy ageing' in Chinese and Western societies are more or less the same, we can nevertheless accept that the people-in-environment element is a factor which influences the Chinese approach in such a way as to lead them to interpret the concept somewhat differently from their Western counterparts. According to the geo-cultural adaptation in China, the man-nature philosophy dominated in Chinese culture due to the great influence of Taoism and Confucianism, which slowed down the development of physical science in China. The influence on health development of doctrines from Taoism and Confucianism over thousands of years can be attributed to the geographical characteristics of China. 'Civilization in China developed along the Yellow and Yangtze Rivers, which were secluded from the North and the West by mountains, from the East by seas, and from the South by marshes, which limited the influence of other civilizations' (Chan, 1997). Therefore, the doctrines of balance and harmony in Taoism and Confucianism relating to man-in-his-environment led to the holistic interpretation of health in Chinese society. While ancient Europe was different from ancient China, it was decentralized geographically. Different tribes competed and lived nearer to each other (Chan, 1997). Such competition facilitated the development of physical sciences and the ideology of individualism in Europe. Therefore, Western societies are more likely to manifest their concept of health in a compartmentalized approach.

3.2.2 Cognitive-behavioural explanation --- individual lifestyle differences

Besides the geo-cultural adaptation approach, a cognitive-behavioural approach can be used to explain individual differences in the manifestations and interpretations of the concept of 'healthy ageing' in the same culture. As noted by Olds & Papalia (1986), people go through the same sequence of developmental stages in accordance with the same general chronological changes, but there is an increase in individual differences when people grow older. According to the cognitive-behavioural approach, people respond differently to the same stimuli since each of us undergoes different kinds of experience. For example, a balanced diet is one strategy which can contribute to "healthy ageing", but people with different lifestyles, chronological ages and life experiences will respond to, and interpret it, differently even if they are in the same cultural environment.

3.3 Model of 'healthy ageing'

Having gone through the conceptualization of 'health' and 'ageing' in both Chinese and Western literature, it is timely to generate a model of 'healthy ageing' by integrating the concepts of 'health' and 'ageing'. According to the discussion above, 'health' refers to a holistic state of complete physical, psychological, social, environmental, spiritual and economic well-being, whilst 'ageing' is a process of

growing old that starts from birth and ends at death. To combine these two concepts, 'healthy ageing' is a holistic concept. It is a total life -course approach in attaining optimal health. In achieving 'healthy ageing', people is expected to obtain his/her optimal physical and psychosocial well-being in each stage of human development, in which both physical and psychosocial well-being are interrelated and interact. In the course of human development, human beings can be divided into eight periods in their life-span. These encompass: Prenatal (pregnancy), Infancy (0-3), Early Childhood (3-6), Middle Childhood (6-12), Adolescence (12-20), Young Adulthood (20-40), Midlife (40-65) and Old Age (65+). To simplify the analysis of the tentative model of 'healthy ageing', attention will be focused on the stages from adolescence to old age.

Adolescence is a stage of development. In achieving 'healthy ageing', teenagers are encouraged to obtain optimal health by adjusting and adapting to the changes in which characterize this stage. Physically, pubescence begins at this stage of life. Adolescents go through rapid physiological changes which include a rapid growth in height and weight, a change in bodily proportions, the attainment of sexual maturity and the ability to reproduce. In respect of intellectual and cognitive development, adolescents are able to think in broader terms about moral issues and about plans for their own future. Psychosocially, adolescence is probably the most embarrassing time in the

entire life cycle. It is an impressionable age. Teenagers are sensitive to their physical appearance and are affected by their emotions. They are self-conscious about their individual identity. In social and personal development, unlike childhood, peer opinions are more influential than parents' in this stage. Teenagers construct and attain their identity and emotional support from peer groups who have similar attitudes and values. They share intimate thoughts and feelings. In achieving 'healthy ageing', teenagers are encouraged to attain physical and psychosocial well-being by eating well. In order to support their rapid physiological growth, and to avoid bad habits like drug abuse and smoking. They are encouraged to have schooling in this stage since it provides opportunities for teenagers to develop their future careers and their friendships and to promote their personal development. Since they are impressionable and emotional at this stage, it is important that love affairs should be well handled.

Young adulthood is the next stage of human development, which is a crucial stage in one's life-span. During this stage, people make many life decisions that will affect the rest of their lives. They start to be more concerned about their health, their careers and their personal relationships. Physically, young adults are the healthiest people in the population. In the mid-20s, most body functions are fully developed and reach their peak. Psychosocially, this is the most stressful stage in the life-span. At this stage, most

people leave their parental home, take their first job, get married, have and raise children. All these are major transitions in life. In achieving 'healthy ageing', the lifestyle of the young adult has a major impact on both present and future health. They are encouraged to pursue certain activities like eating well and exercising regularly and also refrain from bad habits like smoking and drinking alcohol. Since young adulthood is the most stressful stage, ways for handling stress are also essential. More importantly, the choice of career in this stage is also influential since it directly affects future economic well-being.

In contrast with adolescence, mid-life is a stage of declining. Physically, sensory functioning begins to degenerate. Some suffer from visual impairment and a loss of hearing ability. Wrinkles and grey-hair appear. Such degeneration makes the middle-aged adult realize that his or her body is not as strong as once it was. Menopause is also a significant physical change in mid-life, which has a great influence on both the physical and the psychosocial well-being of middle-aged adults, in particular of female adults. Some chronic illnesses such as heart disease, cancer, diabetes, and osteoporosis begin to appear this time. Psychosocially, work plays an important role. People at this stage are generally in the most secure financial position of their entire life. They have accumulated valuable social and professional experience.

Many of them attain powerful positions. However, middle age still has its own stress. The major stress in mid-life seems to be the sudden, unexpected, involuntary loss of a job, which links to mental and physical illness, to problems in family and social functioning, and to self-identity and self-esteem. People at lower social and economic levels exhibit more unhappiness and dissatisfaction among people at mid-life since unemployment is much more influential on their wellness both physically and psychosocially. In achieving 'healthy ageing', people in mid -life are encouraged to have body-screening regularly. In addition, they are encouraged to adopt a healthy living style, with light meals with healthy food, and adequate physical exercise; to refrain from bad habits, and to develop new social networks (since an individual's social network is likely to contract after retirement especially for male adults) and also plan for retirement.

In life course, old age is the last stage. In this stage, physical and psychosocial changes are inevitable, but they vary among individuals. Physically, chronic illness increases with age. Arthritis, rheumatism, heart disease, hypertension, diabetes and stroke are common chronic diseases at this time, and are the leading causes of functional disability. As for mental health, both dementia and Alzheimer's disease are common among older persons and there is an increasing rate of such illnesses in this group.

Psychosocially, old age is a transitional stage in the life-span. Most retirees lose their work role after retirement, which directly influences older persons' psychological, social and economic well-being. In addition, older persons are more likely to lose their intimate acquaintances, such as spouses and friends than people in other stages. Such tragic events can have a great influence on their health. In achieving 'healthy ageing', people in this stage are encouraged to adopt a healthy living style, involving light meals with healthy food, and adequate physical exercise such as yoga, taiji, qi gong; to take preventive measures like refraining from bad habits; and to have access to good medical care if necessary. They are also encouraged to develop new social networks, since social networks are more likely to contract after retirement and friendships are important for life satisfaction; to pursue lifelong learning, since learning can stimulate older persons' memory; to explore new interests; and to plan for life in retirement.

'Healthy ageing' may thus be regarded as a holistic life-course concept of health. People are encouraged to aim for optimal health when growing up. Nonetheless, 'healthy ageing' is not only a holistic, but also a dynamic, concept. It is a state of interaction and adaptation between people and the environment in order to attain optimal health in one's life-span. Ideally, people can enjoy 'healthy ageing' by adopting a health-promoting strategy in every stage of life. However, the uncertainty

of the external environment will limit our opportunities for keeping healthy to some extent. Therefore, individual, on the one hand, is required to adjust himself in order to adapt to the environment for the purpose of achieving optimal health, and, on the other hand, individual must also helping to shape the environment and then respond to it, rather than being merely a passive recipient (Kagan, 1979). Thus, an individual-community approach is crucial for attaining 'healthy ageing'.

To sum up, 'healthy ageing' is a three -dimensional model. Simply speaking, there are three main dimensions --- health, health-ageing, and health-ageing-environment. In the dimension of health, there are six cross-life domains which contribute to 'healthy ageing', namely, physical, psychological, social, economic, spiritual and environmental well-being. All of them are interrelated and interact. In achieving 'healthy ageing', individuals are encouraged to pursue well -being in each of these dimensions.

In the dimension of 'health-ageing', people is expected to attain his/her optimal physical and psychosocial well-being in each stage of human development in order to achieve 'healthy ageing'. In the course of human development, individuals experience eight stages of development from young to old. Since those stages overlap, each stage

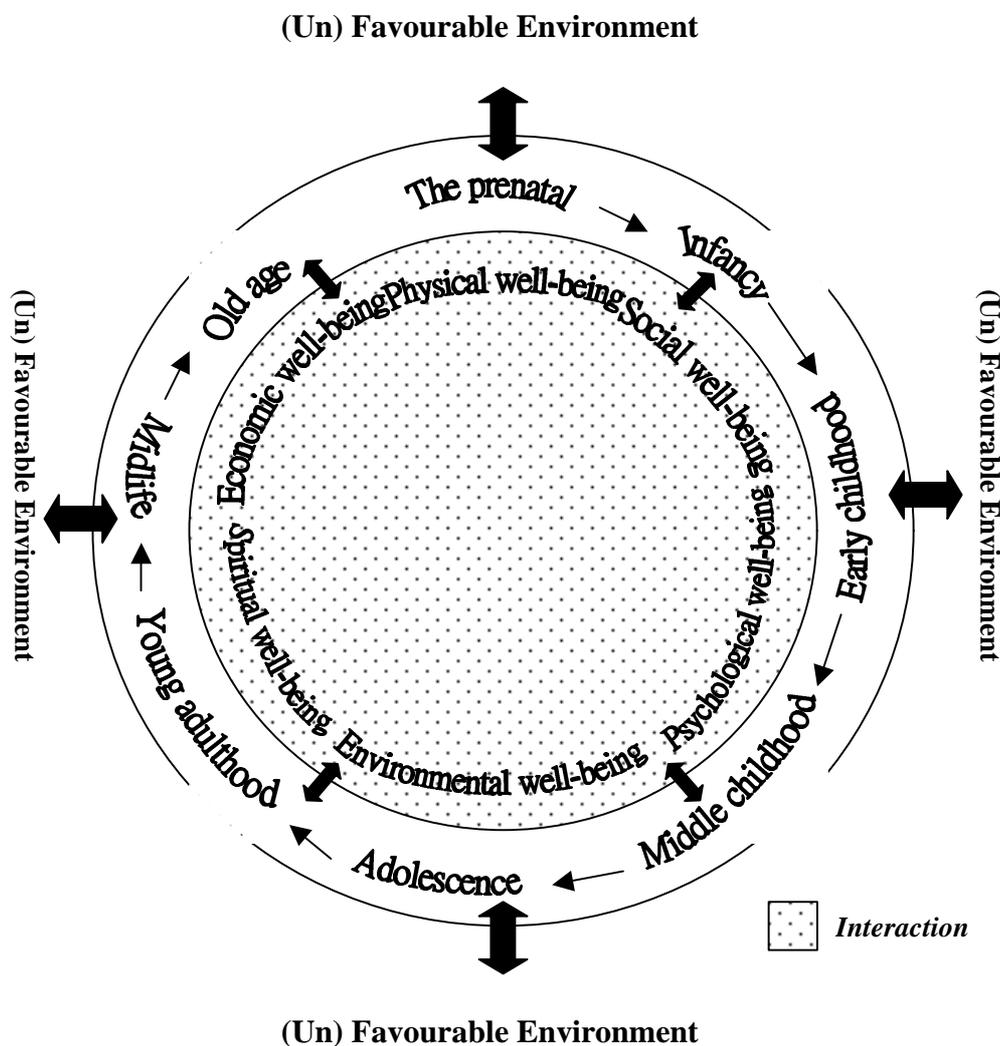
affects the others, so that health in the younger stages influences health in the older stages (Olds & Papalia, 1986). Thus, keeping healthy in the early stages benefits the health enjoyed in later stages. But surely that what happens in early stage might not be unchangeable at a later stage. For example, a nurturing environment can help a child overcome the effects of early deprivation. Thus, health-promoting strategies like quitting smoking can also be good for the health of older persons, even if they are in the later stages of their life-course.

In the health-ageing-environment dimension, interactions and adaptations between people and their environment are crucial to achieving 'healthy ageing'. For example, children who enjoy better nutrition and health care have a better health status and lower risk of dying in infancy than those who do not. Generally, people who face an unfavourable external environment will adjust themselves to achieve their optimal health when growing up. But, when people encounter a favourable external environment, they are apt to make a good adaptation to life. Thus, the people-environment relationship is crucial for attaining 'healthy ageing'.

However, even though people go through developmental stages in the same sequence and follow the same general chronology, there is still a great deal of individual

difference due to people-environment adaptations and individual life differences (Olds & Papalia, 1986). Therefore, 'healthy ageing' is a holistic and dynamic concept. Based on the discussion above, a model of 'healthy ageing' is developed and is set out below (figure 3.1).

Figure 3.1: A Model of ‘healthy ageing’ --- a holistic and dynamic concept



Health Approach (Cross-life domains)

- Physical well-being
- Psychological well-being
- Social well-being
- Economic well-being
- Spiritual well-being
- Environmental well-being

Ageing Approach (Young → Old)

- The Prenatal (pregnancy)
- Infancy 0-3
- Early Childhood 3-6
- Middle Childhood 6-12
- Adolescence 12-20
- Young Adulthood 20-40
- Midlife 40-65
- Old Age 65+

CHAPTER 4: FINDINGS FROM EXPERT IN CULTURAL STUDIES

Having discussed the findings from documentary analysis in previous chapter, this section turns to justify the tentative model of ‘healthy ageing’ by experts’ verifications.

With regards to the methodological considerations of this study, the tentative model of ‘healthy ageing’ framework is required next to have the verification by some experts who are familiar with either history or Chinese and Western cultures. In this study, an expert from cultural studies has been invited to work on the degree of matching of the proposed framework by in-depth interview. In the following, an initial analysis of the data will be given.

4.1 Respondent’s view on understanding health philosophy by historical review on medical development

To reconstruct the concept of ‘healthy ageing’ in Hong Kong society, an historical review on medical development is important for understanding those health philosophies in East and West. By documentary analysis, researcher attempts to develop the health philosophies in East and West by reviewing those documents about medical development since understanding the development of medical science is crucial to the understanding of health philosophies in both East and West.

Expert: ‘..my first impression on health is about their medical like Western medicine..’

4.2 Respondent’s view on health philosophy in China

By the comparative cultural analysis of the developments of health philosophies and medicine in East and West, Chinese people are apt to express and perceive health in holistic sense. According to Chinese ideology, nature is regarded as an organic unity in which everything is closely related, while man is an inseparable part of nature. Traditionally, relationship between man and the environment is harmonic. Man has developed the ability to adapt to nature when growing up. For human body itself, man is a microcosm in the macrocosm in the universe. Human body seems as an organic unity and integral whole. Components of the body are inseparable in structure and supplement and affect each other. Hence, health is about the harmonic state of man-environment and of human body itself.

Expert: ‘..Chinese’s concept of health, a holistic concept. If we wish to maintain our health, we not only concern about our body, but also reinforce and enhance our organs like heart, stomach, etc. It’s a holistic concept..for example, beside of learning yoga, we need to review the Chinese philosophy so that we can realize more about our health condition..health is a holistic state..’

Expert: ‘..in Chinese medicine, they refer to recuperation..only recuperation can enhance our bodies’ resistance..for example, if you suffer from headache, you are not taking some herbal medicine for headache only, because even your headache is recovered, you will have another problem very soon so that you must recuperate your whole body as well..’

Expert: ‘..traditional Chinese are apt to emphasize on the relationship between man and the nature; it’s a harmony relationship. Thus, those who study on Chinese medicine must study on Chinese philosophies like LaoZhuang 老莊 at the same time since these philosophies introduce the close relationship between man and the environment. Since we know that we are inseparable part of the nature, we must maintain a harmonic relation with the environment. For example, in our culture, man is the little part in the nature. Therefore, in Chinese landscape painting, man often represents a little part in whole picture, while natural environment is the main theme. This show that man is to live harmony in accordance with nature in Chinese society. Therefore, they approach health in holistic sense as well..’

4.3 Respondent’ s view on health philosophy in West

Unlike the Chinese interpretation on health, health philosophy in Western societies is compartmentalized into different domains. People obtained health when he / she maintained physical, psychological, social, economic, spiritual and environmental health. The relationship between people and their environment is contradictory. The tendency is to change the environment in order to make it favourable to people’s health rather than to adjust the relationship between people and the environment. Hence, the

concept of health is more likely to be compartmentalized in Western societies.

Expert: ‘..Western societies are more likely to view on health or sickness in compartmental approach instead of the holistic approach of Chinese..’

Expert: ‘..I think concept of health in Western societies is about the well functioning of each parts of our body..’

Expert: ‘..for example, the basic ideology of Western medicine is remedial, if you suffer from headache, doctor will give you some panadol, this reflects the health philosophy in Western societies is compartmentalized, concept of health is functionally interpreted..you seek health when some parts of your body dysfunction..’

Expert: ‘..as for Western societies; I think..they are more likely..the relationship between man and environment is different from Chinese’s. They are more likely concerning about how man conquers the nature. It’s a conflict relationship. They are contradictions in nature. Hence, if there is any problem, they tend to conquer it. If they suffer from any pain, they will take some medicine for releasing it rather than considering what is going on about the whole body..’

4.4 Respondent’s view on body-mind-nature explanation --- a geo-cultural adaptation perspective

Different geo-cultural adaptation is one of the important explanations on constructing different health philosophies in both China and Western societies. According to the

documentary analysis in the previous chapter, the fundamental elements in conceptualization of health in both East and West are almost the same, but the manifestations or interpretations have some variations. These variations are basically derived from the differences in geo-cultural adaptations. In traditional Chinese society, the geographical nature in China slowed down the development of physical science. The man-nature philosophy dominated due to the great influence of Taoism and Confucianism over thousands of years. Man's way of living is balance and harmony in accordance with the nature. Being influenced by those traditional doctrines, Chinese tend to interpret and manifest their health concepts in holistic sense. In contrary to China, Western societies developed a distinctive approach in manifesting concept of health. The power of decentralized in geographical characteristic facilitated competitions in West, which brought along the development of physical sciences and the ideology of individualism. Scientific thinking is greatly pursued and evidence-base ideology is dominant. People and their environment are in contradictory relationship. Therefore, the manifestations and interpretations on health tend to be compartmentalized.

Expert: ' ..of course, the differences of health philosophy between East and West are highly related to their cultural development. For example, traditional Chinese are apt to emphasize on the relationship between man and the nature, it's a harmony

relationship. Thus, those who study on Chinese medicine must study on Chinese philosophies like LaoZhuang 老莊 at the same time since these philosophies introduce the close relationship between man and the environment. Since we know that we are inseparable part of the nature, we must maintain a harmonic relation with the environment. For example, in our culture, man is the little part in the nature. Therefore, in Chinese landscape painting, man often represents a little part in whole picture, while natural environment is the main theme. This show that man is to live harmony in accordance with nature in Chinese society. Therefore, they approach health in holistic sense as well..as for Western societies; I think..they are more likely..the relationship between man and environment is different from Chinese's. They more likely talk about on how man conquers the nature. It's a conflict relationship. They are contradictions in nature. Hence, if there is any problem, they tend to conquer it. If they suffer from any pain, they will take some medicine for releasing it rather than considering what is going on about the whole body..'

4.5 Respondent's view on cognitive-behavioural explanation --- individual lifestyle differences

Beside of geo-cultural influences, different individuals' lifestyles and experiences will be another factor for individual differences in manifestations and interpretations on concept of health in the same culture. General speaking, concept of health should be the same provided that people are in the same cultural environment. But, based on the cognitive-behavioural explanation, people who are in the same culture response differently to the same stimulus due to different life experiences. Hence, there will be different manifestations and interpretations about the concept of health.

Experts: ‘..we should also concern about factor of different life experiences. For example, different generations experience different historical developments of Hong Kong society. These life experiences provided opportunities for individuals to develop his / her own concept of ageing and concept of health..’

4.6 Respondent’s view on concept of health in Hong Kong

As for concept of health in Hong Kong, it is undoubtedly a mixed concept that resulting from geo-cultural adaptation and different individual experiences. Taking that Hong Kong evolved with a mixture of both Chinese and Western cultural environments. Change of colonial and post-colonial governing results in a mixed concept of health in Hong Kong. Under different cultural edification, some Hong Kong citizens tend to interpret concept of health compartmentalized, while others are apt to manifest their health concept in holistic sense. Under such multicultural environments, younger generation is more likely to accept the Western style of health, whereas older generation tends to adopt the traditional style.

Expert: ‘..I think..i t’s mixed. Some of them are apt to the Western concept of health. They more likely functionally interpret their health status. They are more likely to seek help from doctors when they are suffering; they will also have surgery when needed. In contrast, some Hong Kong Chinese are apt to the holistic approach in conceptualization of their health. They believe in self-healing. They don’t believe that they should seek help from

doctors even if they are sick. They depend on themselves in changing their living style for retaining health. For example, they sleep earlier if they feel that they suffer because of not enough sleeping time..I feel, concept of health in Hong Kong is mixed, it composes of both the traditional Chinese and Western's' concept of health..'

Expert: ' .I feel, concept of health in Hong Kong is mixed, and it composes of both the traditional Chinese's and Western's' concept of health..individual choice very depends on which types of cultures you are to be edify much. For example, in general, Western medicine is dominant in Hong Kong's medical development. Traditional Chinese medicine has been recognized recently. Hence, Western's concept of health seems to be relatively dominant in Hong Kong..but this does not represent traditional Chinese's concept of health non-existing..'

Expert: ' .I think, young adulthood and midlife suffer from higher pressure. As for old age..I think it depends on class. For example, some older persons who are in lower class still work for themselves, since they don't have any retirement security. These will bring them much pressure. In contrast, those who are in middle-upper class are with less pressure because they have sufficient retirement pension, insurance, etc..'

Expert: ' .for physical well -being in Hong Kong, young people relatively do not concern about their health. They tend to functionally interpret their health rather than holistic manifestation. They do not pay much attention on their health..in contrast, older person more concern about their physical health. It is serious for them when suffering illness. But, I think social and psychological health are much essential to elderly, such as independent living, social recognition and so on, all these are more important for them..'

4.7 Respondent's view on concept of ageing

Ageing is another major component in concept of 'healthy ageing', which is subject as a process instead of an end-stage of life-span. According to human development, ageing is a process of growing old that starting from birth and ending at death. It is natural and integral. It is a continuous process of changes by referring to one's biological, psychological and social state. In ageing process, some adaptations and adjustments by individuals are required since there are many constraints in social environment.

Expert: '..Ageing..Ageing is..it's not 'Aged', it's not a chronological concept, it does not refer to years of age..even if we are in our twenties, our thirties, in every stages in our life..even a little child, there is an ageing process..'

Expert: '..Concept of ageing seems not to be interpreted and manifested by either holistic or compartmental approaches. I think the external environmental factors are more significant to interpret on ageing. It very depends on the material environment that provided by the society..'

4.8 Respondent's view on model of 'healthy ageing'

'Healthy ageing' is a three -dimensional concept, namely health, health-ageing and health-ageing-environment dimensions. It is a holistic and dynamic concept. It is a state of interactions and adaptations between people and their environment in order to

attain optimal health in one's life -span. For dimension of health, there are six cross-life domains in achieving 'healthy ageing', which involve physical, psychological, social, economic, spiritual and environmental well-being. All of them are interrelated and interacted.

Expert: ' .physical well -being is doubtless about whether you suffer from illness or not, and about whether you have dysfunction on your body or not. I think this is the most direct explanation on physical well-being. It's an essential indicator on health. I think, in Hong Kong societies, you are recognized as sick when you are unable to work...'

Expert: ' .I think, psychosocial well -being refers to a type of well-being that talking about the relationship between individuals and the society like pressure, which is an indicator about the social pressure..For example, suicide is one types of psychosocial health. Beside of individual reason, the social reason leading to suicide is also important...'

Expert: ' .I think, having more social support, being cared by adult children in later life, more social activities like volunteering can enhance social well-being..social well -being is good for health...'

Expert: ' .I agree that the economic well -being for Hong Kong older persons is fairly worse, which affecting their overall health in particular of social and psychological well-beings. For example, most applied for the Comprehensive Social Security Assistance (CSSA) or the Social Security Allowance (SSA) are guilty of being social burden. They feel that they are not respect in

society. These psychological stress will make them unhappy and inevitable affect their physical health..?

Expert: ‘..I agree that both religion and faith are good for health, at least they can make people more open-minded..?’

Expert: ‘..I think living environment is doubtless relevant to health. For example, public housing is beneficial to older persons since they can enjoy their relationships among neighborhood by open their doors together..in contrast, they can’t take cared each other in private housing. Hence, I think living environment is very essentials to health..?’

Expert: ‘..ideally, I think these six categories (physical, psychological, social, economic, spiritual and environmental well-beings) are the major domains in contributing “healthy ageing”..I agree that they are interrelated..?’

In the dimension of health-ageing, people can achieve ‘healthy ageing’ by attaining his / her health in each stage of his / her life. In this process, health in younger stage influences health in the older stage. Thus, keeping healthy in the early stage benefits to the health enjoyed in the later stages. But it cannot be said that what happens in early stage might not be unchangeable at a later stage. Adopting health-promoting strategies in the later stages can also provide opportunity for individuals to achieve ‘healthy ageing’.

Expert: ‘..I think younger people are relatively less concerned about their health. They will only concern about their health when suffering. They understand that late sleeping, going fever overnight, etc are unfavourable to health, but they won’t pay attention to it until getting illness. So, we can see a rising trend of pre-mature ageing in Hong Kong. Compared with our parents or grandparents, we suffer from back pain in our forties, but my mother is still with a good health status ...’

Beside of the dimension of health-ageing, the health-ageing-environment dimension is also important in model of ‘healthy ageing’. From the last dimension, people can ideally achieve ‘healthy ageing’ by adopting health -promoting strategy in every stages of life. But, those favourable and unfavourable external environments will limit and change the opportunities for us to achieve ‘healthy ageing’. To strike optimal health in one’s life-span, people are required to adjust themselves for adapting to their environment and also helping to shape the environment simultaneously. Thus, individual-community approach is crucial for attaining ‘healthy ageing’.

Expert: ‘..for psychosocial well -being, I think most of our Hong Kong Chinese are unhealthy since resource in society is extremely insufficient..and physical problems exist when psychosocial health cannot be attained. Therefore, I think these three aspects (social environment, physical well-being and psychosocial well-being) are interrelated, they are not separated...’

Expert: ‘.I think older persons who are insufficient in economic well-being still have their own types of social well-being. For example, older persons who live in old urban areas more likely attain their social well-being by their social network like from neighborhood..hence, I think old urban areas are very essentials for elderly to sustain their social well-being. I feel that social network is the only way that providing social well-being for them. For example, the common place that they play and talk together or the place that they have meals most of the time is also important for them. They feel happiness in such environment even though they don’t have sufficient economic support..’

Expert: ‘.the traditional preference of Chinese elderly to live with their adult children is highly related to the social policy. If there is a good welfare system in Hong Kong, the ideology of living with family in old age will faded. Because you can also depend on social welfare in later adulthood rather than depend on adult children as the major source of care ...’

Expert: ‘.I think most of our Hong Kong Chinese are unhealthy since resource in society is extremely insufficient..and physical problems exist when psychosocial health cannot be attained. Therefore, I think these three aspects (social environment, physical well-being and psychosocial well-being) are interrelated, they are not separated..’

To sum up, the tentative model of ‘healthy ageing’ developed from this study can be verified by expert to some extent. The interview shows that historical review on medical development contributes to understand health philosophies between East and West. It also expresses that the fundamental elements, say physical and psychosocial

well-being, in conceptualization of health in East and West are almost the same, but manifestations or interpretations have some variations. Based on their differences, Chinese people tend to interpret and manifest their concept of health in holistic sense, whereas Western societies are apt to interpret and manifest their health in compartmentalized basis. In referring to the interview, it illustrates that both geo-cultural adaptation and individual lifestyle differences are the main explanations for such differences. Thus, the concept of health in Hong Kong tends to be mixed in nature. As for the ageing concept, the interview shows that ageing is a process instead of an end-stage of life-span. It is a continuous process of changes. For the 'healthy ageing' model, the interview also illustrated that 'healthy ageing' is a three-dimensional concept. It is a holistic and dynamic concept. It is a state of interactions and adaptations between people and the environment in attaining optimal health in one's life -span.

CHAPTER 5: CONCLUSION AND LIMITATIONS TO THE STUDY

Generally speaking, this study is a conceptual study. Having gone through the discussions and analyses in the first four chapters, this section attempts to provide an overall conclusion of the study, by which findings from documentary analysis and from expert's verifications will also be discussed. Last but not least, some limitations and discussions on the study will be further illustrated.

5.1 Conclusion

In response to the challenge of an ageing population in Hong Kong, 'healthy ageing' is an emerging concept in age and health care policy of Hong Kong society. The term was first officially recognized by the Elderly Commission in its report in 2001. According to *the Healthy Ageing Report* (Elderly Commission, 2001), 'healthy ageing' is a total life-course approach in attaining optimal physical and psychosocial well-being. It aims to provide opportunities for us to achieve the best possible lives by individual-community approach. This initiative is the viewing of ageing as a positive process full of opportunities and needs. The focus is to improve the quality of life rather than curing and preventing disease. This concept provides a new orientation to disease and health in old age, which advanced from traditional dealing from a remedial and chronological view of aged care to a health promotion and

lifelong ageing perspective premise (Chan, 2000).

Nonetheless, there are evidently some limitations about the concept. This concept of 'healthy ageing' is principally rooted in the Western-based concept that originated from the World Health Organization (WHO) in 1996. There are different cultures in different places, so the Western concept might not be applicable to, or truly reflect the life philosophy for Hong Kong Chinese. It is also not easily understood by local older people since many of them are uneducated or have low formal education. They may guess the term mainly covers physical health with a varying emphasis on psychological, social, economic, spiritual and environmental aspects, but they may not be able to delineate those related concepts. More importantly, psychosocial well-being is a vague and broad component of 'healthy ageing' which is not located in the Report. 'Healthy ageing' is a holistic approach to health and ageing, but the report has not illustrated the relationship between physical and psychosocial well-being and the definition also compartmentalized physical and psychosocial well-being into two parts. Therefore, this study aims to evaluate the meaning of 'healthy ageing' and hopefully redefine it if need be in an Asian context.

Since the conceptualization of 'healthy ageing' is likely based on concepts of

'health' and 'ageing', which have always been here since the early days, an historical review on the origin of the concepts and the paths leading to what it is at present is necessary. Therefore, it is timely to work towards an explanation within the historical basis of the concepts of 'healthy ageing' in both Chinese and Western cultures since Hong Kong may undoubtedly has evolved under a mixture of both cultural environments, Hong Kong noted as the meeting place of East and West. This will give a better understanding of the explanation for the expressed discrepancies and for exploration of the present expressions of 'healthy ageing' in the Hong Kong.

By the comparative cultural analysis, the fundamental elements, say physical and psychosocial well-being in conceptualization of health in both East and West are almost the same, but manifestation and interpretations have some variations. In Western society, the concept of 'health' was interpreted and manifested compartmentalized into different domains. People are in state of health when they attain physical, psychological, social, economic, spiritual and environmental health. When elevating this concept to the macro level, the relationship between people and their environment is also compartmental in nature in Western society. People and environment are two independent existences. The relationship between people and their environment is contradictory. They tend to change the environment to make it

favourable to people's health rather than adjusting between people and the environment. In contrast to the Western counterpart, Chinese people are apt to manifest and interpret their concept of health by an holistic approach. Nature is regarded as an organic unity in which everything is closely related, while human body depends on nature for its survival. People have developed the ability to adapt to nature when growing up. For the human body, it is also an organic unity; components of the body are inseparable in structure and supplement and affect each other. Based on these notions, the quality of his / her health is determined by interactions and adjustments among the organs and tissues and between the body and the surrounding environment. If one of them fails to function properly, the balance of yin and yang distorts and health deteriorates. Balance and harmony are essentials to long life and well-beings in Chinese health philosophy.

As to the 'ageing' concept, 'ageing' is another major component of the concept of 'healthy ageing', which is envisaged as a process instead of an end -stage of life-span. According to the human (life-span) development approach, human beings can be divided into eight periods in the life span. These encompass: Prenatal (pregnancy), Infancy (0-3), Early Childhood (3-6), Middle Childhood (6-12), Adolescence (12-20), Young Adulthood (20-40), Midlife (40-65) and Old Age (65+). It is a natural and

integral process of growing old that starting from birth and ending at death, in which a continuous process of biological, psychological and social changes will be experience in one's life-course. In the ageing process, some adaptations and adjustments by individuals are required since there are many constraints in social environment.

After reconstructing those concepts above by documentary analysis, a tentative model of 'healthy ageing' has been developed in this study. Simply speaking, 'healthy ageing' is a holistic and dynamic concept. It is a state of interactions and adaptations between a person and the environment in attaining optimal health in one's life-span. It is a three-dimensional concept, health, health-ageing and health-ageing-environment dimensions in respectively. For the health dimension, there are six cross-life domains in achieving 'healthy ageing', which involve physical, psychological, social, economic, spiritual and environmental well-being. All are interrelated and interact. For the health-ageing dimension, a person can achieve 'healthy ageing' by attaining his / her health in each stage of his / her life. In this process, the health of younger stage influences the health of older stage. Thus, keeping health in early stage benefit to the health conditions in later stage. But it cannot be said that what happens in early stage might not be unchangeable for the

later stage. Adopting health-promoting strategies in later stage can also provide opportunity for individuals to achieve 'healthy ageing'. The health-ageing-environment dimension refers to the people-environment adaptation for attaining optimal health in life-span. Basically, people can ideally achieve 'healthy ageing' by adopting health -promoting strategy in every stages of life. But, those favourable and unfavourable external environments will limit and change the opportunities for us to achieve 'healthy ageing'. To strike optimal health in our life-span, people are required to adjust themselves for adaptation to their environment and also helping to shape the environment. Therefore, an individual-community approach is crucial for attaining 'healthy ageing'.

By and large, all these findings denoted above were verified by experts, who are familiar with cultural studies. The ultimate goal is to reconstruct the concept of 'healthy ageing' for worldwide. However, this study is only preliminary in nature as it only provided the fundamental framework of concept of 'healthy ageing' in Hong Kong, there are some limitations in conceptualization of the concept for a worldwide perspective. These findings but then can provide a good starting point for further, perhaps confirmatory, studies and later policy research and forward planning.

5.1.1 Significance of the study

Having provided an overall summary of the study, a further discussion on the significance of the study and the policy implications are necessary. In general, there are several contributions brought from this study.

Essentially, this study first reconstructed a concept of 'Healthy Ageing' in Hong Kong context. As mentioned, the existing concept of 'Healthy Ageing' from the Report is formulized by the WHO that might not be entirely applicable or, truly reflect the living philosophy of Hong Kong Chinese since Hong Kong has evolved under a mixture of both Chinese and Western cultures. Thus, this study first reconstruct the 'Healthy Ageing' model in Hong Kong context by a method of historical comparison between Chinese and Western concept of 'health' and 'ageing' that might be applicable in Hong Kong society.

The present study also located the right orientation of the concept by providing a better understanding of the 'Healthy Ageing' concept. With a clear concept of 'Healthy Ageing', elderly or up -coming elderly in Hong Kong may have an opportunity to achieve their best possible lives during the ageing process. In terms of policy implication, a clear concept may facilitate the HKSAR Government and the

policy makers to effectively formulate and promote the 'Healthy Ageing' campaign to all people not just for old age only and also to develop tailor-made policies to meet the ageing challenge by community approach.

Beside of providing a clear concept, this study redefined the 'Healthy Ageing' concept by an holistic approach. 'Healthy Ageing' is basically an holistic concept, but the existing concept provided by the Report compartments physical and psychosocial well-being into two parts. Thus, the present study redefined and reconstructed the model of 'Healthy Ageing' holistically by illustrating that 'Healthy Ageing' is a holistic and dynamic concept. It is a state of interaction and adaptation between people and the environment in obtaining optimal health in one's life-span.

Other than that, the study also provided a new insight and explanation on the concept of 'Health' between the East and the West. In general, most people expect that there is cultural difference between Western and Chinese societies, however the study found that there are more similarities than differences in conceptualization of 'Health'. The fundamental elements, say physical and psychosocial well-being, in both Western and Chinese societies are almost the same, but manifestations or interpretations have some variations due to the geo-cultural adaptation and individual

differences. This finding provides a new perspective on (comparative) cultural and relevant studies.

By and large, this study also provided a basic framework of 'Healthy Ageing', which pays the ground and stimulates for further researches in that field. As noted, this study redefined the 'Healthy Ageing' concept, which just provided the basic framework of the concept, further studies are necessary. Thus, the present study pays the ground for further studies to focus on different dimensions, life-stages or domains of 'Healthy Ageing' model so as to provide the fuller picture of the concept for promoting the 'Healthy Ageing' idea to all people in the long run.

5.2 Limitations to the study

This study aims to re-construct the concept of 'healthy ageing' in Hong Kong, which has not been studied in Hong Kong context before. Thus, the present study adopted a distinctive methodology for working out the concept, which is not commonly adopted in many Hong Kong masters of philosophy studies in Social Sciences. Nonetheless, there are some limitations of the study.

In accordance with methodological considerations, the researcher's interpretations

are crucial in this study, which can be said to low the level of objectivity. This study seems to be subjectively interpreted and it highly depends on the researcher's own interpretations since the concept has not been studied in Hong Kong society. But referring to the methodological considerations, those interpretations of both Chinese and Western literature and the tentative model of 'healthy ageing' have been verified by an expert, and to extent, this cross-checking can increase the level of objectivity of the study.

Ideally, the concept of 'healthy ageing' need to be applicable worldwide, but this study only provides a tentative model of 'healthy ageing' in Hong Kong, so further studies are required, in cross-cultural settings. This study has illustrated the concept of 'healthy ageing' in Hong Kong, there should be a further research to collect both professionals and older persons verification and to generalized the concept by larger sample size in different age groups, for example, doing a representative study among adolescence, young adulthood, mid-life and old age in the nearest future.

Last but not least, the small number of interviewee is another limitation in this study. The number of interviewees in this study is very limited; as in much qualitative research, this cannot give a comprehensive picture or verification of the concept

developed from documentary analysis. In further studies, experts from a wider range of disciplines and professions, including history, translation and other cultural studies are suggested to enhance the verification since this study implicitly impinges on those areas. The principal importance of this study is to focus on the historical review, yet further verification by expert is supplementary in nature.

APPENDIX I: VIEWS OF EXPERT ON CONCEPT OF HEALTHY AGEING

VIEW OF EXPERT	CODING
1) Respondent's view on understanding health philosophy by historical review on medical development	<p><i>'...my first impression on health is about their medical like Western medicine...'</i></p>
2) Respondent's view on health philosophy in China	<p><i>'...Chinese's concept of health, a holistic concept. If we wish to maintain our health, we not only concern about our body, but also reinforce and enhance our organs like heart, stomach, etc. It's a holistic concept..for example, beside of learning yoga, we need to review the Chinese philosophy so that we can realize more about our health condition..health is a holistic state..'</i></p> <p><i>'...in Chinese medicine, they refer to recuperation..only recuperation can enhance our bodies' resistance..for example, if you suffer from headache, you are not taking some herbal medicine for headache only, because even your headache is recovered, you will have another problem very soon so that you must recuperate your whole body as well..'</i></p> <p><i>'...traditional Chinese are apt to emphasize on the relationship between man and the nature; it's a harmony relationship. Thus, those who study on Chinese medicine must study on Chinese philosophies like LaoZhuang 老莊 at the same time since these philosophies introduce the close relationship between man and the environment. Since we know that we are inseparable part of the nature, we must maintain a harmonic relation with the environment. For example, in our culture, man is the little part in the nature. Therefore, in Chinese landscape painting, man often represents a little part in whole picture, while natural environment is</i></p>

	<p><i>the main theme. This show that man is to live harmony in accordance with nature in Chinese society. Therefore, they approach health in holistic sense as well...?</i></p>
<p>3) Respondent's view on health philosophy in West</p>	<p><i>'..Western societies are more likely to view on health or sickness in compartmental approach instead of the holistic approach of Chinese...'</i></p> <p><i>'..I think concept of health in Western societies is about the well functioning of each parts of our body...'</i></p> <p><i>'..for example, the basic ideology of Western medicine is remedial, if you suffer from headache, doctor will give you some panadols, this reflects the health philosophy in Western societies is compartmentalized, concept of health is functionally interpreted..you seek health when some parts of your body dysfunction...'</i></p> <p><i>'..as for Western societies; I think..they are more likely..the relationship between man and environment is different from Chinese's. They are more likely concerning about how man conquers the nature. It's a conflict relationship. They are contradictions in nature. Hence, if there is any problem, they tend to conquer it. If they suffer from any pain, they will take some medicine for releasing it rather than considering what is going on about the whole body...'</i></p>
<p>4) Respondent's view on body-mind-nature explanation (a geo-cultural adaptation perspective)</p>	<p><i>'..of course, the differences of health philosophy between East and West are highly related to their cultural development. For example, traditional Chinese are apt to emphasize on the relationship between man and the nature, it's a harmony relationship. Thus, those who study on Chinese medicine must study on Chinese philosophies like LaoZhuang 老莊 at the same time since these</i></p>

	<p><i>philosophies introduce the close relationship between man and the environment. Since we know that we are inseparable part of the nature, we must maintain a harmonic relation with the environment. For example, in our culture, man is the little part in the nature. Therefore, in Chinese landscape painting, man often represents a little part in whole picture, while natural environment is the main theme. This show that man is to live harmony in accordance with nature in Chinese society. Therefore, they approach health in holistic sense as well..as for Western societies; I think..they are more likely..the relationship between man and environment is different from Chinese's. They more likely talk about on how man conquers the nature. It's a conflict relationship. They are contradictions in nature. Hence, if there is any problem, they tend to conquer it. If they suffer from any pain, they will take some medicine for releasing it rather than considering what is going on about the whole body..'</i></p>
<p>5) Respondent's view on cognitive-behavioural explanation (individual lifestyle differences)</p>	<p><i>'..we should also concern about factor of different life experiences. For example, different generations experience different historical developments of Hong Kong society. These life experiences provided opportunities for individuals to develop his / her own concept of ageing and concept of health..'</i></p>
<p>6) Respondent's view on concept of health in Hong Kong</p>	<p><i>'..I think..it's mixed. Some of them are apt to the Western concept of health. They more likely functionally interpret their health status. They are more likely to seek help from doctors when they are suffering; they will also have surgery when needed. In contrast, some Hong Kong Chinese are apt to the holistic approach in conceptualization of their health. They believe in self-healing. They don't believe that they should</i></p>

	<p><i>seek help from doctors even if they are sick. They depend on themselves in changing their living style for retaining health. For example, they sleep earlier if they feel that they suffer because of not enough sleeping time..I feel, concept of health in Hong Kong is mixed, it composes of both the traditional Chinese and Western's' concept of health..'</i></p> <p><i>'..I feel, the concept of health in Hong Kong is mixed, and it composes of both the traditional Chinese's and Western's' concept of health..individual choice very depends on which types of cultures you are to be edify much. For example, in general, Western medicine is dominant in Hong Kong's medical development. Traditional Chinese medicine has been recognized recently. Hence, Western's concept of health seems to be relatively dominant in Hong Kong..but this does not represent traditional Chinese's concept of health non-existing..'</i></p> <p><i>'..I think, young adulthood and midlife suffer from higher pressure. As for old age..I think it depends on class. For example, some older persons who are in lower class still work for themselves, since they don't have any retirement security. These will bring them much pressure. In contrast, those who are in middle-upper class are with less pressure because they have sufficient retirement pension, insurance, etc..'</i></p> <p><i>'..for physical well-being in Hong Kong, young people relatively do not concern about their health. They tend to functionally interpret their health rather than holistic manifestation. They do not pay much attention on their health..in contrast, older person more concern about their</i></p>
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	<p><i>physical health. It is serious for them when suffering illness. But, I think social and psychological health are much essential to elderly, such as independent living, social recognition and so on, all these are more important for them..?</i></p>
<p>7) Respondent's view on concept of ageing</p>	<p><i>'..Ageing..Ageing is..it's not 'Aged', it's not a chronological concept, it does not refer to years of age..even if we are in our twenties, our thirties, in every stages in our life..even a little child, there is an ageing process..?</i></p> <p><i>'..Concept of ageing seems not to be interpreted and manifested by either holistic or compartmental approaches. I think the external environmental factors are more significant to interpret on ageing. It very depends on the material environment that provided by the society..?</i></p>
<p>8) Respondent's view on model of healthy ageing</p>	<p><u>The health dimension:</u></p> <p><i>'..physical well-being is doubtless about whether you suffer from illness or not, and about whether you have dysfunction on your body or not. I think this is the most direct explanation on physical well-being. It's an essential indicator on health. I think, in Hong Kong societies, you are recognized as sick when you are unable to work..?</i></p> <p><i>'..I think, psychosocial well-being refers to a type of well-being that talking about the relationship between individuals and the society like pressure, which is an indicator about the social pressure..For example, suicide is one types of psychosocial health. Beside of individual reason, the social reason leading to suicide is also important..?</i></p>

	<p><i>‘.I think, having more social support, being cared by adult children in later life, more social activities like volunteering can enhance social well-being..social well -being is good for health..’</i></p> <p><i>‘.I agree that the economic well -being for Hong Kong older persons is fairly worse, which affecting their overall health in particular of social and psychological well-beings. For example, most applied for the Comprehensive Social Security Assistance (CSSA) or the Social Security Allowance (SSA) are guilty of being social burden. They feel that they are not respect in society. These psychological stress will make them unhappy and inevitable affect their physical health..’</i></p> <p><i>‘.I agree that both religion and faith are good for health, at least they can make people more open-minded..’</i></p> <p><i>‘.I think the living environment is doubtless relevant to health. For example, public housing is beneficial to older persons since they can enjoy their relationships among neighborhood by open their doors together..in contrast, they can’t take cared each other in private housing. Hence, I think living environment is very essentials to health..’</i></p> <p><i>‘.ideally, I think these six categories (physical, psychological, social, economic, spiritual and environmental well-beings) are the major domains in contributing healthy ageing..I agree that they are interrelated..’</i></p>
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	<p><u>The health-ageing dimension:</u></p> <p><i>‘.I think younger people are relatively less concerned about their health. They will only concern about their health when suffering. They understand that late sleeping, going fever overnight, etc are unfavourable to health, but they won’t pay attention to it until getting illness. So, we can see a rising trend of pre-mature ageing in Hong Kong. Compared with our parents or grandparents, we suffer from back pain in our forties, but my mother is still with a good health status ...’</i></p> <p><u>The health-ageing-environment dimension:</u></p> <p><i>‘.for psychosocial well-being, I think most of our Hong Kong Chinese are unhealthy since resource in society is extremely insufficient..and physical problems exist when psychosocial health cannot be attained. Therefore, I think these three aspects (social environment, physical well-being and psychosocial well-being) are interrelated, they are not separated..’</i></p> <p><i>‘.I think older persons who are insufficient in economic well-being still have their own types of social well-being. For example, older persons who live in old urban areas more likely attain their social well-being by their social network like from neighborhood..hence, I think old urban areas are very essentials for elderly to sustain their social well-being. I feel that social network is the only way that providing social well-being for them. For example, the common place that they play and talk together or the place that they have meals most of the time is also important for them. They feel happiness in such environment even though they don’t have sufficient economic support..’</i></p>
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	<p><i>‘..the traditional preference of Chinese elderly to live with their adult children is highly related to the social policy. If there is a good welfare system in Hong Kong, the ideology of living with family in old age will faded. Because you can also depend on social welfare in later adulthood rather than depend on adult children as the major source of care ..’</i></p> <p><i>‘..I think most of our Hong Kong Chinese are unhealthy since resource in society are insufficient in the extreme..and physical problems exist when psychosocial health cannot be attained. Therefore, I think these three aspects (social environment, physical well-being and psychosocial well-being) are interrelated, they are not separated..’</i></p>
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APPENDIX II: QUESTION GUIDELINES FOR VERIFICATIONS

(Part I)

- (1) Having gone through your experience, how do you feel about the concept of health in Western society?
- (2) Having gone through your experience, how do you feel about the concept of health in China?
- (3) Having gone through your experience, how do you feel about the concept of ageing in Western society?
- (4) Having gone through your experience, how do you feel about the concept of ageing in China?
- (5) Having gone through your experience, how do you feel about the concept of health in Hong Kong?
- (6) Having gone through your experience, how do you feel about the concept of ageing in Hong Kong?

(Part II)

Which one of the below, do you feel is better to illustrate the concept of healthy ageing for Hong Kong Chinese? Or you have other ideas on this concept in Hong Kong context?

- 康健樂頤年
- 身心康泰
- 健康人生
- 康健老年

(Part III)

● **Physical well-being**

1. What is physical well-being in Hong Kong society? Are there any differences in different stages of one's life-span?

● **Psychosocial well-being**

2. What is psychosocial well-being in Hong Kong society? Are there any differences in different stages of one's life-span?

【Psychological well-being】

3. What is psychological well-being in Hong Kong society? Are there any differences in different stages of one's life-span?

【Social well-being】

4. What is social well-being in Hong Kong society? Are there any differences in different stages of one's life-span?

【Economic well-being】

5. How does the importance of economic status influence to health in Hong Kong society? Are there any differences in different stages of one's life-span?

【Spiritual well-being】

6. What is spiritual well-being in Hong Kong society? Are there any differences in different stages of one's life-span?

【Environmental well-being --- living environment】

7. What living environment do you feel is the most preferable among Hong Kong people? Are there any differences in different stages of one's life-span?

● **Others**

8. Do you feel the six areas discussion above is positively related to healthy ageing?
9. Do you feel the six areas discussion above is interrelated?

APPENDIX III: QUESTION GUIDELINES FOR VERIFICATIONS

(CHINESE VERSION)

第一部分

- (1) 在你經驗裏，你覺得西方對 Health 的觀念是怎樣的？
- (2) 在你經驗裏，你覺得傳統中國人對 Health 的觀念是怎樣的？
- (3) 在你經驗裏，你覺得西方對 Ageing 的觀念是怎樣的？
- (4) 在你經驗裏，你覺得傳統中國人對 Ageing 的觀念是怎樣的？
- (5) 在你經驗裏，你覺得香港人對 Health 的觀念是怎樣的？
- (6) 在你經驗裏，你覺得香港人對 Ageing 的觀念是怎樣的？

第二部分

以下哪一個字詞最能表達香港人心目中的 'Healthy Ageing' ？又或者你有其他更好的見議？

- 康健樂頤年
- 身心康泰
- 健康人生
- 康健老年

第三部分

● 生理健康

1. 對香港人來說，何為生理健康？不同的人生階段，在演釋上有沒有差異？

● 社會心理健康

2. 對香港人來說，何為社會心理健康？不同的人生階段，在演釋上有沒有差異？

【心理方面】

3. 對香港人來說，什麼是心理健康？不同的人生階段，在演釋上有沒有差異？

【社會方面】

4. 對香港人來說，什麼是社會健康？不同的人生階段，在演釋上有沒有差異？

【經濟方面】

5. 對香港人來說，經濟狀況對健康的重要性如何？不同的人生階段有沒有差異？

【精神方面】

6. 對香港人來說，什麼是精神上的健康？不同的人生階段，在演釋上有沒有差異？

【環境方面 --- 居住環境】

7. 對香港人來說，怎樣的居住環境最為滿意的？不同的人生階段，在演釋上有沒有差異？

● 其他

8. 你認為以上討論的範疇（生理、心理、社會...）對達致‘Healthy ageing’ 有沒有關係？
9. 你認為以上討論的範疇（生理、心理、社會...）互相之間有沒有關係？若有的話，它們的關係是如何的？

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