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OLDER PERSONS' PERCEPTIONS OF THEIR FUTURE:
A QUALITATIVE STUDY IN HONG KONG

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A QUALITATIVE STUDY IN HONG KONG

by
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ABSTRACT

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by

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This study examines older persons' hopes, fears and expectations for the future, a topic little explored in Hong Kong. The study of twenty-five people aged 65-85 years adopts a qualitative approach to explore the experiences that shape older persons' views of their future lives. Three models emerged from the empirical study, namely The Model of Resignation, The Model of Predestination and The Model of Adaptation.

The findings suggest that respondents who had and still have little social support from friends tend to live very much in the present; they do not look forward to the future nor do they have a strong anticipatory sense of it. In addition, the research identifies "turning points" related to life events mainly in the domain of marriage, health, work and living arrangements that shape people's attitudes toward their future. Turning points are identified by individuals as a moment when life is redirected into a different path. Turning points continue to influence subsequent events over their life-course. The concept of turning points helps us understand the life trajectories and transitions throughout the life-course.

The research also identifies variables that influence respondents' perceptions of their future. This research indicates that current living environment and living environment does not appear to play an important part in how respondents view their future. Respondents who believed they had performed their responsibilities to their family and society or have strong religious belief did not report any fears related to their health. Respondents who failed to maintain good marital relationships in the past or in the present did not create future hopes in the domain of social relationships.

The study further investigates how older people translate their future hopes into daily activities and how they obstruct fears of the future. Furthermore, the research finds that respondents reported their own health and the well-being of their family members as the most important life domain. The research provides both formal and informal caregivers with ideas suited to motivating older persons to think positively about their daily lives and their future.

DECLARATION

I declare that this is an original work based primarily on my own research, and I warrant that all citations of previous research, published or unpublished, have been duly acknowledged.



SO Shuk Ching Crystal
21 August 2009

CERTIFICATE OF APPROVAL OF THESIS

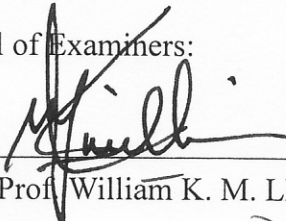
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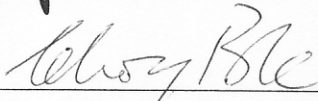
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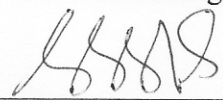
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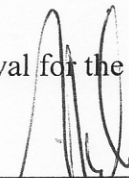
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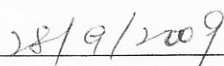
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TABLE OF CONTENTS

TABLE OF CONTENTS	i
LIST OF TABLES	v
LIST OF FIGURES	vi
ABBREVIATION	vii
ACKNOWLEDGEMENTS	viii

CHAPTER 1

INTRODUCTION

1.1 Background	1
1.1.1 Aging population in Hong Kong	1
1.1.2 Insights from the literature	1
1.2 Aims of the study	4
1.3 Significance of the study	4

CHAPTER 2

LITERATURE REVIEW

2.1 Possible selves	6
2.1.1 Conceptualization of possible selves	6
2.1.2 Implications of possible selves	6
2.1.3 Construction of possible selves from life-span developmental framework	10
2.1.4 Motivational components of possible selves	12
2.2 The concept of turning points	18
2.2.1 Trajectories and turning points over the life course: concepts ..	18
2.2.2 Nature of turning points	24
2.2.3 Chosen, ascribed and forced turning points	27
2.2.4 Types of turning points	27
2.2.5 Triggers of turning points	28

2.3	Social support	31
2.3.1	Social support in the Chinese Context	31
2.3.2	Concepts of social support	35
2.3.2.1	Informal social support	35
2.3.2.2	Definition of social support	36
2.4	Theories related to aging process	44
2.4.1	Disengagement Theory	44
2.4.2	Activity Theory	45
2.4.3	Continuity Theory	45
2.4.4	Life Course Theory	45

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1	The Research framework.....	47
3.2	Refined Conceptual Framework of older person's perceptions of their future	49
3.3	Classifications of Future perceptions	52

CHAPTER 4

RESEARCH METHODOLOGY

4.1	Study design and sample	55
4.2	Procedures	58
4.3	Method of data analysis	62

CHAPTER 5

FINDINGS

5.1	Demographic backgrounds of respondents	69
5.2	Emergent themes	71
5.2.1	Older persons' perceptions of their future.....	71
A.	The Model of Resignation: Living in the present	71

B.	The Model of Predestination: Unwilling to anticipate the future	72
C.	The Model of Adaptation: A contingency mentality.....	75
5.2.2	Perceived social support of the older people	78
A.	Future perceptions: The Model of Resignation	80
B.	Future perceptions: The Model of Predestination	82
C.	Future perceptions: The Model of Adaptation	84
5.2.2.1	Respondents' views on social support	90
5.2.3	Turning points	98
A.	The Model of Resignation: Occurrence of a single negative turning point in later life	104
B.	The Model of Resignation: Occurrence of two negative turning points in later life	106
C.	The Model of Predestination: Forced turning points in childhood	109
D.	The Model of Predestination: Emergent turning point	120
E.	The Model of Predestination: Negative forced turning points in the domain of marital relationships	121
F.	The Model of Adaptation: Occurrence of a single positive turning point in adulthood or later life	126
G.	The Model of Adaptation: Negative forced turning points in childhood	132
H.	The Model of Adaptation: Positive turning points related to their family members	141

5.2.4	Possible selves	154
5.2.4.1	Possible selves in health domains	154
5.2.4.2	Possible selves in the cognitive domains	164
5.2.4.3	Possible selves in the domains of social relationship	165

CHAPTER 6

DISCUSSION

6.1	Older persons' perceptions of their future	167
6.2	The construction of possible selves	173
6.3	Important domains in later life	175
6.4	The concept of turning points	175
6.5	Implications	178
6.6	Limitations.....	182

APPENDIX 1:	Sources of social support in order	184
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APPENDIX 2:	Guided interview questions	187
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APPENDIX 3:	Profile of respondents	191
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APPENDIX 4:	Two case studies	193
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BIBLIOGRAPHY	197
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LIST OF TABLES

Table 5.1	The age of respondents	69
Table 5.2	Respondents by gender	69
Table 5.3	Marital status of respondents	70
Table 5.4	Living arrangement of respondents	70
Table 5.5	Support patterns by informal networks of the respondents	89
Table 5.6	Distribution of turning points	100
Table 6.1	Sources of social support in order (Diversified support)	184
Table 6.2	Sources of social support in order (Friend-focused support)	185
Table 6.3	Sources of social support in order (Family-focused support)	185
Table 6.4	Sources of social support in order (Family-focused support)	185
Table 6.5	Sources of social support in order (Unsatisfactory and restricted support from friends)	186
Table 6.6	Source of social support in order (Self-supported)	186

LIST OF FIGURES

Figure 1	An example of a nonlinear life-course trajectory.....	19
Figure 2	A life-course trajectory with multiple turning points.....	24
Figure 3.1	Conceptual framework.....	51
Figure 4.1	Life trajectory.....	66
Figure R21	June’s life trajectory.....	105
Figure R24	Sing’s life trajectory.....	107
Figure C12	Ping’s life trajectory.....	110
Figure F9	So’s life trajectory.....	114, 153
Figure F8	Hong’s life trajectory	118
Figure C18	Yam’s life trajectory.....	121
Figure C19	Fa’s life trajectory	124
Figure D1	Ming’s life trajectory	127
Figure D6	Tai’s life trajectory	128
Figure C13	Siu’s life trajectory	130
Figure D2	Yip’s life trajectory	132, 151
Figure D3	Ching’s life trajectory.....	133
Figure F7	Wing’s life trajectory.....	134
Figure C14	Yee’s life trajectory	142,152
Figure C15	Sun’s life trajectory	144
Figure C16	Cloudy’s life trajectory.....	148
Figure 5.1	The construct of possible selves in health domains.....	154

ABBREVIATION

RCHE Residential Care Homes for the Elderly

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CHAPTER 1

INTRODUCTION

1.1 Background

1.1.1 Aging population in Hong Kong

Aging population is becoming an important issue in Hong Kong; there is a growing concern to motivate the elderly to live actively. The proportion of older persons aged 65 and over in Hong Kong will continue to increase throughout the next two decades due to the baby-boom of the 1950's and 1960's (Census and Statistics Department, 2008). The number of older persons has increased at an average annual growth rate of 5.1% over the past 45 years, from 1961 to 2006 (Census and Statistics Department, 2007). There were 852 796 older persons in Hong Kong in 2006. By 2030, it is estimated that 24.6 % of Hong Kong's population will be aged 65 or above (Census and Statistics Department, 2007). Traditionally, old age is associated with dependence, illness and lack of productivity. However, older people are invaluable to society and have the potential ability to contribute to society through paid and unpaid activities.

1.1.2 Insights from the literature

'Active ageing' is a key concept in current research and policy framework on aging. The World Health Organization policy framework conceptualizes active ageing as the life-long and continuing process of "optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002, p.12). It is helpful to consider the influence of various determinants that surround individuals, families and nations over the life course to enhance health, participation and security at different stages (WHO, 2002). However, the concept of

active ageing may not be adopted by or applicable to all older persons. Some older people may be unwilling to look forward to their future and may not try their best to live actively even if the external environment provides the opportunities for them to live actively. The 'Active ageing' framework may be challenged by the older persons' unwillingness to look forward or plan ahead for their future. It suggests that older persons' conceptions of future are worth investigation.

This study explores the older persons' conceptions of future in the broader context of their lives. Older persons are generally not given significant roles in society. Culture regulates our lives; people follow the habits, beliefs, norms and customs of culture. Rosow (1974) suggests that ambiguous roles of older people may be a source of anxiety and alienation for some persons, as they are not sure what to do because they are given meaningless guidelines such as 'take care of yourself' and 'be active'. However, Bengtson (1976) suggests that fewer norms to guide behavior in late life allow the elderly to enjoy more freedom and to choose what they like, which relieves them from societal restraints. There are different views about the concept of the "normless elderly". Although there may be fewer norms to guide behaviors in later life, norms still influence the aging process of individuals.

Norms define what is proper or improper behavior in a society. An age norm is considered to be the expected behavior at a certain age (Harris, 2007). For example, it is expected that people will get a job after schooling, and have grandchildren in late life. Age norms regulate the timing of such adult behavior. The expectations of age appropriate behavior can be referred to as "social clock". The social clock regulates people's behavior and determines if a major life event is early, on time or late (Harris, 2007). The social norms influence the aging process

in different aspects.

Institutional frameworks of education, marriage and family, work and retirement were important ways to regulate people's lives in older days, compared with modern society of the twenty-first century. People nowadays tend to emphasize individualism and do not embed traditional social roles. People are encouraged to choose their own life styles and create their own pathways. This point is supported by Giddens (1991) who stresses the importance of the individual's role in structuring self identity rather than the social forces in shaping self identity. Giddens (1991) describes the identity of the modern self as a self-reflexive project. However, the market forces and the government's policies are involved in shaping the identity of older people in modern society. The market gives the social identity of 'retired people' to older persons. Part of the identity formation is shaped by the market and the government by means of education policy, social support pension schemes and care for older people. The study focuses on how the older people view their future differently as the consequences of past experience as well as the integration of individual aspirations with external constraint.

1.2 Aims of the study

This study aims to examine older persons' hopes, fears and expectations for the future. This research explores the elderly people's perceptions of future and reveals how their senses of future is formed from their past experiences. This research examines the relationships between the patterns of social support and future perceptions. Furthermore, this research identifies a series of 'turning points' which impact on people's views of their future.

1.3 Significance of the study

Policy makers and health professionals tend to propose highly technical medical approaches for an aging society while neglecting the preferences of the elderly. This study emphasizes the heterogeneity of the elderly and explores their views on their future. Unwillingness to look forward to one's future might cause an elderly person to refuse to be involved in health promotion activities. An older person not actively involved in health promotion activities may create trouble for himself. At an aggregate level, this increases the burden of the medical services to society. Such personal troubles described above create public issues for society. An increase in the number of elderly who do not look forward to their future might create social problems for our next generations.

In my study, "future" is used as a concept of both time and experience^{1,2}.

¹Cambridge dictionary online (<http://dictionary.cambridge.org/define.asp?key=31890&dict=CALD>)

a. **the future:** a period of time that is to come

b. **in future mainly UK (US usually in the future):** used at the beginning or end of a sentence in which there is a decision about a plan of action or a warning

c. **futures:** agreements for the buying and selling of goods, in which the price is agreed before a particular future time at which the goods will be provided (a technical definition)

Rather than specifically referring to a particular temporal point, "future" refers to all moments along the timeline and the embraced events happening in this temporal range which have not yet been experienced by people at the "present". For individuals, they, and the world in which they are living, are entering the "future", and are going to encounter the happenings in the future. However, as the future has not been experienced, the exact happenings in the future are unknown to them. In other words, the "future" can only be perceived or imagined by individuals. All the descriptions about futures are therefore "future perceptions".

This research identifies variables which affect older persons' perceptions of future, and identifies life domains which are important to their construct of possible selves. It provides both formal and informal caregivers with ideas best suited to motivating older people to think positively about their daily lives and future.

²Compact Oxford English Dictionary (http://www.askoxford.com/concise_oed/future?view=uk)

Future (noun)

- a. **the future:** time that is still to come;
- b. events or conditions occurring or existing in that time.
- c. a prospect of success or happiness: I might have a future as an artist.
- d. Grammar a tense of verbs expressing events that have not yet happened.
- e. **futures:** contracts for assets bought at agreed prices but delivered and paid for later.

Future (adjective)

- a. existing or occurring in the future.
- b. planned or destined to hold a specified position: *his future wife*.
- c. Grammar (of a tense) expressing an event yet to happen.

CHAPTER 2

LITERATURE REVIEW

2.1 Possible selves

The concept of possible selves helps us to understand future hopes, fears and expectations of people. The contents of possible selves reveal people's current situations and aspirations. Possible selves motivate people to set and achieve goals to fulfill hoped-for selves and avoid feared-for selves. This study uses the concepts of possible selves to examine older people's perceptions of the future.

2.1.1 Conceptualization of possible selves

Possible selves are conceptualized as the representation of one's self in the future. Markus and Nurius (1986) introduced the concept of 'possible selves'. Possible selves are representations of one's self in the future which include both hopes and fears for the future. The 'hoped-for self' refers to what individuals would like to become ('preferred selves'), and the 'feared-for self' refers to what individuals are afraid of becoming ('feared selves').

2.1.2 Implications of possible selves

The content of possible selves is partly a function of one's current situation, while hopes and fears for the future reveal people's highest aspirations and concerns. The concept of possible selves is useful in understanding how people view themselves and how people grow older (Frazier & Hooker, 2006). In other words, the concept of possible selves investigate the individual strivings and subjective development goals which helps to yield "a clear picture of the psychosocial influences that shape 'who I am' now as well as the identity-relevant goals that shape

how one wants to grow older.” (Frazier & Hooker, 2006, p.44). The concept is more revealing than those only focusing on the present self-conceptions which yield a ‘snap-shot’ of the concept of self.

Possible selves can provide insight into the meanings and intentions of an action, the hoped-for selves provides insight to what a person is trying to do, while the feared-for selves provide insight to what a person is trying to avoid. For example, the student who aims to enter university will be more eager to get an A grade in a public exam than the student who does not want to get into university (Markus, 2004). People make sense of their experience in a unique way. Possible selves help us to understand how an individual makes sense of their own experience.

Possible selves reveal people’s concerns. Possible selves reflect the relative importance of life domains of older adults, health becomes increasingly important as one ages (Hooker, 1992; Frazier, et al., 2002). Further studies show that older adults have more hoped-for and feared-for selves in the domains of health, physical functioning and the ability to maintain one’s independence (Hooker & Kaus, 1992). Possible selves reflect people’s concerns.

Some researchers studied the contents of possible selves of the elderly and suggested their possible selves showed age-related concerns. Studies show that the domain of health, physical functioning, and the ability to maintain one’s independence are more frequently mentioned in the hoped-for and feared-selves by older adults than young and middle-aged adults (Cross & Markus, 1991; Hooker, 1992). In addition, research has been focused on the dynamic dimensions of possible selves. Frazier et al. (2000) found that possible selves remain stable over

time, moreover, possible selves in the domain of health has become more important with increasing age in later life. This result highlights that the changes to possible selves across time help us to understand the age-related concerns of older adults. In addition, a study conducted in the United States involving 151 older adults showed that the group of “oldest old”, who were in their 80s were more likely to report health related selves compared to other groups of older people. People in the 60s and 70s age groups reported leisure-related selves as their most important possible selves (Frazier et al., 2002). Besides, Frazier and Hooker (2006) found that people over 60 have better health and enjoy better resources and social environment than previous cohorts of older adults. Furthermore, researchers have demonstrated that the contents of possible selves reflect age-related themes of life; possible selves are linked with the aging process and influence the adaptation process across the span of life.

A more recent study suggested that older Australians were not solely focused on personal hopes and fears, some of them were more concerned for their family and friends than for themselves (Quine et al., 2007). Quine et al. (2007) found that older people are less likely to have future fears for themselves with increasing age. Also, respondents in advanced old age, from 85 year onwards, expressed no fears at all for the future. Studies revealed that older Australians were more likely to express hope than fear, and their hopes and fears focused on familial, social and environmental issues (Quine et al., 2007). Some expressed hope for world peace and happiness for all, improvement for the next generation, or a better government and political system (Quine et al., 2007). Some respondents expressed that their main hope focused on personal relations and health. This is consistent with Cross and Markus’s (1991) findings, social relationships were one of the predominant

themes in later adulthood. Furthermore, fears of becoming disabled or having an illness were frequently reported fears of older Australians. A small proportion of respondents reported fears of loneliness, being left on one's own, lack of contact, mental health, the aging process (getting old and living too long) and safety (home invasion). Also, Quine et al. (2007) found that both male and female Australian older people reported similar fears for offspring more frequently than for their dependent spouse or disabled child. Few older people reported the fear of becoming a burden on family members. Possible selves reflect people's concerns.

Implications of possible selves: Reflecting social environment

Possible selves are the individual's self-relevant expectations for the future, and are related to the social environment. Possible selves are developed through interactions with others, and are self-reflexive across the life-span (Breytspraak, 1984). People are free to construct their possible selves, but people tend to choose their possible selves depending on socio-historical context (Markus & Nurius, 1986). More recent study suggested that although individuals generate their possible selves, the possible selves are socially contingent and conditioned (Markus, 2004). Therefore, the construct of possible selves involves both determinism and free will (Anthis, 2006). The social world is always the source of the material for the creation of possible selves, such as the social relations with others. For instance, Oyserman and Markus (1990) found that adolescent's expectations for the future relate to their social environments. For instance, parents, friends, relatives, the classroom and the media all relate to an adolescent's social environment and are linked with possible selves. Social environments are the sources of possible selves. Adolescents who come from different backgrounds tend to develop different possible selves, and teenagers with constrained personal networks might lose the chance to

develop the positive possible selves that involve being loved. Thus, possible selves are not independently controlled by individuals.

2.1.3 Construction of possible selves from life-span developmental framework

The life-span developmental framework is often used to explain the constructions of possible selves. Some studies used the life-span developmental framework as a theoretical model to examine the myriad developmental contexts and factors that influence possible selves (Frazier & Hooker, 2006). The study of human development shows the interaction between environmental and biological forces (Bronfenbrenner, 1979; Baltes, 1997) and is characterized by a life cycle approach. The life cycle approach focus on interpersonal contexts, social norms and expectations, and how the role of culture affects the constructions of possible selves (Frazier and Hooker, 2006). For example, culture plays a significant role in affecting people's constructions of possible selves. Waid and Frazier (2003) found significant differences in the content of possible selves across cultures. The sample of older Hispanics had shown their collectivistic nature in the context of possible selves when compared with the non-Hispanic older adults' possible selves. The Hispanics' possible selves represent familial relations, roles and duties, while the non-Hispanic older adults' possible selves reflected a sub-element of autonomy, social relations, and quality of life.

The concept of life cycle provides an account of role sequences and linked lives. However, it assumes most people to go through the specific trajectories and roles in sequences, and fails to recognize that there may be diverse developmental trajectories related to gender or race or that adaptations will take different forms depending on the social contexts (Giele & Elder, 1998). The life cycle approach

focuses on relatively rigid, age-graded stages. It does not address the social contexts and is thereby sociologically limited. For that reason it is not the most appropriate approach to examine possible selves. The life perspective is more pertinent for this thesis because it offers conceptual tools for understanding developmental pathways which acknowledge the distinctive social and historical changes experienced by members of particular generations (Denzin, 1989).

Possible selves in relation to marital relationships, level of social participations, age and health

Life transitions such as divorce, have been shown to influence women's constructions of possible selves. The nature of possible selves differs between married and divorced women (Shabnam, 1994). Married women are more likely to report parenting and marital roles as their possible selves; divorced women are more likely to report work roles as possible selves and are more concerned with self-growth and maintenance of their independence (Shabnam, 1994). This suggests that marital status might affect people's views of the future.

The level of social participation appears to influence the nature of possible selves among adolescents. Volunteers aged between 14-19 years reported a greater amount of diversity of possible selves and showed a greater amount of social concern and social interest than non-volunteers and teens in therapy group at a counselling centre (Schneider, 1992). The contents of possible selves were different among volunteers and non-volunteers. Few studies focus on the contents of possible selves of the elderly in relation with their marital relationship and level of social participation.

Advances in old age and deteriorating health conditions are expected to affect the constructions of possible selves. Frazier et al. (2003) conducted a study to compare healthy older adults with chronically ill older adults to determine the frequency of reporting health-related selves and the degree to which future selves were articulated with regard to health and illness. There was no significant difference in the total number of domains between the healthy group and ill older adults. However, the reported domains of possible selves were different within the patient group; older adults diagnosed with early-stage Alzheimer's disease were more likely to report cognitive-related selves while older adults diagnosed with Parkinson's disease were more likely to report physical-related selves.

Work possible selves in relation to socioeconomic positions

Few studies focus on the relationship between possible selves and socioeconomic positions. Socioeconomic positions in one study were not related to individuals' work possible selves in early adulthood (Pisarik, 2006). There was no relationship between hoped-for work selves and socioeconomic positions, but a significant positive relationship was found to be related to possible selves in work (Pisarik, 2006).

2.1.4 Motivational components of possible selves

Possible selves may motivate people to achieve their hoped-for selves and obstruct their feared-for selves. Possible selves function as incentives for future behavior, provide individuals with hopes and fears, and motivate behavior through the self-regulatory process that helps individuals to strive to attain or avoid possible selves (Hooker, 1992; Frazier & Hooker, 2006). For example, the visions of the

successful future climb of a female mountain climber motivate her to have training in the gym today (Markus, 2004). Rather than applied as a frame after experience, possible selves are useful to understand the ongoing constitution of experience (Markus, 2004). The possible selves are the motivational aspect of self and are used to understand the meanings and intention of an action.

Possible selves as markers of adaptation

Some researchers believe that the integration of life challenges into a sense of self results in better adaptations; therefore, the process of making meaning of a challenging situation through future self-representations represents better adaptations. They are interested in possible selves as markers of adaptation in the developmental process (Frazier & Hooker, 2006), and aim to explore if possible selves reflect critical transitions and challenges in the developmental process. They believe that an individual may not adjust well to the challenging situation because they deny the occurrence of the life event. For instance, if older caregivers integrate the role of caregiver into their notions of possible selves, this may represent a cognitive adaptation that allows them to make sense of their efforts to support their spouses (Frazier & Hooker, 2006). The integration of developmental tasks into possible selves helps people to adapt to their life transitions and attain developmental goals.

Some researchers suggest that the construction of possible selves are grounded within developmental, interpersonal and sociohistorical contexts, for example “ a grandmother who wants to be able to bake cookies for her grandchildren is articulating aspects of aging, health, family and her role as the nurturing grandmother” (Frazier & Hooker, 2006, p.42). Findings show that the possible selves of older adults are not directly related to the developmental tasks when

compared with younger age groups (Hooker, et al., 1993). Older adults over age 60 do not include much of the developmental tasks in their possible selves, such as adjusting to the death of a spouse, establishing an explicit affiliation with one's age group and adopting and adapting social roles in a flexible way (Hooker et al., 1993). The developmental tasks of older adults, such as concern for health, adjusting to decreasing physical strength and health, establishing satisfactory living arrangement and adjusting to retirement were all linked with the possible selves (Hooker et al., 1993). It suggests that some developmental tasks are more important to the elderly, and their ways of developing possible selves differ from others age groups. However, those researches only show the linkage between developmental tasks and possible selves. They did not investigate the underlying reasons for the construction of possible selves. In contrast, this study explores the concerns of the elderly in later life as to understand the underlying reasons of their contents of possible selves.

Motivational orientations of possible selves: acting on images of the future

Possible selves serve as a link between the self-concept and motivation. Possible selves represent a source of reference and motivational resources that provide individuals with some control over their own behavior. For example, a hoped-for self where one passes an exam encourages an individual to study, while fear of being put in jail makes an individual avoid committing crime (Oyserman & Markus,, 1990). People attempt to achieve their hoped-for selves or expected possible selves and to avoid the feared-for selves.

Possible selves serve as motivators for behavior which provide goals for people. Empirical studies suggest that students lacking possible selves related to academics

do not strive for high educational achievement and prefer to be involved in other activities rather than educational activities (Osyerman et al., 2002). Furthermore, Oyserman and Markus (1990) found that groups of juvenile delinquents could be differentiated from the nondelinquent adolescents based on the content of their possible selves. The delinquent youths expressed “being involved in crime or drugs” as future fears and few of them mentioned future hopes related to school or achievement selves. The nondelinquent youth did mention achievement-related selves related to school and fears of not performing well in school. Possible selves help us to understand people’s goals and how they play an important role in motivating people to achieve their goals or to obstruct their fears.

Activities related to future hopes, fears and expectations

Researches have found that older people are more likely to take action to achieve their future hopes in the domain of health. The possible selves indicate older people’s desires for self-improvement, self maintenance or efforts to minimize or prevent losses (Smith & Freund, 2002). Another research has consistently found that older adults with a possible self in the domain of health are more motivated to engage in health-protective behaviors (Hooker & Kaus, 1992). Hoppmann et al. (2007) suggested that possible selves influence the adaptation process, and found that older people are more likely to perform daily activities associated with hoped-for selves in the domains of health and social relations, and there is no association in the cognitive domain or between feared selves and activities. However, Hooker and Kaus (1992) fail to support their hypothesis that older adults who do not spontaneously mention possible self in the domain of health will engage less in health protective behaviors than those who have a possible self in the domain of health. The motivational component of possible selves suggests that it is worthy to

study how people construct their possible selves.

Some researches suggested that temporal proximity of future possible selves has an impact on people's current motivation to act in ways to achieve their future goals. Strahan and Anne (2006) agree that possible selves are motivating. Additionally, they suggest that not all possible selves will have the same effect on motivating people's current action. Students who psychologically felt that graduation was in the near future were more motivated to put effort in studying than students who psychologically felt that graduation was in the distant future. It suggests that people are more motivated to attempt to achieve their possible selves when they feel the goals are in the near future. It is interesting to study how do the elderly perceive their future and what do they do to achieve their possible selves.

In summary, possible selves help to describe how people think about the future. Possible selves have a strong social basis as the images of the future strongly reflect past experiences with other people, role performances and experiences in institutions and organizations. In addition, possible selves are images of one's self in future social roles and relationships (Shanahan & Macmillan, 2008). Possible selves are motivational because people make plans about their future and try to achieve their desired future self or obstruct their feared self. All the empirical studies were conducted in Western society, the topic is little explored in Hong Kong.

Possible selves are not static entities, the way people conceptualize their future is a highly dynamic, socially embedded and ongoing process. The life course paradigm is useful to study the way people view their future. Firstly, each life phase is lined with past roles and experiences and anticipates "possible futures"

(Shanahan & Macmillan, 2008), thus, no phase of life can be viewed apart from earlier experiences. However, it does not mean that early experiences completely determine what will happen later. The life-course concept helps to identify the likely sequence of experiences that shape people's lives.

Secondly, the life-course concept indicates how society is organized. The life-course concept of age-graded sequence of roles, opportunities and constraints provides insight into people's lives throughout the phases of life: infant, childhood, adolescence, adulthood. The sequences or roles reflect involvement of the individual in the domains of family, school and work. For example, work roles, progress from informal work (e.g. housework), to paid work, to the first job of one's career and the last job of one's career to retirement (Shanahan & Macmillan, 2008). The social institutions provide opportunities and constraints that are tailored to people according to their chronological age. The age-graded social roles reflect the social structure of society. This dissertation explores the future hopes, fears and expectation of the elderly in relation with their past experience.

2.2 The concept of turning points

The concept of turning points helps to capture significant changes in people's lives. Past studies have shown that the concept of turning points is related to biographical, social and historical contexts. My research deploys the concept of turning points to examine the relationships between past experiences and future perceptions of the elderly. Turning points were identified by people in different stages of life. Older persons, in the later stage of life, tend to have better ideas about their life meaning.

2.2.1 Trajectories and turning points over the life course: concepts

The concept of turning points is useful in studies of the life-course. The concepts of trajectories and turning points are used to divide the life-course into complementary parts. Turning points are conceptualized as events or moments which consequentially shift or redirect one's life. Turning points can be events that redirect paths and result in a change in trajectory; important life events often act as turning points that alter trajectories.

Turning points represent life-course concepts that have produced change in one or more life trajectories. Elder (1985) describes the life course into "trajectories and transitions". Trajectories are interlocked and interdependent sequences of events in different areas of life. Abbott (2001) further defines "trajectories" differently from "turning points". Transitions encompass regular trajectories and radical shifts. For people moving from trajectory to trajectory, the "regular" periods of the trajectories are far less consequential and causally important than the "random" periods of the turning points. Turning points are more consequential than trajectories; they give rise to changes in overall direction or regime. Turning points create disturbances

intervening in a life-course. The life-course perspective highlights the importance of considering whether certain subgroups of people experience turning points differently.

Concepts of trajectories

Trajectories are pathways in life and refer to long term patterns of behavior, such as work life and parenthood. Gotlib and Wheaton (1997) define a trajectory as “the continuation of a direction” (p.1) and “the stable component of a direction toward a life destination and is characterized by a given probability of occurrence” (p.2). They further define a trajectory as a tendency to persist in life-course patterns, but not necessarily an unchanging probability of a life outcome. Figure 1 presents a trajectory reflecting long term changes throughout the life course, with no turning points occurring.

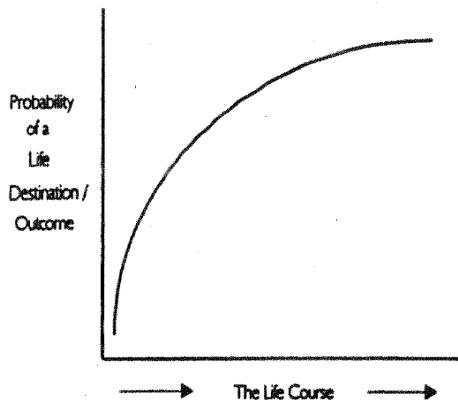


Figure 1. An example of a nonlinear life-course trajectory.

Figure 1. An example of a nonlinear life-course trajectory. (Gotlib & Wheaton, 1997)

Concept of trajectories and turning points

The concepts of trajectories and turning points are complementary to each other, and both concepts help us to understand the life-course (Gotlib & Wheaton, 1997). Elder (1991), for instance, mentioned that trajectories help to define whether a transition is a turning point or not. People judge whether a transition is a turning point with consideration of other life-course concepts. The life-course concepts, sequence, timing and context affect how people interpret events which determine whether it will be viewed as a turning point which redirects life trajectories. The concept of turning point is the subjective account of lived experiences which involves the consideration of the normative sequences of events, timing, and context. This suggests that the concept of turning points captures both the significant changes of the life of an individual and significant changes of the social environment. This study deploys the concept of turning points to examine the relationships between past experiences and future perception of the elderly.

Sequence

The sequences of events or transitions affect how people interpret events. The sequence of events refers to the order of events or transitions, and the normative order or disorder of events has consequences for people (Elder 1985). For instance, the likelihood that completion of school will be a turning point is affected by whether it occurs as part of an expected sequence of life tasks. An event such as completing a master degree at 38 instead of at 25 years of age exerts social meaning and affects future life directions as well (Gotlib & Wheaton, 1997). If one continues to study at 38 years old, it is likely to affect his options or abilities of marriage or to form a family. However, if a person graduates at the age of 25, it is less likely to influence the options available to him. The sequences influence the consideration of whether

a transition becomes a turning point.

Timing of events

In addition, the timing of an event affects whether a transition will change people's life direction. Elder (1991) explains the concept of a "normative timetable" for events governing consequences for the course of life. Elder (1991) specifies that age expectations define appropriate times for major transitions. The timing-of-events model is based on the concept of social time. "Social time is defined as the set of norms that specifies when particular life transitions or accomplishments are expected to occur in a particular society or social milieu. Social time refers to customs in the form of informal expectations that will specify when certain roles or responsibilities are to be taken on" (Clausen, 1986, pp.2-3). For instance, in a given society at a given time, there is an expected time for making major life transitions, such as finishing learning tasks in childhood and adolescence, and taking on occupational roles and familial roles, for marrying, for having children and for becoming a responsible, respected member of the community. The expected times may not be sharply defined, but they are well enough defined within a band of years so that a person has a feeling of being on schedule, early or late. When events occur "off time" which deviate from the normative expectations, it will affect the chances of the event becoming a turning point. The timing-of-events model provides one potential framework for viewing the major transition of adult life, predicting expected sequences and identifying certain types of life crisis.

Context

Human development is influenced by social and historical conditions. The specification of context draws on role theory and temporal considerations is essential

in considering whether a transition becomes a turning point (Gotlib & Wheaton, 1997). Four contextual factors influence the consideration of whether a transition becomes a turning point, including the role context, the biographical or life history context, the social context and the historical context.

Role context is specified by referring to “the ‘role history’” that precedes and informs the meaning of role-exit or role-redefinitions events.” (Gotlib & Wheaton, 1997, p.10). When retirement occurs, social factors such as the job nature, working environment and relationship with others in the workplace determine whether this will be a positive or negative life change. When marital dissolution occurs, the timing and roles determine whether it will be a positive or negative life change. Divorce early in life may foster a better accommodation to singlehood than in later years (Moen, 1997). The role context thus influences the consideration of whether a transition becomes a turning point.

Furthermore, biographical context includes the history of situations across a number of roles throughout the life course (Gotlib & Wheaton, 1997). Retirement will be considered a turning point depending on whether one has a spouse, whether physical health is good or whether one has supportive relationships with family members. The biographical context may affect the meaning that people attach to the retirement experience and whether the experience becomes a turning point.

In addition, the social context influences how people interpret events. It refers to the social circumstances that apply at the moment when the event or transition occurs (Gotlib & Wheaton, 1997). For example, divorce is more acceptable nowadays compared to the past when divorce was socially frowned upon.

The historical context refers to how macro historical events influence the nature of life course. Elder and Liker (1982) indicate that the Great Depression in 1930 transformed the life course of individuals in different ways. The Great Depression constituted a turning point in people's lives. For middle-class women, the economic hardship prompted better emotional health 40 years later, while for working-class women, it negatively affected their emotional health 40 years later (Elder & Liker, 1982). If one entered the labor force during the Great Depression, it significantly affected their life course. The historical context thus influences the consideration of whether a transition becomes a turning point.

In summary, this study uses the concepts of turning point to explore the social and historical context of people because the identifications of turning point reflect the role context, the biographical context, the social context and the historical context of people.

2.2.2 Nature of turning points

Turning points are difficult to define and can be identified only after the fact, when a new trajectory or system state is clearly established. Thus, “turning point” is a hindsight concept. It is also a “narrative concept”, referring to two points in time. In order to define a turning point, one must know that one’s direction was changed to a ‘new path’ (Abbott, 2001).

Figure 2 presents a life trajectory interspersed by three turning points, (A), parental divorce, (B), falling in love with a future spouse and (C), moving to another city in adulthood. The turning points redirect life and are shown by the solid line.

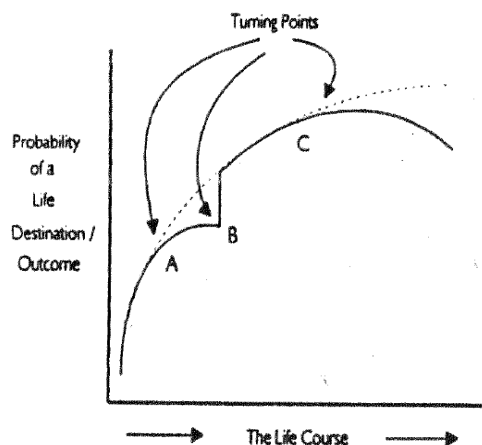


Figure 2. A life-course trajectory with multiple turning points.

Figure 2: A life-course trajectory with multiple turning points (Gotlib & Wheaton, 1997).

Gotlib and Wheaton and (1997) defined a turning point as a change in direction in the life course that redirects life into a new direction with respect to a previously established trajectory and has the long-term impact of altering the probability of life destinations. The trajectories should be defined with reference to a destination, such as long-term impact on mental health. As a result, the turning points are identified with hindsight.

Duration of turning points

Turning points have duration, which may occur within an hour, a day, a year or for long periods of time. The consequences of turning points do not depend on their duration, but on the characteristics of the turning points. Turning points may be abrupt, cumulative over time, symbolic or relived in the telling of it (Denzin, 1989). Denzin (1989) classified four types of 'epiphanies' that leave marks on people's lives and redirect life:

1. The major epiphany is the event which touches every fabric of a person's life
2. The cumulative epiphany signifies eruptions or reactions to experience which have been going on for a long period of time
3. The minor epiphany symbolically represents a major, problematic moment in a relationship or person's life
4. The re-lived epiphany represents episodes whose meanings are given in the reliving of the experience.

Some turning points are routinized as when a man starts to abuse and then continues to abuse his wife (Denzin, 1989). Some are emergent and cannot be predicted. Some are unstructured; people experience it, but do not understand what is going to happen.

Positive or negative turning points

People identify a life event as a turning point depending on its consequences. Individuals may respond to the same event differently and the same event can have positive outcomes, negative outcomes, or no effect on people's lives.

Universal turning points, conditional turning points and unconditional turning points

Researchers classified the effects of turning points and classified the effects as universal or conditional or unconditional. An experience can be defined as a universal turning point if the experience exerts a change in life trajectories to everyone that experiences them. Gotlib and Wheaton (1997) further suggested that most of the turning points are conditional in nature and exert different effects on different people. For example, transitions from primary school to secondary school may be defined as a turning point for a certain group of adolescences only. However, the classifications are not always widely applicable. For example, the Open Door Policy adopted by Deng Xiaoping in 1978 changed everyone's life trajectories in different ways. It is difficult to determine whether such a turning point is universal or conditional.

Conditional turning points occur between a prior trajectory (e.g. marital conflict) and an event that changed the directions of the trajectory (e.g. divorce). This contrasts with an unconditional turning point which Gotlib and Wheaton (1997) classified as a point that occurs when people thought a turning point unlikely to occur, such as increasing support from friends due to the death of a spouse. The increased support from friends was induced by the death of spouse. However, it is unclear to distinguish the nature of turning point by classifying it into unconditional turning points and conditional turning points. It is more meaningful to distinguish the turning points as positive and negative turning points because it shows the judgment of people about the transitions which triggered a turning point.

2.2.3 Chosen, ascribed and forced turning points

The occurrence of turning points may be self chosen or ascribed by individuals or imposed on individuals. Some turning points are chosen, such as marriages and friendships, while some are ascribed in nature, such as the death of a person (Mandelbaum, 1982). Furthermore, forced turning points occur when the change is compulsory/imposed. For example, some older people were forced to move into residential homes due to deteriorating health conditions, which redirected their lives. The literature explains the nature of turning points based on the cause of the life events that triggered a turning point.

2.2.4 Types of turning points

Researchers have identified different types of turning points, Wethington et al. (2001) classified turning points into seven groups based on the answers of seventy people aged between 28-65 years.

1. Awareness of growth and development
2. Awareness of the need to change the self
3. Asserting control over choices and direction of life
4. Recognition of limitations
5. Experiences of psychological loss or relinquishment
6. Managing mental health problems or depression
7. Giving up completely

The types of turning points experienced were found to differ by age. Wethington et al., (2001) found that middle-aged people aged 55 and above experienced more turning points than the younger or the elderly and reported the recognitions of limitations as turning points more frequently than the younger people. Changes in relationships, jobs or other roles induced the awareness of the need to

change the self and these changes were identified as turning points (Wethington, et al., 2001). People viewed the processes of re-evaluating commitments, values, decisions, relationships and work life as turning points in their lives. The use of psychological therapy and self-help groups were defined as turning points. People reported turning points as the experience of asserting control over choices which may result in awareness of growth and development, such as renewal of commitments to roles, relationships or work. Recognition of limitations such as learning that a job situation could not be controlled was reported as a turning point. Feelings of psychological loss or relinquishment were reported. Few respondents reported the experience of managing health problems and depression as turning points in life. Giving up completely on trying to change a situation or trait of the self was reported. However, the types of turning points were not mutually exclusive.

2.2.5 Triggers of turning points

Most of the turning points are induced by role transitions and changes in self conceptions. Also, the timing of an event may trigger a turning point.

Role transitions

Past studies show that turning points are often associated with role transitions. Role transitions, such as transitions related to important relations or entering in fresh relations with a new set of people (e.g. getting married, becoming a parent or grandparent, taking a new job, retiring), trigger a turning point (Mandelbaum, 1982; Wethington, et al., 2001). Turning points occur when people are aware that their future life will be changed (Clausen, 1993). The changes in commitments to major life roles, to activities in major life roles or to relationships with significant others, induced changes in people's future lives (Clausen, 1993). The role transitions can

be seen as a status passage and classified as ritualized turning points (Denzin, 1989). Most of the turning points are triggered by role transitions.

Identity

Changes in self concepts often induce a turning point. Turning points occur when people notice a major change of self and realize their strengths and weaknesses (Mandelbaum, 1982; Clausen, 1993). For example, involvement in volunteer and community leadership which has induced changes in perspective on life or changes in important life goals trigger a turning point (Clausen, 1993). Furthermore, participating in new sports and having time to develop a talent into a career have triggered turning points (Wethington, et al., 2001). Most of the turning points are triggered by changes in self concepts.

Life-course factors associated with turning points

Normative schedule

The timing of an event may trigger a turning point. Normative beliefs about age appropriate roles and their timing have an impact on how events are viewed (Menaghan, 1989). Timing is important to determine whether an event changed a person's life direction and if it is identified as a turning point (Wethington, et al., 2001). For instance, women who went back to work in midlife reported that they experienced a sense of growth, so they classified the experience as a turning point.

Examples of trajectories and turning point in the literature

Studies had focused on trajectories and turning point to understand adaptation in later life. Moen (1997) studied the pathways to resilience in the later years of adulthood by a life course approach. Moen (1997) proposed that "earlier resources

affect life pathways as well as psychological resources later in life” (p.136). Weiss (1997) studied the adaptation to retirement of forty-five men and twenty-seven women and found that retirement constituted a turning point in marriages because retirees had new needs for companionship and for support. Retirees made adaptations to the new way of life by participating in activities that were adequately engaging and accepting a new definition of self. The trajectories and turning points were used to study the adaptation in later life.

In summary, the identifications of turning points help to capture the major life transitions in people’s lives. Biographical factors, role contexts, social environment and culture shape peoples’ considerations of whether an event is a turning point. People identify the occurrence of turning points by reviewing their life.

2.3 Social support

2.3.1 Social support in the Chinese Context

In a Chinese context, social support is usually called *guanxi*, which refers to social ties or connections with people that result in mutual benefit (Chi et al., 2001).

Guanxi are relationships, often hierarchical, that are natural and essential for one's emotional life. The family and kinship *guanxi* is the strongest tie for Chinese individuals, followed by other *guanxi*, for instance neighbors and native-place ties, non-kin relations of equivalent status, and non-kin superior-subordinate relations. This regulates the behavior of people because they are expected to interact with others based on their *guanxi*, for example, the level of self-disclosure, and willingness to seek or provide help varies according to the relationship (Yang, 1994). Hence, *guanxi* is a decisive factor in influencing the way of interactions and provides people with a sense of belonging and security.

Seniority: Respect for elderly

As noted previously, the family and kinship *guanxi* is the strongest *guanxi* for Chinese individuals, the concept of filial piety helps us understand the intergenerational relationships between parents and children. Filial piety (*Xiao*) is rooted in Confucianism and considered a virtue in China. Confucius pointed out the meaning of *Xiao* as 'loyalty, respect and devotion to parents' (Wu, 1975). Chinese people expect the young to respect the elderly and honor their ancestors as well (Yang, 1959); *Xiao* includes providing parents with the necessary materials for the satisfaction of their physical needs and comforts. This can include paying attention to parents when they are ill, paying attention to their wishes, obeying their preferences and behaving in such a way as to make them happy and to bring them

honour and the respect of the community (Chow, 2001). Studies show that most parents in Hong Kong expect their children to make financial contributions to the family on a regular basis when they start working, as the contributions are seen as a sign of gratitude to their parents (Chow, 2001). The concept of filial piety is still upheld by most people in Hong Kong.

The concept of reciprocity

The meaning of filial piety involves reciprocal relationships between parents and children, which mean parents provided care for their children in the past, so they now receive care and love as the reward in their later life. In Hong Kong, family plays an important role in providing care for older people. For instance, Chow (1992) found that adult children often provide financial support and instrumental support, such as help in shopping, cleaning and cooking, visits to the doctors to their elderly parents. In Hong Kong, the elderly expect their adult children to provide reciprocal support to them in later life.

Reciprocity is an important concept in understanding social support and that everyone has to take turns providing care and resources according to their roles. Otherwise, it is hard to maintain filial behaviors without reciprocal relationships. Specifically, researchers have found that Taiwanese parents have formed reciprocal relationships with their children and have a concept of “*Jiu Bing Chuang Qian Wu Xian Zi*” (久病床前無孝子) which means there are no filial children at the bedsides of long-term sick people. (Lee, et al., 1994). If reciprocal relationships disappear and children need to provide care for a long time, it is hard to maintain filial behaviors. Reciprocal relationships encourage people to perform filial behaviors.

Additionally, the perception of reciprocity facilitates a positive perception of social support. For instance, older people who are mere recipients of support and have not formed reciprocal relationships reveal lower levels of life satisfaction when compared to those older people who act as active providers in exchange relationships (Lowenstein, et al., 2007). The concept of reciprocity provides a starting point for understanding the structure of social support.

The concept of reciprocity was found in western studies as well. The western studies suggest the idea of “Support Bank” to illustrate the concept of reciprocity in social exchange. “Support Bank” refers to the situation that individuals continually calculate the amount of support they give to and receive from others. An individual provides support for someone because the latter previously did the same for the former (Kahn & Antonucci, 1981; Antonucci & Jackson, 1990). However, the Chinese notion of filial piety stresses the obligations of adult children to perform filial behaviors to their parents and to their senior members of the family in Chinese society.

Evolving value

The spirit of respecting one’s parents is an appropriate value to regulate people’s behaviors in Hong Kong. Nevertheless, the practices of filial piety are evolving, specifically; children are less willing to seek advice from their parents on matters such as choosing a job or considering marriage (Chow, 2001). The elderly are no longer in a position to guide their younger generations, their knowledge is generally considered obsolete. Children may regard their parent’s wishes as important only when they are not in conflict with theirs (Chow, 2001). In addition, the living arrangements and geographical proximity influence the need for and provisions of

informal support from family members to older people in Hong Kong and affect the concept of filial piety (Lee & Kwok, 2005). The meaning of filial piety is changing and influences the intergenerational relationships and the support structure of older people.

2.3.2 Concepts of social support

Social support is a multidimensional construct. This section will focus on the operational definitions of social support in qualitative, structural and functional terms.

The concept of social support is typically conceived as positive social relationships in general and as one of the most important factors in determining an older person's quality of life. Empirical evidence has supported this proposition (Cobb, 1976, cited in Krause 2001, p.273; Argyle, 1987). It shows that social support is important for happiness and is beneficial to individuals' health outcomes. Furthermore, social support is found to reduce life stress and reduce mortality (Schwarzer & Leppin, 1992). Conversely, researchers have found that the lack of social support increases the risk of developing depressive symptoms (Henderson, 1992). A study in Hong Kong of three hundred and forty-four elderly people has shown that social support has a significant impact on the measure of health-related quality of life, and is associated with lower levels of depressive mood, a lower number of somatic symptoms and a higher level of functional health (Lou & Chi, 2001). Few studies have been conducted on social support in relation to people's perception of the future, a gap that the present study seeks to address.

2.3.2.1 Informal social support

Chinese people emphasize the family and kinship *guanxi* as the strongest *guanxi* and Chinese older people primarily rely on their family for support. This was supported by research conducted in Hong Kong; around one thousand adults in the study saw the family as an important source of happiness, support and money in later life (HSBC, 2004). My thesis focuses on informal social support which is provided

by nonofficial sources; such as family, friends, neighbors and community. Informal support can be classified as the support that is not provided by official sources where relationships are contractual in nature. In contrast, formal support refers to the provisions of support based on agreed terms (Leonard, et al, 1996), such as providers who are promised financial return for giving support. The study focuses on the relationship between informal support and older persons' perceptions of future.

2.3.2.2 Definition of social support

There are at least two approaches to defining social support; real definitions and operational definitions. Real definitions are statements that attempt to describe the essential nature of a construct, while operational definitions are concerned with how constructs are measured (Babbie, 1983). This research focuses on the operational definition to measure social support because this is an empirical study.

Real definitions of social support

There are inconsistent real definitions of social support. Most research used Cobb's (1976) definitions of social support as information that leads the receiver to believe that: 1) he is cared for and loved, 2) he is esteemed and valued, and 3) he belongs to a network of communication and mutual obligations (Cobb, 1976, cited in Krause 2001, p.273). Krause (2001) argues that Cobb's definition is too narrow as it focuses on emotional support. House's (1981) definitions are more comprehensive than Cobb's (1976) definitions. House (1981) defined social support as an interpersonal transaction of emotional concern (liking, love and empathy), instrumental aid (goods and services), information (about the environment) and appraisal (information relevant to self-evaluation). In general, social support refers to the actual exchange of support (Antonucci, 1990) and served as a function of

social interaction and relations. Hence, there are numerous ways to define social support.

In sum, social support refers to the function of social relations and is different from a social network and social integration. The term social network refers to the structure of social relationships, while social integration refers to the existence of social relationships (Dunkel-Schetter & Bennett, 1990). Social support can be further elaborated according to its availability or its activation in particular interpersonal transactions, people evaluate the available and the activated support and get satisfaction (Dunkel-Schetter & Bennett, 1990). Therefore, researchers begin to focus on the operational definitions of social support to measure it.

Operational definitions

There is lack of general consensus on the real definitions of social support. Recently, researchers have focused on the operational definitions of social support instead of real definitions of social support (Krause, 2001). Social support is a multidimensional construct that may be measured in many ways (House, 1981; Lin, et al., 1986) and it can be conceptualized in qualitative and quantitative aspects (Antonucci, 1990). Most of the studies distinguished received support and perceived support.

Received and perceived social support

Received support measures the amount of tangible help actually provided through an individual's social networks while perceived support measures the subjective evaluations of supportive exchanges, such as satisfaction with social support (Barrera, 1986, cited in Krause, 2006). Received support refers to the

behavioral aspect of social support and most of the researches measure it by asking respondents to report the frequency of support they have received. Perhaps the most widely used measure of received support is the Inventory of Socially Supportive Behaviors (Lakey & Cohen, 2007). Barrera (1981, cited in Dunkel-Schetter & Bennett 1990) developed the Inventory of Socially Supportive Behaviors to measure received emotional support. Researchers attempted to measure the received emotional support by asking respondents to report how often other people did particular activities for them, to them or with them.

On the other hand, perceived social support refers to the subjective perception of social support received by an individual. It refers to the support that a person believes to be available if he or she were to need it. The measure of perceived support asks respondent to make subjective evaluation about the availability and the quality of the support received (Lakey & Cohen, 2007). In other words, perceived social support is a cognitive appraisal concept (Stewart, 1989) and is expected to be more important than the measure of received social support as it is closely related to health outcomes (Barbara et al, 1990). Further studies support that perceived support exerts the strongest and the most consistent effects on health and well-being in later life (Norris & Kaniasty, 1996). The present study will focus on the perceived support to explore older persons' evaluations of supportive exchanges.

The composition of social support

There are different ways to conceptualize social support, such as the structural and functional aspects. The structural aspect measures social embeddedness which includes the size of support network, sources of support, frequency of contact, proximity and density (Antonucci, 1990; Barbara, et al., 1990). As the study does

not focus on the network structure, the size of support network and density will not be investigated. In fact, the size of support network or the existence of a social network does not necessarily point to a source of social support. Some network ties may be potential sources of conflict; such as conflicts between mother-in-laws and daughter-in-laws. The network size and the amount of support received may not be highly correlated (Lockery, 1992; Dunkel-Schetter and Bennett, 1990). I will examine the sources of support, frequency of contact and proximity to understand the support patterns of individuals.

Sources of support

Many studies focus on various kinds of support providers, and individuals who are linked in different kinds of relationships; from natural binding relationships such as mother and son ties; to self-chosen binding relationships such as friendships and husband and wife ties. In addition, the sources of support are classified into two types: network support and intimate support (Lin et al., 1986). Network support refers to actual linkages of the individual with others, for example, a peer group that provides a sense of bonding. The intimate support refers to family and confiding partners who are in binding relationships that give reciprocal and mutual exchanges to each other. However, classifications of Lin et al. (1986) are not mutually exclusive in nature, the classification of the network support can refer to the relations between family members. Thus, social support naturally comprises different social networks and provides different forms of support to individuals. According to House (1981), there are nine possible providers of support; they are one's spouse, relatives, friends, neighbors, work supervisor, colleagues, service or caregivers, self-help group or peer support and health professionals. This study focuses on the informal social support of spouse, relatives, friends and peers, neighbors, and self-help groups.

Frequency of contact and proximity

The present study adopted ideas from Barrera (1986) to measure the social embeddedness by the frequency of contact. Social support is best conceived as a process of social integration resulting from embedding oneself in the relationships (Barrera, 1986). Some studies concluded that as one gets old, one's social network will diminish. Life events such as widowhood (Morgan & March, 1992), or death of network members (Antonucci & Akiyama, 1987) result in the loss of network functionality. However, the death of a spouse may result in receiving more emotional support from adult children. Oxman and Hull (1997) argued that the size of the network is less significant than the availability of the source and the quality of the network. Furthermore, geographical proximity of social network influences the way of interaction. Friends and neighbors provide support in emergencies or immediate needs because of physical proximity and daily contacts (Litwak, 1985). Frequency of contact and proximity are important dimensions to measure the social support of individuals.

The function of social support

There are numerous ways to distinguish the functions of social support, for example, researchers distinguished instrumental and affective support in general (House 1981; Siu & Phillips, 2000). This study distinguishes instrumental support, emotional support, informational support and companionship support. The following definitions will be used to distinguish the functions of social support:

A. Instrumental support includes the provision of financial assistance, task assistance, and direct intervention to help the recipients (Kahn & Antonucci, 1981). Examples are providing help with shopping, and assisting the recipient to have a bath.

B. Emotional support refers to the activity of sharing sentiments or frustrations with others, reaching understandings on issues and affirming one's own (Lin et al., 1986). Emotional support refers to concerns for the receivers and provides the receiver with a feeling of comfort, reassurance, being loved and self-worth. Emotional support includes talking about problems and worries, giving encouragement and reassurance or providing an exchange of affection.

C. Informational support refers to the giving of advice, direct information and the information that comes indirectly from social comparison or feedback to help a person cope with personal and environmental problems. This information helps to clarify doubts and uncertainty. Informational support can facilitate coping with stress through enhancing cognitive and behavioral coping. The redirected inappropriate coping activities can result in the increased ability to tolerate stress (House, 1981).

D. Having companionship support arouses positive emotions. Past researches illustrate that older adults experience higher levels of arousal and its positive affects when they are with friends than when they are with family members. Friends serve as companions for meaningful leisure activities, such as hobbies, sports, religious and cultural activities (Larson, et al., 1986). Companionship provides a sense of belonging and may contribute to well-being through recreation, humor and affection (Cohen & Wills, 1985; Rook, 1987). Additionally, companionship may help people to transcend mundane concerns and problems. Larson et al. (1986) found that when older adults were with friends, they reported thinking more often about games, exercise, entertainments, and religious activities. As a result, having companionships arouses positive emotions and may help people to transcend everyday concerns.

Thus, the study distinguishes companionship support as one of the function of social support.

Companionship: contribution to feelings of friendships

Companionship support is mainly provided by friends. Rook (1990) suggested that companionship is a predictor of who is regarded as a friend. Although older people have plenty of leisure time after retirement, they are selective in social contact in later life (Carstensen, 1995). The socioemotional selectivity theory suggests that awareness of limited time leads older people to place greater importance on emotional goals (Carstensen, 1995). Older people being invited to accompany each other symbolizes that they view each other with high regard and their feeling of self-worth, respect and appreciation may rise. Companionship is motivated by mutual appreciation of one another's company and does not involve the helper-receiver relationships (Rook, 1990). This avoids the feeling of indebtedness to the helper in the social support relationships.

Otherwise, lacking companionship may result in distress. Weiss (1973) suggested that friendship provides the opportunity for companionship and for social events. People lacking friendship may experience distress or social isolation. Hawthorne (2006) deems a person socially isolated if they are living without companionship, social support or social connectedness. The socially isolated are associated with poorer health quality, sense of life meaning, level of satisfaction, wellbeing and community involvement (Cantor & Sanderson 1999). Accordingly, companionship acts as an important function of social support. This study will examine the relationship between companionship support and older persons' perceptions of future.

Function of social support in later life

There are few studies that focus on the function of social support in relation to a time perspective. The socioemotional selectivity theory (Carstensen, 1995; Carstensen et al., 2003) emphasizes the importance of future time perception on selection of social partner and proposes that the motives of social contact change according to people's time perspective. Carstensen (1995) argued that older persons who perceive their future time as more limited are more likely to engage in social interaction for emotional gains. Fung et al. (2005) found that Chinese older persons in Hong Kong who perceived a greater lack of future time derived more meaning from grandparenthood. They viewed the time perspective as a predictor of social motives. However, Fung et al. did not explain which group of the elderly tends to perceive their future as more limited. This study explores the associations of social support with perceptions of future.

To summarize, social support is central to understand aging within the Chinese context, the concept of filial piety shaping the subjective perception of social support. Additionally, social support is conceptualized in its structural (sources of support, frequency of contact and proximity) and functional aspects (instrumental, emotional, informational and companionship support) in this study.

2.4 Theories related to aging process

There are two contrasting theories that postulate how individual behavior changes with aging; they are the Disengagement Theory and the Activity Theory. A third, Continuity Theory, implies that neither Activity nor Disengagement Theory explains adjustment to aging.

2.4.1 Disengagement Theory

Disengagement Theory was developed by Cummings and Henry in the late 1950's. The theory proposed that disengagement is inevitable in old age and aging involves the gradual relinquishment of social roles and withdrawal from social interaction. The Disengagement Theory is the first formal theory to explain the aging process; it proposes that both the individual and society prepare for the ultimate disengagement (death) through the process of withdrawal, the individual withdraws from society and society withdraws from the individual. Older people prepare for their deaths by withdrawing from their social roles and functions.

Disengagement Theory proposes the process of disengagement as an inevitable, rewarding and universal process, and argues that it is beneficial for both the aging individual and society. Older people withdraw from the society in order to minimize the social disruption caused by an aging person's eventual death (Neugarten, 1996). Similarly, Cumming and Henry (1961) claimed that the disengagement of older people in retirement is functional. Retirement frees people's time and allows them to pursue other roles not necessarily aligned with generating income in later life. Also, through disengagement, society anticipates the loss of older people through death and brings "new blood" into full participation within the social world. In contrast to Disengagement Theory, proponents of the

Activity Theory argued that the process of disengagement may go against the will and desire of the elderly (Havighurst, 1961).

2.4.2 Activity Theory

Activity Theory contradicts the Disengagement Theory; it postulates that older individuals who maintain the activities and attitudes of their middle age are more likely to achieve successful aging. The Activity Theory was developed by Havighurst, Neugarten and Tobin, and claims that a successful old age can be achieved only by maintaining roles and relationships (Powell, 2001). The Activity Theory proposes that it is important for individuals to find substitute activities for role losses, and to remain active and maintain regular activities, roles and social pursuits in old age. The replacement of roles and activities in later life helps to enhance the life satisfaction of the elderly.

2.4.3 Continuity Theory

Continuity Theory postulates that maintaining patterns of activities and lifestyles is the most common strategy for adaptation in later life. According to the Continuity Theory of aging (Atchley, 1989), individuals do not really change as they age; they choose a lifestyle in old age that is most like patterns in middle age. A person's adaptations to young adulthood and middle age predict that person's general pattern of adaptation to old age.

2.4.4 Life Course Theory

Some theories describe people's lives according to developmental stages and explain the dynamic, contextual, and process nature of aging. Researchers find that the process of successful development depends on the achievement of a number of

interrelated tasks so that achievement on a task of one age tends to be associated with other tasks of the same age. Havighurst (1972) identified and described the human life cycle in terms of the following age periods, each with its own developmental tasks: infancy and early childhood, middle childhood, adolescence, early adulthood, middle age and later maturity. For instance, Havighurst (1972) classified people who are aged 60 above to be dealing with the following: adjusting to decreasing physical strength and health, adjusting to retirement and reduced income, establishing satisfactory living arrangements, meeting civic and social obligations, adjusting to death of spouse, and establishing an affiliation with one's age group. Furthermore, Havighurst (1972) suggested that people who are successful in achieving the developmental tasks leads to happiness, growth, and success with later tasks. On the contrary, failure to achieve the developmental tasks leads to unhappiness, disapproval by society and difficulty with later tasks. Development tasks represent age-specific goals and developmental challenges.

In summary, controversy over the Activity versus Disengagement Theory of aging shaped the field of social gerontology in the 1960s, but neither of them fully explained successful aging. More variables must be examined to explain the aging process, such as the role of society and how the age norms shape the way people behave at any given age.

CHAPTER 3

CONCEPTUAL FRAMEWORK

3.1 The Research framework

This study adopts the Life-Course model as the conceptual framework for exploring the elderly's sense of future within the context of broader social influences. The life- course perspective is more appropriate today which helps to study how lives are socially organized in biological, social and historical time. Furthermore, the life- course approach helps to explore the effects of early life course on later outcome.

What are the principles of the life-course approach? Firstly, the principle of “linked lives” emphasizes the interconnectedness of lives (Bengtson et al., 2005). It studies the life stages taking into account cross generational developments; from infancy to the grandparents of old age. The life-course does not assume a stable social system and it is more appropriate to understand people's lives in the changing world.

Secondly, the life-course perspective orients the study to explore how lives are socially organized and emphasizes the importance of historical conditions and changes for understanding individual development and family life. The life-course perspective emphasizes the interlay between social structure and individual agency (Giele & Elder, 1998). The life course perspective recognizes that individuals are active agents in the construction of their lives. They make choices within the opportunities and constraints provided by family background, stage in the lifecourse, institutional arrangements and historical conditions (Bengtson et al., 2005). The

life-course perspective helps to understand the interplay between individual agency and specific organizations or contexts.

Thirdly, the life-course approach emphasizes the importance of social and historical context in shaping individual lives, for examples, depressions and wars shape individual psychology, family interactions and world views (Bengtson, et al., 2005). The life-course perspective helps to understand people lives in relation to social and historical context. Fourthly, the life-course approach emphasizes the importance of transitions and their timing relative to the social contexts in which individuals make choices (Bengtson, et al., 2005). For examples, all age cohorts were confronted by the social upheavals of the late 1960s and 1970s, but at different stages in their lifecourse which presented different options and adaptive pressures. Age serves as the analytic link between changing lives, changing family relations and changing historical contexts (Bengtson, et al., 2005). A cohort is a category of people with common characteristics. Age cohorts are likely to share a social and cultural history and experience the economic and political conditions at similar stage of life; the members of the same cohort typically display comparable attitudes, values and claim similar experiences (Giele & Elder, 1998). In my research, respondents are aged between 65 and 85 years. The older cohort aged 70s and 80s experienced similar experiences such as wartime sufferings during the Sino-Japanese War and Japanese Occupation. The younger cohorts aged 60s tended to experience the Civil War, Great Leap Forward and Cultural Revolution. Their backgrounds were similar, their families worked on the farm and most of them had elementary educational levels, but the experiences influenced their attitudes and behaviours in distinctive ways across their lifecourse and influenced their way of conceptualizing their future.

Variables affecting the constructions of possible selves

The review of the literature shows that culture, social environments, marital relationships, level of social participations, age and health affect the construction of possible selves and the contents of future hopes, fears and expectations. The study aims to explore variables that affect the construction of possible selves by looking into respondents with different socio-economic backgrounds, living environments and marital relationships. Socioeconomic positions affect the individual's life chances and may affect one's perception toward the future. Therefore, individual occupation and educational attainment are used as indicators of an individual's position in economic and prestige hierarchies. The mobility of the elderly is much lower than other population groups, so the local environment and the living environment are likely to be of even greater influence on their well-being than for other age groups (Phillips, 1999). For this reason, the study explores older people perceptions of future in relation with living environment.

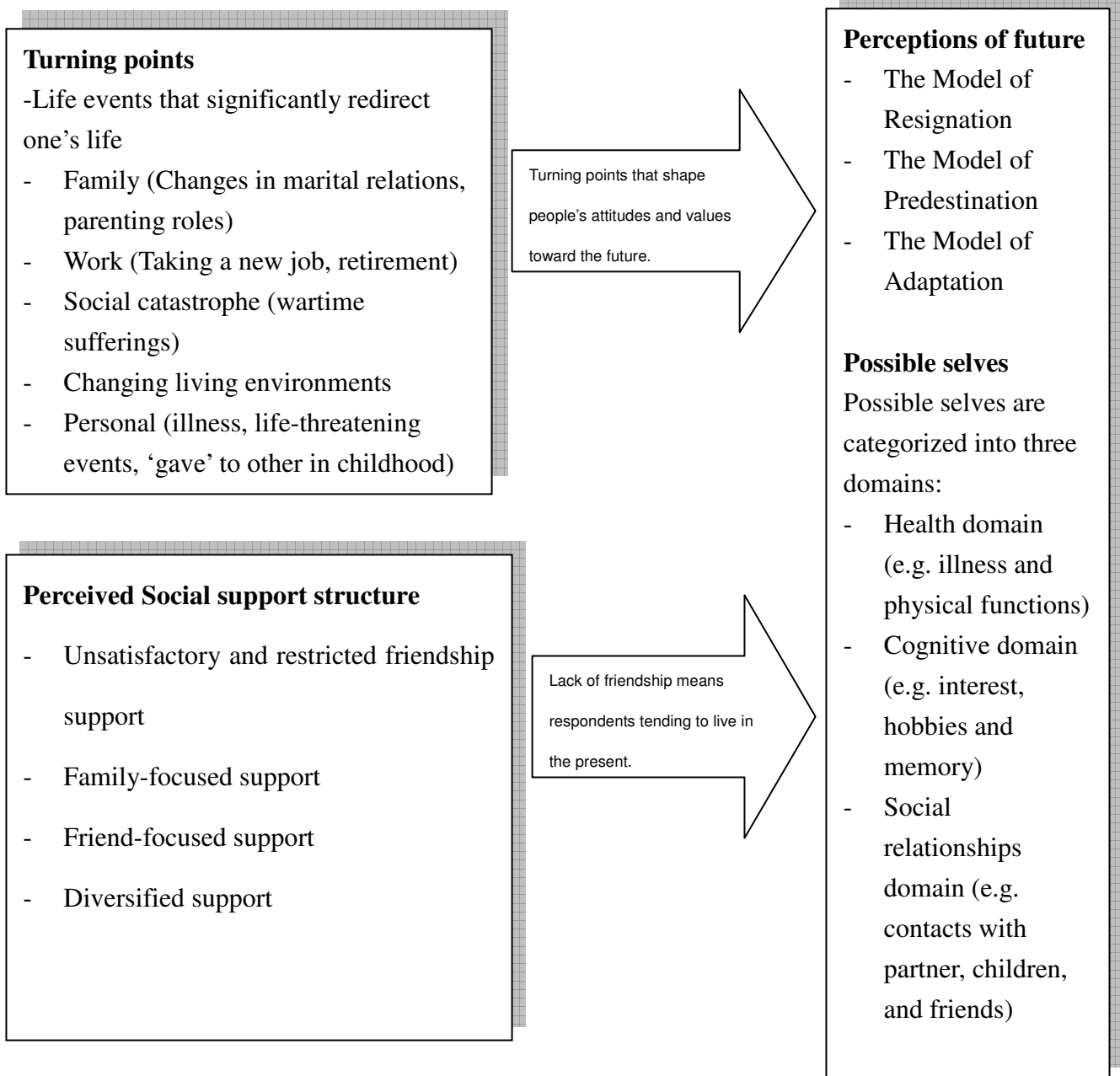
3.2 Refined Conceptual Framework of older person's perceptions of their future

This study aims to explore older persons' perceptions of their future and examines their future hopes, fears and anticipations. The refined conceptual framework is summarized in figure 3.1. The study finds that some life events that redirected people's life directions influence people's views of their future. A series of turning points are identified, some turning points play crucial roles in shaping older people's perceptions of future. Triggers of turning points are life events related to couple relations, illness, work role, change of living environment and life threatening events.

Another dimension, the perceived social support structures, also influences respondents' views toward the future. Four types of social support are examined and compared (instrumental, emotional, companionship and informational support), each support entails sources of social support which include spouse, children, relatives, friends and neighbors. Additional information such as the proximity to the support network, frequency of contact with family members and friends is collected. Four patterns of social support emerge: "Unsatisfactory and restricted friendship support", "Family-focused support", "Friend-focused support" and "Diversified support".

Perceptions of future are classified into three groups according to their expressions of future hopes, fears and expectations. Possible selves are further categorized into three domains: health domain (e.g. illness and physical functions), cognitive domain (e.g. interest, hobbies and memory) and social relationships domain (e.g. contacts with partner, children, and friends).

Figure 3.1: Conceptual framework



3.3 Classifications of Future perceptions

The study suggests three models, firstly, respondents who expressed their future in uncertainty and emphasized present options were identified with the Model of Resignation: They did not have future hopes, fears and anticipations; They lived very much in the present and kept the future at bay. Secondly, respondents who expressed their unwillingness to anticipate their future, and believed life to be predetermined. They were identified with the Model of Predestination. Respondents who viewed their future in more concrete terms and viewed future as more malleable were identified with the Model of Adaptation. They viewed future as contingent and they wanted to make necessary adaptations for their pathways of getting older.

RESEARCH QUESTIONS

The main theme of the research is “How do the elderly between the age of 65 and 85 years conceptualize their future?” The literature review shows that social support has been found to be beneficial to individuals’ health outcomes and has positive effects on psychological well-being. The levels and types of social support that people perceive to have may affect their perceptions of their future. Past experiences, such as work experiences, may relate to their sense of future, therefore, past work experience is considered in addressing the research questions. Turning points are consequential in people’s lives and are likely to influence a later sense of time and its possibilities or lack of them.

The research addressed the following more specific questions:

1. How do older persons perceive their future?

- How do older people construct their possible selves?
- How do older people conceptualize their future in relation to their past working experiences, marital status and social support?

The research explores how older persons’ past experiences of work, marital status and levels of social support affect their senses of future.

2. Are there any turning points that shape the elderly’s attitudes and values toward the future?

- What events are regarded as turning points?
- What events are regarded as positive turning points?

3. Which life domains are important to older people in later life and important to their construct of possible selves?

4. Do older persons translate their possible selves into action?

- What do older people do to achieve their hoped-for selves?
- What do older people do to obstruct their feared-for selves?

CHAPTER 4

RESEARCH METHODOLOGY

Interviews were conducted with twenty-five people residing in Hong Kong over the age of 65. The respondents represent a variety of senior citizen groups with different socio-economic backgrounds. They have all lived in Hong Kong for over 50 years. They have shared some cultural characteristics that provide a context for a common identity.

4.1 Study design and sample

The research used a qualitative approach to examine how older people - Senior citizens between 65 and 85 years old from different backgrounds - learn about and make sense of their life experience. The researcher conducted open-ended interviews with twenty-five elderly people between 65 to 85 years old from February 2008 to January 2009. The qualitative research aimed to collect detailed and personal information from individuals, therefore in-depth interviews are more appropriate for the present study. Focus group interviews are also suitable for collecting information in the present study, because they provide opportunities for the researcher to observe interactions about a discussion topic during the focus group. The researcher can learn how respondents discussed the issues among themselves. However, meanings and answers arising during focus group interviews may be an artifact of the focus group itself (Berg, 2004). Thus, in-depth individual interviewing is appropriate for the exploration of perceptions about the future.

In-depth interviews

Open-ended interviewing was employed in order to obtain subjective experiences of the elderly. This approach collects spontaneous information instead of a rehearsed

position (Fielding & Hilary, 2001). It aims to explore the personal perceptions of past working experiences, family relationships, marital status and their connection to perceptions of the future.

A semi-standardized interview was used as it allows the researcher to ask major questions in the same way each time; follow up questions can be asked to probe deeper into the topic. The interviewer can adjust the sequence to respond to the interviewees' answer. Respondents were asked to elaborate their answers by providing examples or express their feelings on particular topics.

Thematic questions were asked about formal work profile; experience of marriage, relationships with near and extended family. Because the research aims to maximize discoveries and descriptions from the interviews, the guided interview questions provided general ideas to ask the respondents but did not determine the order of topics discussed. The flow of questions was adjusted according to the flow of the respondents' answers. In order to enhance understanding, respondents who had different characteristic in terms of age, socioeconomic backgrounds, marital relationships and living environments were recruited.

Demographic characteristics

The researcher distinguished people aged 65-75 years as "young old" (thirteen respondents) and people aged 76-85 years as "old-old" (twelve respondents). People are regarded as senior citizens in their sixties in Hong Kong. All of the respondents were retired people. Three respondents were recruited by referral. Twelve respondents were recruited from two elderly centres (four respondents were recruited from The Peninsula Lion Club Jubilee, Lutheran Centre for the Elderly

-Homantin, Kowloon and eight respondents were recruited from Aberdeen Kai-fong Welfare Association Social Service Centre, Southern District Elderly Community Centre – Wah Fu Sub-base). Ten respondents were recruited from two RCHES (two respondents were recruited from Yi Wo Yuen Aged Sanatorium Centre Limited and eight respondents were recruited from Tai Tung Pui Cares and Attention Homes).

Socioeconomic status

Studies show that if an individual has little prospect of improving his life chances, he will be oriented to the present. In contrast, individuals with education, income and other personal or social resources will be better able to impose their will on the environment, i.e. a sense of futurity is more likely to result (Bouffard et al., 1994). Socioeconomic background is a form of social capital and is closely linked with feelings of autonomy and control (Hendricks, 2001). Respondents were recruited from two elderly centres, The Peninsula Lion Club Jubilee, Lutheran Centre for the Elderly - Homantin, Kowloon and Aberdeen Kai-fong Welfare Association Social Service Centre, Southern District Elderly Community Centre - Wah Fu Sub-base which was situated in the public housing estate. Respondents affiliated with the latter elderly centre live in the public housing estate and tend to have lower socioeconomic status compared to the respondents with affiliations with the former elderly centre. In terms of education level, senior citizens who had attended upper secondary or higher education were classified as having a high educational level. In contrast, senior citizens who did not attend school or receive primary education were classified as having lower educational level. Respondents were asked to report their past occupations and their financial conditions.

Marital relationships

The study recruited respondents with different marital status which include married, divorced, widowed, separated and never married.

Social environments and health status

The study recruited respondents who lived in different living arrangements, ten respondents were residents of the Residential Care Home for the Elderly (RCHE). Ill health has a negative impact on older people's sense of futurity as the sense of control and autonomy is closely related to future perceptions (Fingerman & Permuter, 1995), residents of RCHE were recruited to explore how ill health affect people perceptions to future.

4.2 Procedures

Stage one: Identifying the respondents

The strategy of maximum variation sampling was used to diversify the characteristics of the samples. This strategy aims at capturing and describing central themes that cut across many participants (Patton, 1990). The selected respondents have some variations in their work experiences, marital status and family relationships. Therefore, purposive sampling is useful to select respondents with certain kinds of characteristics. The present study interviewed the elderly living in different environments.

Key informants

The researcher interviewed two health workers who provided health care services to the residents in the RCHE. The health workers provided information on the operations of the RCHE, such as the daily schedules and regular activities of the

RCHE. They suggested that residents may develop particular views on their future as their daily lives are well-scheduled and restricted. Therefore, ten residents of the RCHE were selected in the current study.

Pilot interviews

Pilot interviews were conducted to gather basic information about the field. Guided interview questions were designed and the pilot interviews helped to revise the guided questions to be more precise and easier to understand from the older person's perspective.

Stage two: Getting in touch with the respondents

Twenty-five older people were selected purposively in total. In order to improve understanding about the effects of perceptions of routines on perceptions of future, respondents were recruited from the elderly centres and the RCHEs. With the help of the social workers of the RCHEs and the elderly centres, the researcher identified twenty two respondents. Three respondents were identified by referral sampling. The use of snowball sampling was used to locate subjects who are not a member in the elderly centres.

1. Institutionalized older people

Ten respondents were residents of the RCHEs, the researcher visited the respondents in the RCHEs several times before asking them questions. For the first few times, the researcher visited the respondents of *Tai Tung Pui Cares and Attention Homes* with other students who were participating in the Service Learning Project in Lingnan University. This helped the researcher to develop relationships with the residents more easily as residents noticed that some students want to talk with them in the future.

2. Non-institutionalized older people with elderly centres' memberships

Respondents were drawn from the Peninsula Lion Club Jubilee, Lutheran Centre for the Elderly which is located in Homantin, Kowloon. This group of elderly has a fairly sound financial situation. Another group of respondents joined the elderly centre in Wah Fu Estate and they lived in the public housing.

The researcher joined the volunteer programmes in the elderly centre. The older volunteers welcomed the researcher. The older volunteers and the researcher participated in the volunteer programmes and visited the elderly in need. The researcher developed good relationships with them and went to have lunch with them. The social worker in the elderly centre helped the researcher to identify some respondents.

3. Non-institutionalized older people

Three respondents were identified by referral sampling.

Stage three: interviewing process

Interviews took place in the RCHEs, the elderly centres and respondents' homes which respondents felt more comfortable with familiar settings. Two respondents preferred to be interviewed in the coffee shop. Telephone interviews were used to gather more information on how respondents identify turning points in their lives. In the previous face-to-face interviews, respondents were asked about their life experiences.

Role of respondents as teacher

The choice of a qualitative approach for studying the aging process enabled respondents to express their subjective experience in their own words. The researcher

listened carefully during the interviews and remained nonjudgmental toward the views of respondents.

Guided questions

The current study used semi-structured questions to explore how older people viewed their future by asking about their possible self and anticipated self. By asking how they perceive their possible self, their answers reveal how they perceive their time in future. Questions focused on the respondent's biography, which helps us to understand personal meaning and experience (Rubinstein, 2002). Other researchers used the Future Time Perspective Scale to measure time perspective (Fung et al., 2005; Yeung et al., 2007). The scale consists of ten statements that focus on three dimension; it measures the perceived amount of opportunities in the future, intended changes and planning for the future and the sense that time was lacking in the future by using a 7-point Likert scale. Examples of these statements are "Many opportunities await me in the future" and "There is plenty of time life in my life to make new plans" (Fung et al., 2005). However, the use of semi-structured questions helped yield richer information from respondents and enabled respondents to ask follow up questions. Kaufman (1986) suggested that "process" variables have more explanatory power than demographic variables for interpreting meaning and complexities of the aging process. Chronological age has little usefulness in explaining individual differences in gerontology. Kaufman (1986) focused on "process" variables to study the meaning of aging and called the "process" variables "themes". People find meanings in their life and construct identities in social life. As people interpret the events, experiences, conditions, and priorities of their lives, they are making connections and drawing conclusions as they proceed and formulate themes (Kaufman, 1986).

The researcher first asked respondents to think about their future and all the dreams they had for themselves for the future. Next, respondents were asked what they had done in the past month to strive for their hoped-for selves. Respondents were asked to think about their feared selves and why they feared those things to happen; which one they most worried about and would least like to happen. Respondents were asked how they prevent their feared self from coming true.

The study measured the proximity of the support network by asking the respondents the living place of those individuals who provided support to them. Respondents were asked to report the frequency of contact with their families (defined as spouse, children, children-in-law, grandchildren, siblings, parents and other relatives) and friends (friends, neighbors and acquaintances) per month. Contact refers to communications with others by telephone, visits, letters and e-mails. Respondents were asked whether they were a member of an elderly centre. The study measured their frequency of attendance at associations or participation in activities within the past 12 months. It helped to understand their perceived support network.

4.3 Method of data analysis

The interviews were taped and transcribed. A thematic coding analysis method was employed and used to identify expressions of attitudes toward the future, images of future, relationships with others, importance of life domains and contents of future hopes, fears and anticipations expressed.

Open coding

Firstly, the transcripts were coded into three main parts:

- 1) Future perceptions
- 2) Patterns of social support in terms of marital status, proximity to support network, frequency of contacts with family members and friends, attendance at an elderly centre, attendance at associations or activities and kinds of support (instrumental, emotional, companionship and informational support) were identified.
- 3) The code of possible selves involved coding the number of hopes and fears and the content of possible selves. Content of possible selves were categorized in the following activities: self-care, resting, housework, gardening, running errands, helping others, health related activities (including visits to doctors), locomotion (such as walking), watching TV, listening to radio/records, tapes, reading, social interaction, active leisure (such as attending adult education courses or performing sports).

After the open coding, the researcher reread the coded texts, collapsing and combining related and overlapping categories, so that new themes emerged and each theme were further categorized.

- 1) Perceptions of future were classified into three ways:
 - A. The Model of Resignation: living in the present – keeping the future at bay
 - a. Uncertain future
 - b. Fear about limited time
 - c. Abstract future
 - B. The Model of Predestination – unwilling to anticipate their future
 - a. Life is predetermined

- b. Future is meaningless
 - c. Life is insecure
 - C. The Model of Adaptation: a contingency mentality
 - a. Future is more malleable
 - b. Express the future in more concrete terms
 - c. Make necessary adaptations for their pathways of getting older
- 2) Patterns of social support: four patterns emerged:
 - a. Unsatisfactory and restricted friendship support
 - b. Family-focused support
 - c. Friend-focused support
 - d. Diversified support
- 3) Contents of possible selves were grouped in three domains
 - a. Health domain (e.g. illness and physical functions)
 - b. Cognitive domain (e.g. interest, hobbies and memory)
 - c. Social relationships domain (e.g. contacts with partner, children and friends).

4) The classification of turning points

Respondents were asked about the turning points, the changes that occurred, and what caused them. Respondents were asked to identify the most important turning point. Based on the classifications of turning points suggested by Clausen (1998), the turning points reported were categorized according to its nature and effect.

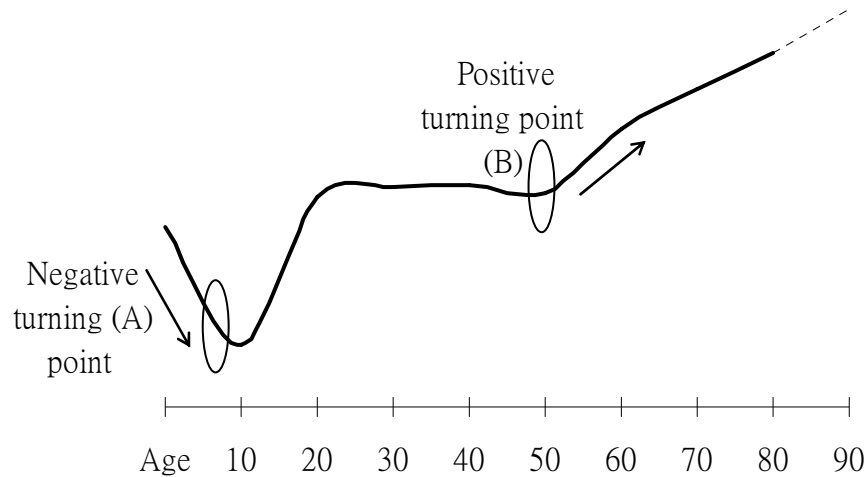
- a. The roles (for example, educational, occupational, marital and parental roles), relationships, activities and aspects of life most affected by the turning points.
- b. The cause of the turning point such as: if a self-chosen transition

induced the turning point; if it was a forced or compulsory transition, such as the death of a loved one, war, and illness; if an unexpected event, such as car accident or a natural catastrophe induced turning points; if the turning point is ritualized; and if the turning point is routinized.

- c. The timing of the turning point.
- d. The ultimate consequences as viewed by the respondents. The consequences of the turning points, such as if the turning point induced better relationships or provoked hostile relationships and if the turning point induced changes in lifestyle Respondents classified positive and negative effects of the turning points.

The study used the figures to symbolize the course of human life in which the line helps to capture the consequences of the turning points.

Figure 4.1 : Life trajectory



The solid line helps to visualize the effects of the turning points, extending from early childhood to the present or beyond. The solid line goes up to the turning point, which induced positive effects and redirected one's life in a better direction (Point B in figure 4.1). The solid line goes down to represent the turning point which provoked a negative effect and redirected one's life in an unwanted direction (Point A in figure 4.1). The solid line helps to visualize the consequences of the turning points; by no means does the line in the figure represent the precise measurements of the changes. Respondents were asked to describe the significance of each turning point and their significance has been visualized in the figure.

The dotted line represents the future perception of the respondent. An upward

line indicates that the respondent expressed positive views towards his future, while a downward line suggests that the respondent expressed negative views towards his/her future. The circle indicates the presence of a turning point.

The line was drawn after the interviews, but there is room for improvement; it is better to ask respondents for comment during the interview. The line helps to generalize the patterns of the turning points in the lives of respondents in different groups which hold different perceptions toward their future. The line helps the researcher to visualize the turning points of different respondents and helps to derive common features from it.

Data quality

The researcher gave the respondents the opportunity to comment on the interpretation of their answers in the second meeting. This allowed the researcher to get more information and make sure the researcher had interpreted respondents' views on particular topics appropriately.

Gerontologists have noted the problems of reliability and validity inherent in such a subjective and retrospective approach (Kaufman, 1986). In studying identity in old age, external measures of validity are not critical if one is concerned with eliciting informants; current interpretations of their lives - what they view as the relevant sequence and timing of events, what they perceive to have been meaningful experiences, and the way in which they now understand their relationship to other individuals and institutions over time (Kaufman, 1986). The study tried to improve the data quality by asking the respondents comment on the coding of their answers.

Since possible selves may change over the whole course of life, respondents were asked to think of their future selves in the first and second interviews. This allowed the researcher to understand better how older persons think of their future self-representations, and whether they hold consistent contents of possible selves over time.

CHAPTER 5 FINDINGS

5.1 Demographic backgrounds of respondents

1. Age

The ages of the respondents range from 65-85 years old.

Table 5.1: The age of respondents

Age	Number of Respondents
65-69	4
70-75	9
76-80	8
81-85	4
Total	25

2. Sex

There are ten males and fifteen female respondents.

Table 5.2: Respondents by gender

Sex	Number of Respondents
Male	10
Female	15
Total	25

Socioeconomic status of respondents

3. Marital status and living arrangements

A majority of the respondents (48%) are married, eight of the respondents (32%) are widowed, three respondents are divorced, one respondent is separated and one respondent never married. A majority of the respondents (96%) have children. Two respondents are living alone. Thirteen respondents live with their spouse and children and ten of them live in the RCHEs.

Table 5.3: Marital status of respondents

Marital Status	Number of respondents
Married	12
Divorced	2
Widowed	8
Separated	2
Never married	1
Total	25

Table 5.4: Living arrangement of respondents

Living arrangement	Number of Respondents
RCHEs	10
Living with spouse/ children	13
Living alone	2
Total	25

5.2 Emergent themes

5.2.1 Older persons' perceptions of their future

A. The Model of Resignation: Living in the present

Four participants in the study, aged between 76 and 85 years old and living in the RCHEs, emphasized their present lives and did not anticipate their future. They lived very much in the present, in particular they found their future uncertain or they feared that they only had limited time to live. Two respondents expressed that there was uncertainty about their future, therefore, they did not have anything to anticipate in the future. One of them expressed his future in an abstract term and said that older people do not have a future. Similarly, one of them expressed that she had limited time to live. They did not anticipate their future at all and did not have possible selves; for the purpose of this study, they were grouped under the Model of Resignation.

Uncertain future

“Nothing to think about, I don't know what will happen.” (R22, Snow, Female, aged 85 years)

“Future? I did not think about it, how can I know what will happen? It is not predictable, maybe you saw people in the morning, but they were sent to the hospital in the afternoon...who can predict the future.” (R23, Ying, Female, aged 76 years)

Abstract future

“Older people do not have future; I cannot do anything to change or to improve my life.” (R21, June, Female, aged 82 years)

Limited time

“I do not think about the future, only death.” (R24, Sing, Male, aged 76 years)

B. The Model of Predestination: Unwilling to anticipate the future

In partial contrast to the elderly who had nothing to think about in the future, some respondents were actively unwilling to anticipate the future as they believed that life is predetermined; they believed that they could not secure their future even if they had planned ahead. The key difference between the respondents in the Model of Resignation and those in the Model of Predestination is that the former did not think about their future while the latter expressed hopes or fears for their future. Respondents in the Model of Predestination still anticipated their future even though they believed that life is predetermined.

Life is predetermined

“I do not think about how my life will be...tomorrow, next month.... I accept what is happening. I just fear if my arms and legs get hurt. If I cannot move freely, it is so inconvenient. I cannot pick up a cup... You cannot see things behind you, you cannot see the future now. Everything is decided by fate, your life will go on, so I live happily every day.” (C12, Ping, Female, aged 80 years)

“Life is a miracle, your life is predetermined...in childhood, I had a car accident, it made me feel that tomorrow is unpredictable.” (C17, Man, Male, aged 74 years)

“I take a day at a time, when I wake up every morning, I know I have one more day. I deserve to live longer.” (F9, So, Female, aged 80 years)

Some respondents found that it was “pointless” to look forward to the future. They could not find meanings in their future because of disappointment in marital relationships. One of the respondents believed that the death of her husband made her life meaningless because she had expected to spend more time with her husband after retirement, but her husband died once she had retired.

“I feel the future is far from me. I thought I could spend more time with him [her husband], but I cannot.” (C18, Yam, Female, aged 70 years)

One respondent said that she could not derive meaning from her life since her marital relationship turned bad.

“Thinking about the future? You cannot master the future, it’s natural, how can I have ability to think about it, I am getting older, there is enough time for me. Living longer...meaningless for me...our relationships cannot return to the original one.” (C19, Nan, Female, aged 77 years)

Unexpected changes in marital relationships and the death of a lifelong partner made respondents feel that it was pointless to look forward to their future.

Life is insecure

One respondent expressed that life was insecure and he could not enjoy a high living standard even though he had earned much money in adulthood.

“Good times have passed, right? I only have one or two more years – it may be a hard time, but I don’t care. I had earned much money, but how about my life now? I cannot get one hundred dollars from my wife.” (F8, Hong, Male, aged 72 years)

Respondents viewed their future as predetermined and insecure. They did anticipate their future even though they were unwilling to look forward because they believed life was predestined. They did have future hopes and fear. They were grouped under the Model of Predestination.

C. The Model of Adaptation: A contingency mentality

Some groups of the elderly did look forward to their future. They discussed the future in more concrete terms and were making adaptations to their future. They perceived themselves to have the possibility to shape their future.

Future as more malleable

Some people viewed future as more malleable and had planned to adapt to their future.

“When my grandchildren grow up, I will join the community group in the elderly centre, to have more contact and gathering with others.” (D6, Tai, Male, aged 72 years)

“My future...it should be similar with the present life, I live alone, once I cannot take care of myself, I plan to employ a part-time maid to help me.” (C20, Lai, Female, aged 74 years)

“It’s so natural, everyone gets older and die, I adapt to getting older.” (S25, Shi, Male, aged 65 years)

Expressing the future in more concrete terms

Some people expressed the future in more concrete terms and planned for their future by participating in social activities continually, learning or maintaining social contacts.

“It is more reasonable to think about the future by saying that I have some wishes. I wish to prolong my happy life, to have harmonious family life and social life.” (D1, Ming, Male, aged 68 years)

“I look forward to the weekend, my daughter takes me to my home.” (C16, Cloudy, Female, aged 77 years)

“I will continue to do voluntary work.” (F7, Wing, Female, aged 73 years)

“How much time I have? I will utilize my ability to help others, and perform my responsibilities.” (F10, Ho, Male, aged 80 years)

“I will learn how to write, I can write my dairy.” (D4, Kam, Female, aged 71 years)

“I plan to travel and make my life more wonderful (D5, Po, Male, aged 81years)

“I have worked hard in the past, I only have a few years to live ...I will join activities in the elderly centre.” (D2, Yip, Male, aged 76 years)

“I will continue to make handcrafts to give others and help others.” (D3, Ching, Female, aged 83 years)

“I do exercise every day, have breakfast, buy food and cook, my future should be similar with what I do now.” (C14, Yee, Female, aged 66 years)

Making necessary adaptations for their pathways to becoming older

Some respondents expressed their willingness to make adjustments to cope with changes in later life.

“My future wish is not to suffer from illness, I feel relaxed in old age. Old age symbolizes a golden period for me. You are so young, it is of course your golden period, and brightest period in your life, you need to strive for your success and have many worries. But I do not need to strive for my success. In young age, you need to prepare for your future and deal with practical matters, such as how to find a good job, how to find a good husband; you will have many wishes and struggles. At my age, I have experienced those transitions and feel satisfied with what I have, later life can be regarded as “golden period”...

I avoid doing things that required great energy, I adjust to old age, swim at a slower speed and do not walk to the top of the hill as before.” (C13, Siu, Female, aged 69 years)

“I believe in fate, but I try to make myself better...wish to improve my health conditions.” (C15, Sun, Male, aged 73 years)

“My life is approaching the end, I will do voluntary work continually until I cannot. I have limited physical ability and limited time.” (F11, Kay, Male, aged 70 years)

This group of the elderly viewed a more malleable future and was willing to adapt to their future.

5.2.2 Perceived social support of the older people

The relationships between perceived social support patterns and future perceptions

Findings show that older people who have little social support from friends tend to live very much in the present. There were groups of the elderly who did not anticipate their future. In contrast, the elderly who had mainly received support from family members (family-focused support) and friends (friend-focused support) did anticipate their future, some of them were looking forward to their future. The elderly who had received support from family members and friends (diversified support) tended to view future as more malleable.

On the other hand, past experiences did affect people's conceptualizations of the future. Some past experiences which significantly redirected people's lives made them unwilling to anticipate their future. The concepts of turnings points and its effects in shaping people's perceptions of future will be discussed in next chapter.

Types of social support of the respondents

Four major patterns of support characteristics could be drawn from the data and categorized into "unsatisfactory and restricted support from friends", "family-focused support", "friends-focused support" and "diversified support". It must be noted that the classifications were not necessarily mutually exclusive, the classifications show their inclinations in the patterns of social support.

The result yields four types of patterns and the classifications are based on proximity to the support network, frequency of contact with family members/friends, attendance at elderly centres, attendance at associations or activities and respondent's satisfaction with social support which includes instrumental, emotional,

companionship and informational support (Table 5.5). One special case was found and named “self-supported” in which the respondent did receive instrumental support from his children, but he did not need support from others.

A. Future perceptions: The Model of Resignation

Social support pattern: Unsatisfactory and restricted friendship support

Four respondents (R21 June, R22 Snow, R23 Ying and R24 Sing) did not keep contacts with friends. They lived at the RCHE, but they seldom participated in the social activities. They mainly depended on their children and their kin for instrumental, emotional and informational support (Appendix 1: Table 6.5). They reported limited ties with others; they had ties with their children or kin. Three of them were widowed and one of them got divorced. They did not receive companionship support. They did not make friends with other residents in the RCHE.

“I do not chat with others, there is nothing special to talk about with others.” (R21, June, Female, aged 82 years)

“I do not chat with others.” (R22, Snow, Female aged 85 years)

“I am not interested in talking with others.” (R23, Ying, Female, aged 76 years)

“We do not talk with each other here.” (R24, Sing, Male, aged 76 years)

They did not keep relationships with friends, they found it hard to maintain friendships after they lived in the RCHE.

“One of my best friends wants to visit me, but I say “no”, I am not rich, I can’t pay for her. I don’t want her to spend money to visit me. She needs to pay the transportation fees. I understand the situation, I do not ask them to visit me.” (R21, June, Female, aged 82 years)

They did not make friends with others in the RCHE and did not want to

participate in activities in the RCHE, one of them expressed that she did not want to create conflicts with other residents. One of the respondents was not interested in doing exercise.

“I do not want to join the activities, I do not have a good mood here. I don’t like to be scolded by others [other residents], I don’t want to join them.” (R21, June, Female, aged 82 years)

“I am not interested in the activities here, I do not want to do exercise. I feel it is difficult to do exercise, I was a security guard before retirement. I don’t want to feel I have to exercise in my later life.” (R24, Sing, Male, aged 76 years)

Their children visited them one to four times per month. They mainly depended on their children for instrumental and emotional support.

“My daughter buys food for me, but she does not visit me often. I call my children every night. I cannot sleep well if I have not called them...” (R21, June, Female, aged 82 years)

“They [children] paid the residential fees for me.” (R21, June, Female, aged 82 years)

“My daughter is a middle aged adult, she has her own life, and she visits me once per week. I don’t want to disturb her life, she needs to work from 9 to 6 or 7 o’clock.” (R21, June, Female, aged 82 years)

“We chat with each other every week.” (R23, Ying, Female, aged 76 years)

“My son visits me every day, we talk and he listens to my problems.” (R22, Snow, Female, aged 85 years)

Within this group, the majority of the respondents depended on their children for support, while the elderly who was childless depended on his sibling and nephew for support. Those respondents who did not have friends tended to think very much in the present and did not anticipate the future.

B. Future perceptions: The Model of Predestination

Social support patterns: 1. Family-focused support

2. Friend-focused support

Patterns of social support were found to be related to respondents' future perceptions. Respondents who reported to receive instrumental, emotional, companion and informational support tended to look forward to their future and viewed the future as more malleable. However, special cases were found as some respondents were unwilling to anticipate their future even though they had support from family and friends.

Possible explanations were that their past experiences led them to believe life was predestined. They had experienced some turning points that redirected their life, changed their life meaning or changed their life perspectives. They preferred not to predict their future, but in reality, they had anticipated their own future and took actions to achieve their hoped-for selves and obstruct their feared-for selves.

This group of the elderly who were unwilling to anticipate their future had family-focused and friend-focused support.

1. Family-focused support

Some respondents kept in frequent contact with family members, they met

every day to twelve times per month. Family members were the main sources of social support. They had ties with friends and the friends provided them with emotional and companionship support. They had at least two intimate friends. They maintained contact with their friends on a daily basis or twice per week. (Appendix 1: Table 6.3 & 6.4)

“My children and grandchildren have brought me a TV and they visit me sometimes....However, I have not kept in contact with my brother [the son of my aunt] because my brother suspected that I inherited my aunt’s properties. But I did not.” (C12, Ping, Female, aged 80 years)

“My daughter financially supports me.” (C17, Man, Male, aged 74 years)

“I have many friends, but do not have many close friends. My children take care of me.” (C18, Yam, Female, aged 70 years)

“I call my friends to chat often. All my children are good children, they care for me.” (C19, Fa, Female, aged 77 years)

2. *Friend- focused support*

Respondents who had relatively frequent contact with friends received emotional, companion and informational support from them. They had ties with their spouse and children and relied on their children for instrumental support (Appendix 2: Table 6.2). Some respondents preferred to meet their friends for support and did not want to create trouble for their children by asking them to accompany them.

“She [my wife] ignored me and told my sons and daughter not to care about me...I had done something to hurt her. Therefore, she ignores me in old age.” (F8, Hong, Male, aged 72 years).

Hong said that he did not have family gatherings on festivals because his wife did not want to spend money on it. Hong perceived that it was important to have family reunions on festivals, such as Lunar New Year. He had a good relationship with his eldest son.

“My eldest son cares about me, he calls me to go out to have dinner... I have three intimate friends and we treat each other like brothers. They have been my friends since my arrival in Hong Kong.” (F8, Hong, Male, aged 72 years).

“My colleagues visited me at the beginning of my residential life. However, they are getting old, so they do not come to see me... My son is a good child, but he is not the best nor the worst. I am happy when my son visits me, we chat. I have many friends here. I chat with other residents here.” (F9, So, Female, aged 80 years)

C. Future perceptions: The Model of Adaptation

Social support patterns: 1. *Family-focused support*

2. *Friend-focused support*

3. *Diversified support*

4. *Self-supported*

This group of the elderly tended to view the future as more malleable. They had family-focused, friend-focused, diversified support, or were self-supported.

1. Family-focused support

Some respondents kept in frequent contact with family members, and family members were their main sources of social support. This group of elderly tended to view the future as more malleable.

“I do not have many friends, this may be because of my personality. I do not feel the need to have friends to provide support...I have not reached a stage of hardship or have great difficulties, so I do not need to share this with my friends...I have some intimate friends...”(C13, Siu, Female, aged 69 years)

“My son and daughter care for me; my daughter is so close to me. I have lunch with my son every month.” (C14, Yee, Female, aged 66 years)

“My son and wife come to visit me every day. I only chat with my roommate.” (C15, Sun, Male, aged 73 years)

“My daughter takes me home on Fridays and I come back [to the residential home] on Sundays.” (C16, Cloudy, Female, aged 77 years)

“I go to the elderly centre every day and meet people. My son has lunch with me when he is on holiday.” (C20, Lai, Female, aged 74 years)

2. *Friend- focused support*

Respondents who had relatively frequent contact with friends received emotional, companion and informational support from them. This group of elderly looked forward to their future.

“Sometimes I go to my son’s home for dinner, but I am not eager to have dinner with them [her son’s family]. Because I return home so late, around ten o’clock, I don’t want my son to accompany me to return to my home. It creates trouble for them... I have three close friends and we have formed a supportive relationship.” (F7 Wing, Female, aged 73 years)

“I live with my wife, daughter, son-in-law and grandchild. I try to maintain a harmonized intergenerational relationship. I go out early to avoid conflict with my grandchild. My grandchild needs to wake up in the morning and use the washroom... I don't want to interrupt their lives. I have friends in the elderly centre and we care for each other. I meet them every day.” (F10, Ho, Male, aged 80 years)

“I depend on my secondary classmates for emotional support. They are my best friends. I have other groups of friends and we can talk about the general issues, but not personal issues. I try to make friends with more people.” (F11, Kay, Female, aged 70 years)

3. *Diversified support*

This group of elderly was perceived to have instrumental, emotional, companion and informational support from friends and family. They kept frequent contact with their family members and friends. They were involved in many activities. They developed ties with their spouse (four of them), children, friends and lived with their children. (Appendix 1: Table 6.1)

“I do exercise every morning, sometimes my wife accompanies me. If she doesn't want to do exercise, I still have many friends who accompany me. My friends do exercise in Kowloon Park. If I go to swim, I go alone. We are good partners, but sometime I prefer to be with my friends. Same as my wife, she prefers to go to shopping with her friends... My life is wonderful, I joined the elderly club and organize activities for the elderly... I am a person who values “relationships”, I still have gatherings with my lower form secondary schoolmates, and the relationships have lasted for 56 years! I have gatherings with my colleagues and we have similar hobbies. I have many gatherings, we have formed intimate relationships. Some of my friends called me “grandfather” and say I'm a good

‘grandfather’.” (D1, Ming, Male, aged 68 years)

“I told my wife that we are lucky to have two grandchildren to accompany us because if we did not, we would feel lonely. I enjoy having my grandchildren accompanying me. My daughter and sons have dinner with us during the weekend” (D6, Tai, Male, aged 72 years)

“I have a happy family life and my daughter-in-law does the housework. My son understands me, he notices if I am unhappy even if I do not tell him. I talk with them when I have troubles. They are willing to share my unhappiness to help me solve the problems. They received more education than I did... The members in the elderly centre respect me, we chat with each other and I keep on talking... Last week, a member taught me how to make a craft. I am so happy and feel satisfied.” (D3 Ching, Female, aged 83 years)

“I gather once a week with my friends, we dance together and enjoy our time... My grandchild gave me a handbag for a birthday gift; I’d be happy even if he gave me one cent. He cares about me. My children have lunch with me every week, we spend a day together and they play mahjong... When I am sick, all of them call me and remind me to take my medicine.” (D4 Kam, Female, aged 71 years)

“I am free, I do not need to do housework at home. I meet my friends every day.” (D5 Po, Male, aged 81 years)

“We have lunch together every day [Yip and his friends]. Also, I have gathering with my family.” (D2, Yip, Male, aged 76 years)

4. *Self-supported pattern*

One respondent, Case S25, Shi, male, aged 65 years, received instrumental support from his children. He had never married. He perceived that the move to live in the RCHE did not redirect his life. He was not attached to anyone in later

life. He viewed the future as more malleable. He kept contacts with his sons once a month. He did not seek emotional, instrumental or informational support from others (Appendix1: Table 6.6). He did not commit deeply to relationships. He had a girlfriend in young age and his girlfriend gave birth to his sons. However, he did not commit to the relationship with his girlfriend. He did not develop strong social ties throughout his life. He did not develop close relationship with his colleagues. In old age, he did not need a close relationship in the residential home. He concentrated on his hobbies: reading and making handcrafts.

“It is best that my sons did not make trouble and did not need my help, and I did not need their help.” (Case S25, Shi, Male, aged 65 years)

He seemed to avoid commitment to anyone, even to his sons. He explained that he was not eager to demand friendships or material possessions.

“I believe in the “doctrine of the mean”, we should not go to the extreme and make so many demands and wishes.” (Case S25, Shi, Male, aged 65 years)

Findings suggest that social support patterns are related to respondent's conceptualization of the future. The following table (Table 5.5) presents the support patterns of the respondents.

Table 5.5: Support patterns by informal networks of the respondents

Patterns of social support	Diversified support	Friend focused	Family focused	Unsatisfactory and restricted support form friends	Self support
Number of Cases	Six (D1-D6)	Five (F7-F11)	Nine (C12-C20)	Four (R21-R24)	One (S25)
Proximity	Proximate with support network	Proximate with support network	Proximate with support network (except one case, C13)	Not proximate with support network	Proximate with support network
Frequency of contact with family members	Frequently to Every day	One to two times per month	Frequently (one case C15, meets family members twelve times per month)	One to four times per month	One time per month
Frequency of contact with friends	Frequently to Every day (Have 2 or 3 intimate friends)	Frequently to Every day	Every day to eight times per month	Do not develop friendship in RCHE	Do not develop friendship in RCHE
Attendance in elderly centre	Frequently	Frequently (F7,F8, F10, F11)	Frequently (C14,C17, C18) Once or twice per month (C19, C20)	None	None
Attendance in associations or activities	Frequently	Frequently (F9)	Frequently (C16, C12)	None	None

The following parts will discuss respondents' views on spousal support, intergenerational support, peer support and neighborhood support.

5.2.2.1 Respondents' views on social support

A. Respondents' views on spousal support: Conception of husbands' roles in later life

Older women in the study perceived that their husband played an important role in their lives. They thought that husbands should earn enough money to support the family and should care for their children when they are young. Older women expected their husbands to accompany them and to spend more time with their husband in later life.

Companionship support

Fa (C19, Female, aged 77 years) complained her husband did not take the caring role in the family when their children were young. In addition, she complained that her husband did not accompany her in daily life. She pointed that her husband did not accompany her to visit the doctor when she was ill.

“One time I felt faint when I took the train from the mainland China to Hong Kong so I called him to wait for me at the train terminal. I wished for him to accompany me to the doctor, but he didn't. He just left me a message to tell me that he had gathering with others and did not come to the train terminal to pick me up.” (C19, Fa, Female, aged 77 years)

There is a Chinese saying that women should ‘obey their father when at home, obey their husband when married and rely on their son when old’. After the women got married, they concentrated on their family and remained attached to their husbands.

Siu (C13, Female, aged 69 years) and Kay (F11, Female, aged 70 years) wished their husbands to accompany them. They were willing to take up the care givers' role to look after their husbands. They felt happy to have life-long partners in their later life. They perceived life after retirement to mean having more time to spend with their husband.

Two of the respondents Wing (F7, Female, aged 73 years) and Yee (Female, C14, aged 66 years) separated from their husbands and one of the respondents (Ching, D3, Female, aged 83 years) got divorced. They raised their children alone. They regarded the experience of raising children alone as a hard period in their life. Without a husband, they relied on their children and friends for support in later life.

Refocusing on marriage in later life

Yam (C18, Female, aged 70 years) perceived that late life should be a good time to refocus on marriage. When their children were growing up, they worked hard to earn money. They did not spend much time together. Yam said that it was a great hardship for her when her husband died in later life because she expected they would be together and renew their relationship.

B. Intergenerational support

Intergenerational support refers to support rendered between generations, for instance between grandparents and grandchildren, between parents in-law and sons and daughters in-law, and between parents and children. There are kin relationships acquired through blood ties and those acquired through the contractual arrangement of marriage.

Perceptions of filial piety

Filial piety is an important concept in the interviews as Chinese older persons emphasized the concept of filial piety. Traditional values of filial piety such as the absolute authority of the male household head were not expected by the respondents. They did not expect their younger generations to listen to them and obey their order absolutely. They accepted that society is changing. Obedience did play a role in the concept of filial piety, however, its importance is diminishing.

The respondents in the study were asked about the concepts of filial piety. They did perceive that their children had performed filial behaviors. The older persons showed affection and care towards the younger generations by providing child care, giving advice and guidance or reducing financial burdens of the younger generations.

Siu (C13, Female, aged 69 years) said that she and her husband did not ask for financial support from their children in order to alleviate their financial constraints. Younger generations often make financial contributions to their parents as a way of expressing gratitude and respect. Siu said that her children had performed filial behaviors when they bought something that she needed.

“They asked me to tell them what I want and that they would buy it in the USA and bring it to me.” (Siu, Female, aged 69 years)

Economic and material support included the direct transfer of money or physical commodities. Ping (C12, Female, aged 80 years) said that her grandchildren bought her a television and food.

Ching (D3, Female, aged 83 years) said that her children and grandchild gave her money, but she would return the money to her grandchild once her grandchild has a girlfriend.

“I have enough money to spend but my grandson gives money to me every month, so I help him to save the money. I will return it once he has a girlfriend as he will need money at that time.” (D3, Ching, Female, aged 83 years)

Emotional support is intangible in nature, such as listening to problems, sharing ideas, talking or showing respect. Some respondents remarked that their children did not say that they cared about them, but implicitly showed care to them.

“My children call me frequently and ask about my daily life. This is how they show their care.” (Yam, Female, aged 70 years)

“My son visits me from time to time, he shares my feelings and listens to my ideas. This is what he does to me.” (F9, So, Female, aged 80 years)

Reciprocal relationship: Child care and informational support

Some respondents provided child care to their grandchildren. They perceived that it is better to provide child care by them rather than rely on a maid to take care of their grandchildren. Ming (D1, Male, aged 68 years) set himself as a role model for his grandchildren. He explained that his mother-in-law had done a great job to raise his children. Therefore, he wanted to provide child care to his next generation.

Man (C17, Male, aged 74 years) and Kam (D4, Female, aged 71 years) were responsible for taking care of their grandchildren; namely, taking their grandchildren to and from school.

Only two respondents reported that they were eager to give advice or guidance to younger generations. Ming (D1, Male, aged 68 years) liked to tell stories to his grandchildren about life.

“I don’t know whether the little children understand the meaning of the story, but I think they will understand it one day.” (D1, Ming, Male, aged 68 years)

Ching (D3, Female, aged 83 years) liked to talk about her life experiences to the younger generations.

A majority of the respondents said that their younger generations were rich in knowledge and had better analytical powers than them. Thus, they believed that the younger generations had better abilities to make decisions. Some respondents sought advice from their children and grandchildren.

Only one respondent (R24, Sing, Male, aged 76 years) never got married and he depended on his sibling for support. He lacked the two most important sources of informal support: spouse and children (Zheng & Pollard, 1998).

The respondents maintained their relationships with their relatives and siblings through gatherings during festivals or celebrations.

“We have a gathering every month to celebrate a birthday.”
(C18, Yam, Female, aged 70 years)

C. Peer support

The respondents received support from friends. Friends mainly provided emotional support and advice to the respondents. Some respondents identified their previous classmates as their best and most intimate friends whom they could confide in and spend time with. The duration of their friendships was very long, from 20 to 40 years.

Yee (C14, Female, aged 66 years) relied on her close friends for emotional support and she had supportive relationships with her close friends. They supported each other, they shared opinions and provided comfort to overcome difficulties. Wing (F7, Female, aged 73 years) enjoyed spending time with her friends. She had a sense of companionship and depended on her close friends for sharing. Fa (C19, Female, aged 77 years) called her friends for emotional support when she was sad.

On the contrary, some respondents did not have close friends. One respondent said that because of her work, she did not have the opportunity to develop friendship with others.

“I am a cleaning worker, I have to do the job alone. I do not have colleagues.” (C18, Yam, Female, aged 70 years)

“I spend my time with the family, I do not make friends with others.” (C20, Lai, Female, aged 74 years)

Roberto (1996) interviewed ninety-four older women in the city of Madison and found that most of the women said that they got together with their close friends “just to talk”. Older women talk with others about everyday things and family activities. Older women share their thoughts and feeling with others. Friendship provides

effective support for older women.

D. Neighborhood support

Physical proximity of roommates in the institutionalized home created opportunities for making friends. Cloudy (C16, Female, aged 77 years, living in the residential home) held the perception that her roommates provided emotional support to her. They shared the facilities and chatted every day.

“We chat every time after saying “Good morning”. We chat about everything, about our sons and daughters, our past...”
(C16, Cloudy, Female, aged 77 years)

In general, we assumed that residents who lived in the RCHE were accompanying each other in daily life. However, only four of the residents in the RCHE reported restricted friendship support. Ten respondents lived in the residential home; it is surprising that four residents did not perceive that the other residents were providing companionship support to them. Powers (1996) suggested that women living in a nursing home have a “preferred” friend with whom they most frequently turn to for intimacy and understanding. Although institutionalization provides people with opportunities to interact with others, people selectively establish interpersonal ties with others. Roberto (1996) proposed that three types of institutionalized women are more likely to limit their relationships with others. They are women in institution-centered, small clusters and kin-centered networks. A woman who is in an institution-centered network has social interactions with others by joining scheduled activities or at meals. She does not initiate interaction with others. A woman with a small cluster network excludes other residents and only establishes relationships with two close companions in the institutional home. Some

women invested in relationships with family and friends outside of the institution.

Some respondents did develop friendships with others in the RCHE or join the elderly centres nearby. The elderly centre provided a platform for them to make friends and a place to have gatherings. People who lacked friendships are more likely to live in the present and not to look forward to their future.

Summary

The findings show that most of the respondents depend on their family members to provide instrumental support. This is consistent with past studies that show that support provided by friends and neighbors is generally different from that available from family members. Family members are motivated to provide support to their family members due to obligations and duties (Finch, 1995). Children have a general responsibility to ensure the welfare of their parents in old age. Bamford et al. (1998) found that friends and neighbors rarely provide intimate or physical care. Similarly, Qureshi and Walker (1989) concluded that friends and neighbors are not a real substitute for family care or formal services. The Nocon and Pearson (2000) study conducted in the North England found that friends and neighbors may well be considered as preferable to seek help from over formal organizations.

5.2.3 Turning points

The life course suggests a certain continuity whereby a shy child tends to become a shy adult. Events in earlier life often have an impact on subsequent ones. For instance, people who had to drop out the high school education as a result of the Great Depression, suffered delays in starting work and in marriage and family formation (Hareven, 1996). Historical events experienced earlier in the life course can continue to influence an individual's life path in different ways over their lives (Hareven, 1996). Therefore, the life-course approach makes an important contribution to the understanding of aging. In the study, the concept of turning points helps to relate formal, behavioral transitions to people's subjective perception of their lives (Hareven, 1996). A turning point is perceived as the alteration of a life path which continues to influence subsequent events over the life course. Turning points help us to understand how individuals and social forces contribute to the redirection of people's life trajectories. In this study, the concept of turnings points help to explain the influence of past experiences on future perceptions.

Triggers of turning points: changes in life trajectories and meanings of life

From the findings, respondents reported that turning points were related to life events mainly in the domains of marriage, health, work and living arrangements. Some turning points did change people's life trajectories and meaning of life and affected people's perception of future. Life events in the domain of marriage, having children, changes in couple relations and the death of spouse all trigger turning points. In the health domain, illness or injuries trigger turning points. Role transitions in the domain of work, taking a new job, promotions and retirements redirect people's life to new directions. The changes of living environments trigger turning points. Surprisingly, only three respondents identified turning points

related to illness and experience of life threatening events. Nine out of ten residents in the residential home reported moving into the residential home as a turning point. Unpleasant childhood experiences such as their parents “giving” or “selling” them to others triggered a turning point. Wartime sufferings were reported to have triggered turning points. One person reported that taking up a new sport prompted a turning point. Entry into the army was reported to induce a turning point.

Table 5.6: Distribution of turning points

NATURE OF TURNING POINT	(1)	(2)			(3)		
	EMERGENT	FORCED OR COMPULSORY			SELF CHOSEN		
	Changes of direction						
	Positive and Negative directions	Positive	Negative	Positive and Negative directions	Negative	Positive	Positive and Negative directions
Ritualized turning points			-Retirement			-Getting married -Retirement -Entering military	-Retirement
Routinized turning points			-Living in the RCHE			-Practicing Yoga -Living in the RCHE -Taking a new job	-Living in the RCHE
Others turning points	-Car accident -Escaping to Hong Kong	-Becoming a grandparent	-Wartime suffering -Illness -Death of a spouse -Husband engaging in extra-marital affairs -Given to others	-Wartime suffering	-Starting to work	-Becoming a parent	
Related to others		Children starting to work					

Nature of turning points

Some turning points are emergent which cannot be predicted, some turning points are forced or compulsory-imposed and some turning points are chosen. Turning points redirect people's life in positive or negative directions or in both directions.

Negative turning points

Most of the negative turning points were compulsory-imposed and only one respondent reported a self-chosen turning point which was when she started to work which caused her life to change in an unwanted direction. Some respondents tried to return their life trajectory to its former course, such as trying to maintain a good relationship with their husbands after the negative turning point of their husbands engaging in an extra-marital affair. However, they failed to return their life trajectories to the original trajectory. Some respondents completely gave up trying to return their negative decline to the original trajectory because they believed no repair was possible. Respondents reported the transition to the residential home or retirement as negative turning points.

Conversely, some respondents did try to return their trajectories to the original one when their trajectories were changed to unwanted directions. However, respondents could not hold onto their former identity before the occurrence of the negative turning point. Respondents reported that turning points involved a discovery of their own limitations. They were abandoned by their family and given to others, they could not change the situation and had to accept and adapt to the changing environment. They needed to deal with a new set of people and social environment in childhood. Similarly, some respondents reported wartime sufferings

as negative turning points. They learned to adapt to the changing environment and to start a new life after the social catastrophe. Some respondents reported managing health problems or the death of spouse as negative turns in their lives.

Positive turning points

Most of the positive turning points were self-chosen, such as getting married, which provoked greater intimacy in relationships or a new sense of responsibility when becoming a parent. Similarly, some respondents reported the feeling of success and mastering unusual challenges by taking a new job. One respondent reported that taking a new exercise shaped his life in a better direction. One respondent reported that the learning experience in the military during childhood allowed him to acquire knowledge which enabled him to run a business in adulthood. Some respondents reported the transition to the RCHE as a positive turning point because it released the burden on their family members to take care of them, while one respondent felt that it is freer for living in the RCHE than living with his wife. Some respondents reported their children starting to work or becoming a grandparent as a positive turning point because they gained a sense of self, becoming more mature, and the self-actualization that they had brought up their children.

Some turning points redirected lives to both positive and negative directions, such as retirement which frees one's time and hardship from work, but respondents felt bored after retirement.

Ritualized and routinized turning points

Some turning points are ritualized, such as retirement, getting married and entering the military. Some turning points are routinized because the events take

place over a period of time or become habits such as living in the RCHE, doing exercise and taking a job.

No turning points throughout the lifecourse

Six respondents (D4, D5, F10, F11, C20 & S25) aged from 65 to 81 years, did not report any turning point that significantly redirected their life trajectories. They had experienced short-term changes in trajectory, such as retirement, but the transitions did not redirect their life trajectory “off track” from the original trajectory.

A. The Model of Resignation: Occurrence of a single negative turning point in later life

Case R21 June, Case R22 Snow, Case R23 Ying

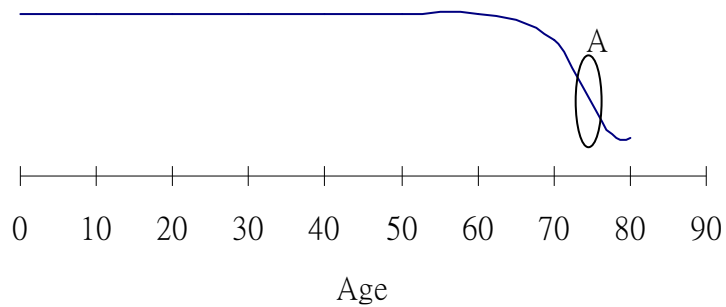
Older people who identified a single negative turning point in later life tended to focus on their present life and did not anticipate their future. Cases R21 (June, Female, aged 82 years), R22 (Snow, Female, aged 85 years) and R23 (Ying, Female, aged 76 years) reported a single negative turning point: living in the RCHE. They believed that there were prolonged periods of unhappiness. They tended to live very much in the present.

Changes of living arrangement trigger turning point

June (Female, aged 82 years, R21) had a happy childhood. Her family was rich and employed servants to take care of her. She gained satisfaction from her work in the past. She lived in the residential home for five years in later life. She was unhappy living in the residential home as she could not spend time with her son. She called her son and daughter to chat every night.

Negative turning point: “Only boredom in the residential home.”

Figure R21: June's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	77	Negative	Moving into residential home

Snow (Female, aged 85 years, R22) identified one negative turning point. She was happy about her life. She was happily married and got satisfaction from her work in the past.

Negative turning point: “Moving into the residential home.”

She did not like living in a residential home and reported loss of autonomy in the residential home.

Ying (Female, aged 76 years, R23) perceived her life as normal and usual as everyone else’s in society. She grew up in a poor family. She had to work hard to earn a living in adulthood. She did not want to look back on her life, she explained

that remembering the past would make her unhappy.

Negative Turning Point: “Moving into this residential home. This residential home is far away from the market and the rules are strictly enforced.”

She said that she could not buy herself favorite food and was not allowed to take a bath after the assigned time.

B. The Model of Resignation: Occurrence of two negative turning points in later life

Case R24, Sing

In addition, older people who identified two negative turning points in later life tended to focus on their present life and did not anticipate their future. Case R24 (Sing, Male, aged 76 years) reported two negative turning points in later life. He viewed his life as featureless and without a significant event. He got divorced in adulthood. He reported retirement as a turning point; this forced ritualized turning point eroded his self-worth. He felt himself useless to society. He reported another turning point as the suffering from an illness which changed his life for the worst after he moved into the residential home. He viewed himself as useless to society once living in the residential home.

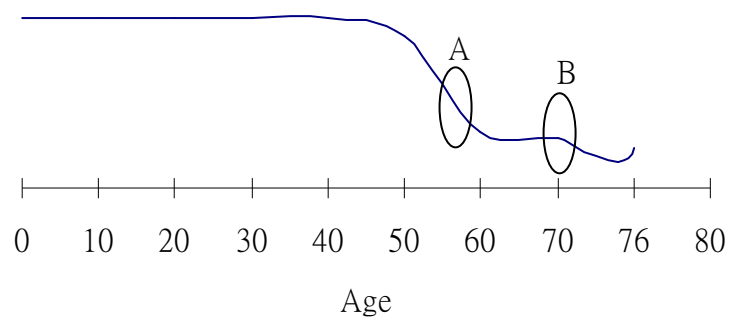
Negative turning point: “Retirement means ‘I have nothing to do’.”

When talking about his life, he emphasized his working experiences. He identified himself with his past work role.

“My life was full of working, I needed to earn money when I was young, I still needed to earn money in old age. I was a worker in the hospital, a hawker selling newspapers and a security guard.”

Negative turning point: “My health conditions turned worse, I moved into this residential home.”

Figure R24: Sing's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	56	Negative	Retirement
B	70	Negative	Moving into residential home

Generally, the move into the institutionalized home represents total resocializations to older people in such a way that their lives are regulated by the rules and schedule of the institution. Some people reported the move to residential home as a negative turning point and it played an important role in shaping their views toward their future. In contrast, people who lived in the residential home but did not regard the move to residential home as a negative turning point in their life did think about

their future. Therefore, current living conditions as such may not impose much influence on people's perceptions toward their future. Their own perceptions of living in residential home did influence their views about their future.

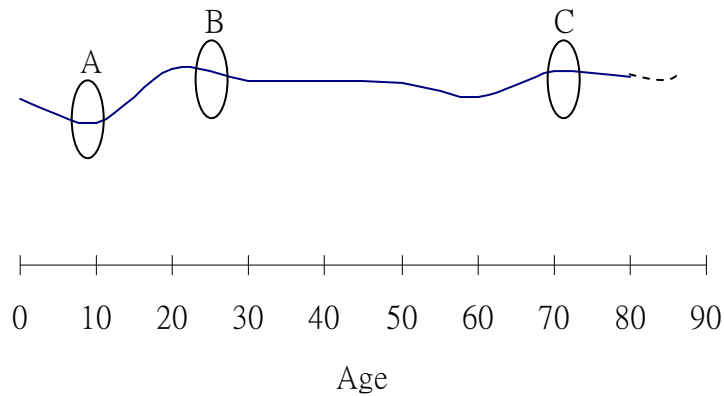
C. The Model of Predestination: Forced turning points in childhood

Case C12 Ping, Case F9 So and F8 Hong

Some respondents viewed the future as predetermined. Their past experiences shaped their life perspectives. Respondents who had reported negative forced turning points in early childhood and in adulthood tended to be unwilling to look forward to their future.

Case C12 (Ping, Female, aged 80 years) reported that most important turning point involved an uncontrollable situation when she was “given” to her aunt. She had to grow up in a new environment with a new set of people. She reported another turning point of asserting her control over an important choice, to get married. Although her aunt did not permit her to marry a poor man, she decided to get married anyway. Her life changed in a negative direction when she needed to work at the age of 24, marking the beginning of her hard working life. In later life, she managed her residential life well by doing some “work”, knitting for her family members. She did not want to anticipate the future. Figure C12 shows three turning points, a significant negative one in childhood, a second negative one that occurred when she got married, and a positive one in later life.

Figure C12: Ping's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	"Given" to others
B	24	Negative	Starting to work
C	73	Positive	Moving into the residential home

Ping (Female, aged 80 years, C12) feels comfortable with the routine of her institutionalized life. She views most of the people who have come into her life as irrelevant. Her early life was full of unsatisfying relationships.

Negative turning point: "I was given to my aunt."

Her childhood memories are full of sadness. Her brother "gave" her to an aunt. She became the daughter of her aunt; this is the greatest turning point in her life. She hated her aunt because her aunt did not allow her to see her family members. She became a tough woman and did not listen to others. She disliked listening to her aunt,

her aunt wanted her to marry a rich man. She chose a man who worked in the fishing market and got married. She explained the reasons why her brother “gave” her to an aunt.

“I have four siblings, I am the youngest. My father was kidnapped and the kidnapper killed my father. My mother went mad after the death of my father for a period. My eldest brother worried that my mother could not look after me, so he “gave” me to my aunt.”

“Since I was 9 years old, I had not seen my mother or my siblings...until I got married and gave birth to my son... at that time, I was 24 years old.”

“My aunt was a selfish person, I was 9 years old, I knew what was happening.”

She blamed her aunt for making her illiterate.

“My aunt only let my brother study, she taught me how to write. But I could only practice my writing with a bowl of water and a Chinese writing brush. My aunt was rich, but she refused to buy me a pencil. I did not have ink to practice my writing, so I forgot how to write.”

“I did not study and did not know how to write, so I can only take up jobs that have a low status. My boss said that if I were good at writing, he would want me to be a full time staff in his company.”

There were three siblings in her aunt’s family. She described her life in her aunt’s family. Her life was changed, she grew up in a rich family.

“I needed to look after my brother, my aunt and uncle were rich, and they owned a number of properties. We lived in a 2,000-square-foot flat. I was well-dressed, but I was unhappy.”

Negative turning point: “I started working at the age of 24.”

Getting married did not change her life in a better direction. A turning point occurred after she needed to work. She described the nature of her jobs and emphasized the hardship of her jobs until she stopped working at the age of 66. Ping described her employment history in terms of changes and instability. She viewed herself as a tough woman as she overcame difficulties and was able to adjust to changes.

She explained why she needed to work.

“My husband gave me two hundred dollars to travel to see my mother, after that, he said I used his money. He asked me to go to work and give back the money to him.”

She entered the labour market at the age of 24. She had a rough time.

“I had a hard time. A proverb says ‘men do 72 types of work’, but I had done 79 types of work. I did not have a fixed job. I was responsible to cut the chili, separate sesame, red bean and green bean. It was so difficult. I worked from 6 o’clock [in the morning] to 6 o’clock [in the evening]. I was a seamstress, a hawker selling fruit, salted fish, and a factory worker.”

“I cared for others, but I did not receive care in return.”

“His death [her husband] did not produce great impact on me, I created happiness for myself.”

Positive turning point: “Miss Chan held a place for me in the residential home.”

Moving into the residential home was a turning point in Ping’s life. She said that she adjusted well in the residential home.

“I do what I like here, I watch TV and listen to songs. I do not like some residents; some of them feel sad here. I knit for my children and grandchildren, they love the knitwear I made. They ask me to knit new patterns for them.”

Ping finds ways to cope with her life in the residential home.

“I feel I am in trouble if I have nothing to do. It is trouble for me when I feel bored.”

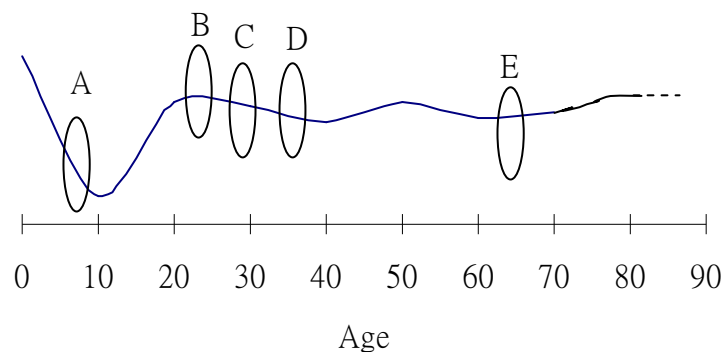
Work provides Ping a sense of control to help her master her life. She was able to perform well in the changing work environment. Ping mastered her life in the residential home in terms of doing what she likes. In later life, she thought that she could overcome difficulties by doing exercise and enjoying what she liked.

Similarly, Case F9, So (Female, aged 80 years) reported a negative forced turning point in early childhood, her parents “giving” her to a rich man. She spent her childhood in Mainland China and came to Hong Kong at the age of fifteen. She was alone and able to earn a living by working in a manufacturing factory. She reported a positive self-chosen turning point and had new commitment towards a relationship. She got married and found a loved one in adulthood. However, the death of her husband provoked an important turning point that had changed her life to negative direction. Her mother-in-law labeled her as an “unlucky woman” and blamed her for

the death of her husband. Her relationship with her mother-in-law turned hostile and she was forbidden to live with her son. This explained the reasons for reporting living with her son as a positive turning point in adulthood. In later life, she moved into the residential home and avoided disturbing the life of her son, which was a positive self chosen turning point.

Figure F9 shows the changes in life trajectories, which consist of negative and positive turning points.

Figure F9: So's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	"Given" to others
B	23	Positive	Getting married
C	28	Negative	Becoming a widow
D	33	Positive	Living with her son
E	63	Positive	Moving into the residential home

So (Female, aged 80 years, F9) used to live in the residential home. She told me that she had lived in the residential home for more than ten years. However, she has

been living in the residential home for seventeen years. She became a widow at the age of 28.

So's life was full of transitions and she felt that she had many turning points. So perceived her life in four stages according to her roles; the role of a daughter, the role of a wife, the role of a widow and the role of a mother.

Negative turning point in childhood: "My parents gave me to a man, the man had two wives. The man died in war and one of his wives brought me to Hong Kong."

She spent her childhood in Mainland China after she was 'given' to the man. She was brought to Hong Kong at the age of fifteen. After she returned to Hong Kong, she discovered that her parents had died. She had stood on her own feet and worked in a factory to making plastic shoes since her seventeenth birthday. She was satisfied with her ability to earn a fairly good salary compared with other factory workers.

Positive turning point: "I got married and my husband treated me well."

She got married at the age of 23, she started a new life and lived with her husband and mother-in-law.

Negative turning point: "This is the most important change, my husband died."

Her husband suffered from illness and could not go to work. She worked to earn a living. After the death of her husband, her relationship with her mother-in-law

turned hostile.

“My mother-in-law said I was an unlucky woman, and she forbade me to live with my son. She was afraid me to re-marry.”

She was forbidden to keep in touch with her son until her son reached the age of 13. She lived with her colleagues and got support from her colleagues.

Positive turning point: “I had a son.”

She said that she found meaning in her life; she needed to raise her son.

Positive turning point: “I lived with my son when he was 13.”

She viewed co-residence with her son as a good change; she could see her son every day.

Positive turning point: “I moved into the residential home.”

She explained that she preferred to live in residential home because she wanted someone to take care of her. She did not want to disturb the life of her son; she believed that her son should enjoy his life rather than have to look after her.

She believed life was predestined. The only thing that she could do was to live healthily.

“I keep myself healthy and do not make myself so tired every day. I am using the strategy of not spending all my money at one time; I only spend a part of my savings per day. I only use part of my energy per day.”

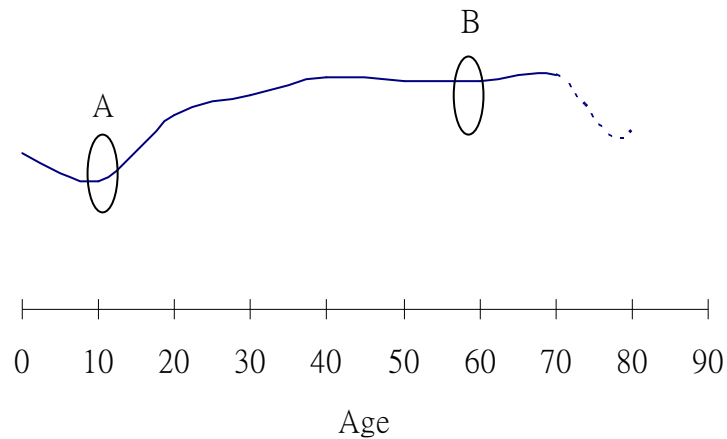
She reviewed her life and thought about the possibility of re-marriage and giving birth to more children. However, she said that it was useless to think about the past.

Case C12, Ping and Case F9, So expected their lives to improve after they got married. However, they failed to improve their lives due to financial constraints or the death of husband. They viewed their future as predestined.

Case F8 (Hong, male, aged 72) reported that the most important turning point was related to his escape to Hong Kong from Mainland China in childhood. His life changed to a negative direction when his family members lost all their property. In later life, he underwent several operations; he reported that the experience of recovering from an illness made him treasure his life. He expressed regret that he did not plan for his future and allowed his wife to steal his money which means that he was not financially sound despite having earned much money before retirement. He did not have confidence that he could secure his future in later life.

Figure F8 shows that external shock radically redirected his life to a negative direction, but the consequence did not last long and his life had gradually improved.

Figure F8: Hong's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	12	Negative	Escaping from Mainland China to Hong Kong
B	58	Positive	Undergoing several operations, all of which were successful

Hong (Male, aged 72, F8) lived in the residential home in Kowloon Bay. He identified himself as different from other residents. He liked to join the activities in the elderly centre near the residential home. He preferred to classify himself as a member of the elderly centre instead of a resident of the residential home.

Negative forced turning point: “My grandfather was arrested in Mainland China; I escaped from Mainland China to Hong Kong.”

His grandfather was a big landlord in Mainland China when he was eleven years old. He imagined that his life would be rich and he would become the head of the household at the age of thirty. However, he and his family needed to escape from China. He and his family members lost contact. Luckily, his grandfather found him and sent him to Hong Kong. He started a new life in Hong Kong with his family.

Turning point: “I was so lucky, I had undergone several operations and they all were successful.”

He said that his doctor told him that he was nearly dead, and the operations were so successful and saved his life. He treasured his life. He escaped from Mainland China in childhood. He escaped from death in later life.

Case 12 (Ping, Female, aged 80 years), Case F9 (So, Female, aged 80) and Case F8 (Hong, male, aged 72 years) all reported positive and negative turning points in their lives, and they anticipated that their futures would not change in a better direction. They did take action to obstruct their future fears. However, their actions did not help to ease their fears about their future. It will be discussed in part 5.2.4.

D. The Model of Predestination: Emergent turning point

Case C17, Man

Emergent turning points which cannot be predicted change people's perspective on life. Case C17 (Man, Male, aged 74 years) reported that his turning point involved the discovery of his own limitations; he had a car accident in his childhood, and after that he believed that he could not control his life. The car accident which occurred in childhood was a shock to Man, so he came to believe that life is predetermined and everyone has his own pathway. Man perceived the car accident in childhood as a turning point which changed his attitude towards the future.

“Lives are a miracle, how you live is predetermined.”

“In childhood, I had a car accident. It made me feel that tomorrow is unpredictable.”

Man (Male, aged 74 years, C17) gained satisfaction from work, he was an apprentice at the age of 17. He became a professional in engineering at the age of 22. He retired at the age of 62. He felt that he utilized his ability through his work. He regarded his living standard as poor in his childhood. His standard of living was improved by his hard work. His wife worked as a taxi driver, they enjoyed their life and went to the restaurant every day. He said that he had a wonderful life and he did voluntary work to help others.

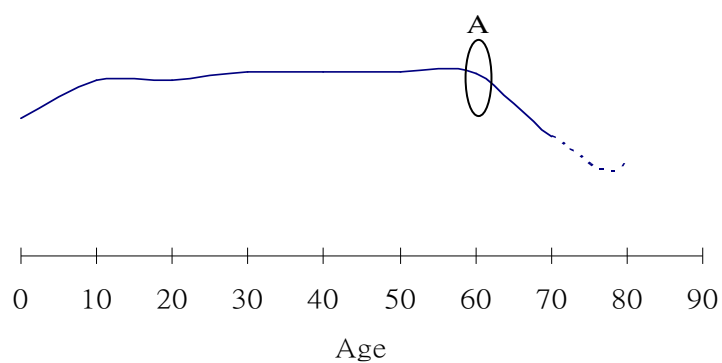
E. The Model of Predestination: Negative forced turning points in the domain of marital relationships can change people’s life meanings

Case C18 Yam and Case C19 Fa

Older people who identified a single turning point that redirected their life pathway towards a negative direction believed that their lives could not be improved. Older people of this type (Cases C18 & C19) were unwilling to look forward to the future because they believed that people have no control over events and therefore it was pointless to think about their future. However, they did anticipate their future and reported future hopes and fears.

Case C18 (Yam, Female, aged 70 years) reported a negative forced turning point related to the death of her husband. Her life became meaningless in later life without a lifelong partner. Figure C18 shows how one negative turning point occurred in later life.

Figure C18: Yam's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	60	Negative	Becoming a widow

Yam (Female, aged 70 years, C18) was a cheerful person. She smiled throughout the conversations with the researcher. She perceived her childhood as hard; she lived in Mainland China and she described her life as servant-like. She depended on others for a living she had to wake up early to do housework and did not have a pair of shoes.

Although she lived actively in later life, she was not satisfied with her life. Her schedules were full of activities, to watch Chinese Opera, to have gathering with friends and to do voluntary work.

“Other people, including my children and my relatives, perceive me as a happy person who is involved in many activities and is entertained. But they do not know whether I am happy or not. I am unhappy indeed.”

Negative turning point: “The death of my husband was a turning point for me.”

She found no meaning in life after the death of her husband. She said that once her life had improved; her children had grown up and she was retired, her husband died.

“I have not done anything outstanding or creative. My daughter and son have got married, they have families, but refuse to give birth to a child.”

She explained that she felt sorry for her husband as their children did not give birth. She perceived that people should give birth to the next generation. However, she did not have the power to influence her children’s decisions. She was unhappy

with this.

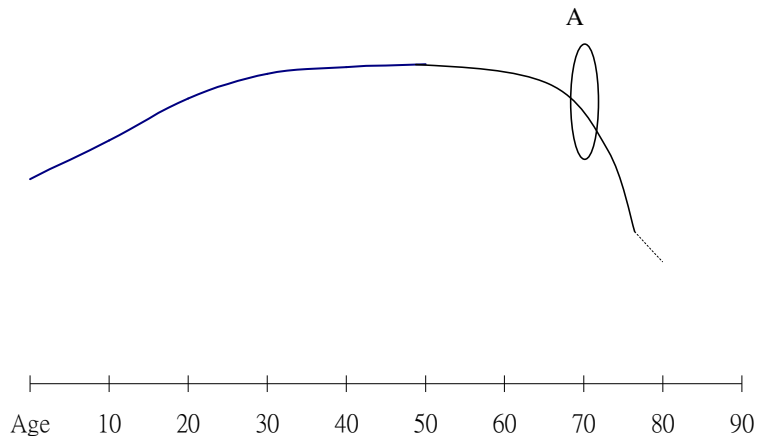
Dual-career family

She felt that she did not perform the role of a mother well. She needed to work and left her little children at home. Her mother helped her look after her children. She had a busy schedule; she worked as a cleaning worker, and needed to return home to prepare lunch for her children during lunch hour. She felt that her children did not have high achievements because they did not graduate from university. She interpreted the failed achievements of her children as a result of her inability to provide the necessary resources for them to study.

“I did not put in effort and it has not returned now.”

Similarly, Case C19 (Fa, Female, aged 77 years) reported turning points which were related to the experience of psychological loss. Her husband engaged in extra-marital relationships which made her life change into an unpleasant one. Figure C19 shows one negative turning point in later life.

Figure C19: Fa's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	72	Negative	Husband having an extra marital affair

Fa (Female, aged 77, C19 years) is a talkative woman. She was eager to talk about her life. She perceived that it is natural to become old and everyone should adjust to the process of aging. She divided her life into two periods; the period before her husband had an extra marital affair as a “happy period” and the period after the marital affair as an “unhappy period”.

Turning point: “In the year 2003, my husband did something bad [extra-marital relationship] and left me.”

Fa perceived herself as a happy person before she reached the turning point. She had good relationship with her husband; they shared ideas and supported each other.

However, her husband left her and her family for a period of five years. She was unhappy. She considered getting a divorce because all of her children had become adults. However, she explained that she had the traditional belief that getting divorced is a negative impression on a woman's life. She emphasized that she was alone during that period. She went to the elderly centre to learn singing.

Her husband returned and lived with her at the year 2008. Her relationship with her husband had some improvements. However, she said that she was not as happy as before 2003. She believed that her husband just depended on her to take care of him, but did not provide support for her.

“He [her husband] does not show careingness to me, he needs me to accompany him to visit the doctor because he is partially deaf. When I asked him to accompany me, he replied that I am not deaf, so he doesn't want to accompany me.”

She described her present life like the process of recovering from a trauma. Her husband hurt her and she was trying to forget the past. She did not want to predict the future. She said that “passing a day for a day”.

F. The Model of Adaptation: Future as more malleable

Occurrence of a single positive turning point in adulthood or later life

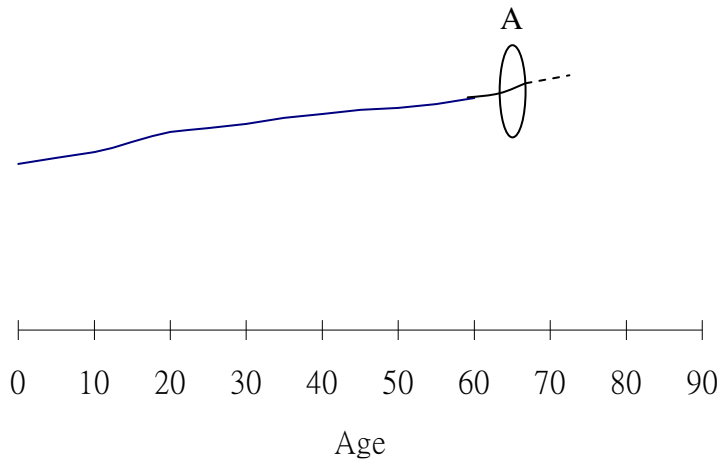
Case D1, Ming, Case D6, Tai and Case C13, Siu

On the contrary, older people who identified a single positive turning point believe that their lives are progressing and changing to a better direction. They expressed their future as more malleable and made changes to adapt to their future.

Case D1 (Ming, Male, aged 68 years) identified a positive turning point in later life, Cases D6 (Tai, Male, aged 72 years) and C13 (Siu, Female, aged 69 years) reported a positive turning point in later life which redirected life to better direction. They reported positive self chosen routinized turning points: asserting control over choices and direction of life, they decided to take on a new hobby or a job.

Case D1, Ming started doing Yoga in later life and reported that it helped his physical and emotional health improve. Case D6, Tai decided to take up a job as a postal officer in his adulthood, which enabled him to have sound financial conditions throughout his life. Case C13 (Siu, Female, aged 69 years) reported the decision to take up a job as a radiographer as a turning point, she could utilize her abilities. They reported positive turning points; taking up new jobs or hobbies changed their life to a better direction.

Figure D1: Ming's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	64	Positive	Learning Yoga

Ming (Male, aged 68 years, D1) viewed his life as full of happiness. He only mentioned one turning point that occurred in his later life.

Positive turning point: “Learning Yoga.”

“Learning yoga is a turning point in my life; doing yoga is good, it is a kind of exercise to me. It has improved my soul, I feel relaxed. My health has improved. I have practiced Yoga for more than 4 years.”

Ming began planning his life at an early age. He did not experience life events that changed his life direction. He mentioned that he planned his life well.

“I am nearly 70 years old. I have had good planning. Every transition has been well-planned. Getting married, having

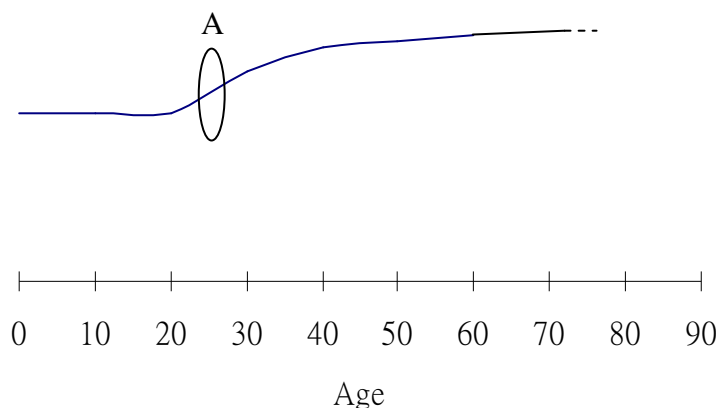
children...they have been well-planned and everyone does them at similar stages. I was taught by my family members about this. I had a plan for my life. I planned to change my job in my thirties because of health concerns. Finally, I changed my work at the age of forty. Changing jobs did not occur suddenly, I had thought about it for a long time.”

Ming felt that his life was on schedule and similar to most people in society.

“I retired at the age of 55; I have prepared for the retirement. I have saved money and did not spend “future money”. I have thought of how to live after retirement.”

Ming feels himself lucky; he was brought up in a happy family. His life did not have great changes and he perceived his life as being ordinary.

Figure D6: Tai's life trajectory



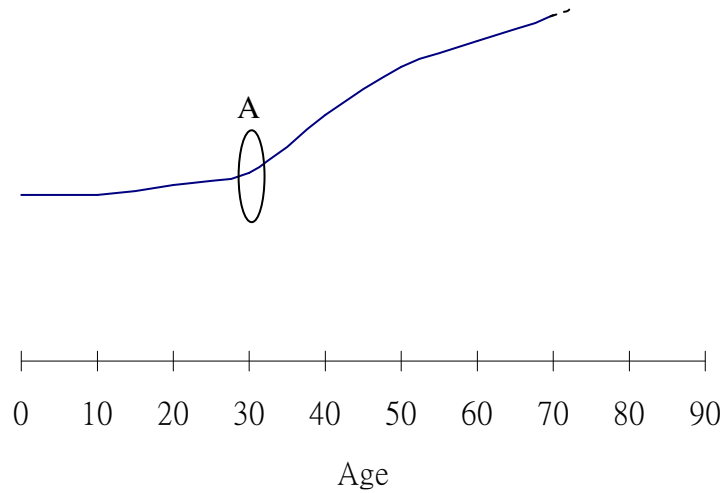
Circle	Age	Nature of turning point	Descriptions
A	28	Positive	Working in the postal office

Tai (Male, aged 72 years, D6) said that his main purpose in life was to earn a living to support his family members, for educational purposes and to have family gatherings. He got promoted in his career path, it enabled him to provide financial support to his family members.

Turning point: “I worked in the postal office, this is a government job.”

He defined his decision to work in the postal office as the turning point in his life. He wanted to be a teacher, but one of his friends introduced the position of postman to him. He decided to become a postman. He said that he had worked in the postal office until the retirement age of 60. He said that the retirement pensions enabled him to enjoy his later life. He and his wife did not need to depend on his children for a living. He felt secure that the government would pay him a pension in the future. In addition, he said that he could still have medical benefits in later life.

Figure C13: Siu's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	30	Positive	Taking the job as Radiographer

Siu (Female, aged 69 years, C13) was satisfied in her childhood life. When she was a teenager, she wanted to join the Chinese People’s Volunteer Army and to fight in the war. But she did not because she came to Hong Kong in 1952. In later life, she perceived her life to be ‘normal’ and did not have great challenges.

“My path is smooth and I do not have hardship.”

Turning point: “Taking the job as Radiographer is my turning point.”

“If I did not take up this job, I would work in other jobs, my life would be totally different.”

She enjoyed and gained satisfaction from her work. She felt that she had utilized her ability and knowledge. The meaning of work was that she made contributions to society, and earned a living to support her children. Also, work kept her “connected” to the world. She got a sense of appreciation from work.

“If I did not work, I would become an invisible person in the world. I must have a job. My job is one of the professional jobs.”

She decided to retire at the age of 55. She quitted her full time job. However, she felt sad to retire. Then, she engaged in part-time job for two years. She retired at the age of 57. She felt that there were changes in the institutional system and working environment. She did not want to adjust herself to the changing environment, so she decided to retire.

“I do not view retirement as a turning point, everyone will go through this process, everyone retires someday.”

“I did control the time of my retirement, I retired at the age of 57.”

“I adjusted to retirement quite well. I walked around, went to exhibitions, read newspapers...to fulfill my curiosity.”

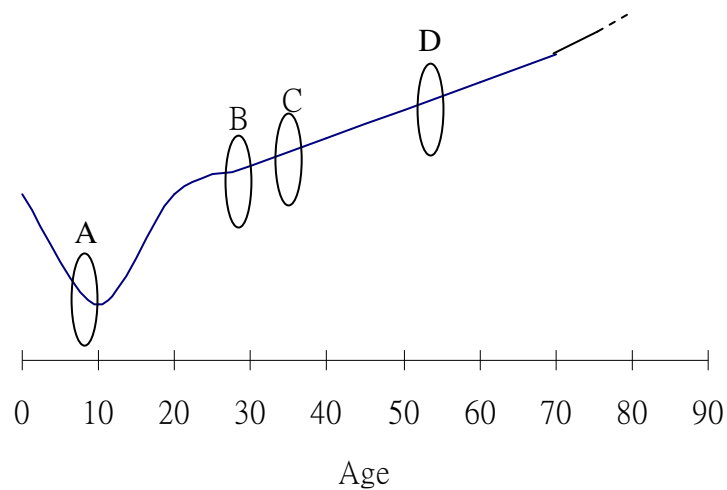
G. The Model of Adaptation: Negative forced turning points in childhood

Case D2 Yip, Case D3 Ching and Case F7 Wing

The outbreak of war represents an external shock to people’s lives. Figures D2, D3 and F7 show that the outbreak of war directed people’s life to a negative direction.

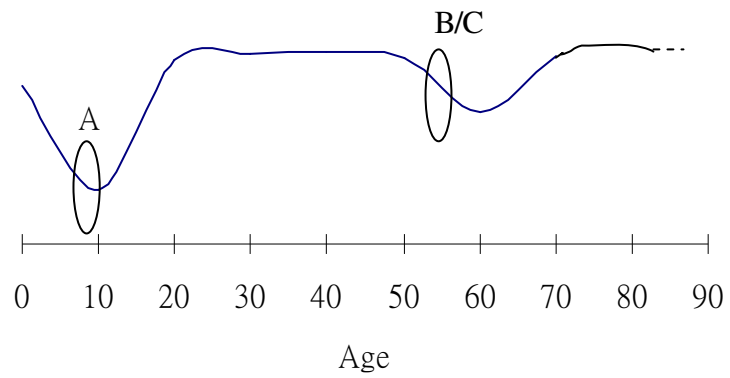
In figure D2, the wartime sufferings marked the hardest points throughout the life course. In figure D3, the wartime sufferings represented the hardest moment in life, and negative turning points were reported in mid-life and in later life. In figure F7, the wartime sufferings radically redirected the path and since then life trajectories changed to negative direction, two negative turning points occurred in adulthood.

Figure D2: Yip's life trajectory



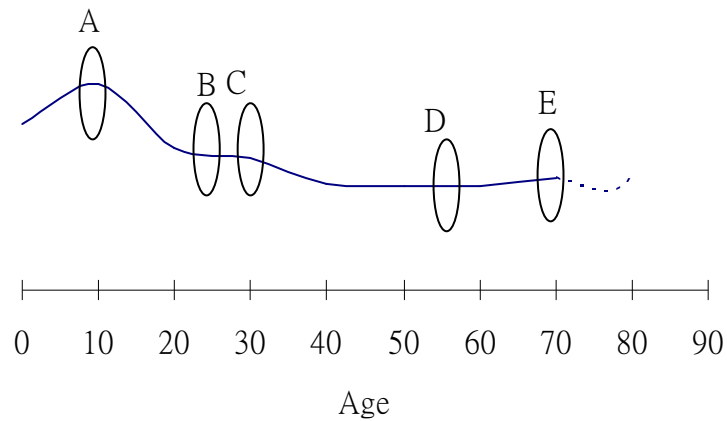
Circle	Age	Nature of turning point	Descriptions
A	9	Negative	Wartime sufferings
B	30	Positive	Getting married
C	35	Positive	Becoming a taxi driver
D	55	Positive	His children starting to work

Figure D3: Ching's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	Wartime sufferings
B	50	Negative	Separated from her husband
C	50	Negative	Affected by menopause

Figure F7: Wing's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	Wartime sufferings
B	24	Negative	The birth of second child
C	30	Negative	Separated with husband
D	55	Positive/Negative	Retirement
E	70	Positive	Moving into Housing for Senior Citizens

The wartime suffering was reported as a negative forced turning point, but the turning point influenced the life course of people in different ways.

Case D2 (Yip, Male, aged 76 years) reported hardship in his childhood due to the Japanese Occupation which made him unable to receive education. He reported the sufferings from the occupation to be a negative turning point. This negative turning point gave rise to another turning point in adulthood. Yip reported positive self chosen turning points in adulthood; he was able to improve his living standards by

moving up the career ladder. He believed that his life had changed in a better direction when he became a taxi driver; he was able to improve his financial situation due to his hard work. Yip had an awareness of growth and feeling of mastering an unpleasant experience in adulthood.

Negative turning point: “The Japanese Occupation of Hong Kong in 1941, I was so poor.”

During the occupation, life was hard; he did not have the opportunity to study. Lack of high educational qualifications made him unable to find a high status job.

Positive turning point: “I have formed my family; I have ability to take care of my family members.”

Positive turning point: “I became a taxi driver.”

Yip perceived that he had climbed up in both the career and the social ladders. He was an apprentice and learnt how to repair vehicles. He got a driving license and then became a taxi driver. His life improved after he became a taxi driver.

Positive turning point: “When my children find jobs”

He was able to provide resources for his children and enable them to have good educational opportunities. He had three children and all of them had achieved bachelor degrees. This helped them find jobs.

“I do not think I am unlucky. I feel satisfied and happy.”

Similarly, Case D3 (Ching, Female, aged 83 years) reported great hardship during

war time in her childhood, which shaped her personality. She tried to be satisfied; she got divorced and suffered from illness in her midlife but she did try her best to overcome the difficulties.

Ching was a friendly old woman. When the researcher entered the elderly centre, she was doing hand craft work. She was happy and began to chat with me. She regarded her life experience as rich in content; she suffered through war, had a happy childhood and adulthood and got divorced in mid life.

Negative turning point: “I experienced hardships at the age of 50.”

She was under pressure, she was affected by menopause and needed to look after her children on her own. Her husband had extra-marital affairs during the same period. Since then, she separated from her husband. She divorced at the age of 63. She said that they did not get satisfaction from their relationship. She regretted that her children did not have a father to take care of them and love them. She knew that her children understood the situation and cared for her.

“When my ex-husband suffered from a serious illness, my children visited him. He reminded my children that they should take care of me. He felt sorry for me. My children told me this. My children said they cared about me so much. I felt that was enough. I was a successful mother.”

Tuning point: “The war made it easier to feel satisfied.”

“If other people had a bowl of rice, I felt good even if I had half a bowl of rice.”

“Even I got divorced, I felt good because it was based on

agreement. We both agreed to separate and I wanted him [ex-husband] to be free. He was happy about this.”

Case F7 (Wing, Female, aged 73 years) reported that the turning point was the death of her parents during the war time in Mainland China. She escaped to Hong Kong with her siblings and she felt that this changed her life tremendously. She lost financial and emotional support from her parents and siblings which shaped her whole life. She faced a negative forced turning point in adulthood, the experience of psychological loss which was the result of an unsatisfactory marriage and hardships in raising her children. She wished she had lived without those turning points.

Negative turning point: “My family was rich when I was a small child, I escaped to Hong Kong due to the outbreak of war in Mainland China.”

Wing’s parents died during the war. She viewed herself as a burden to her siblings. Before the outbreak of war, she was the youngest in the family, and everyone loved her. However, after the war she depended on her sister for a living in Hong Kong because she was too young (9 years old) to find a job. Wing said that there was a marked contrast between the living standards in Mainland China and Hong Kong. Her family had a business selling rice in Mainland China.

Negative turning point: “The birth of my second child made me feel uneasy.”

“My husband did not provide support, he did not care about us and did not give me money.”

Wing mentioned that her lack of knowledge about contraception made her uneasy. Since the birth of her second child, she felt sad. Having more children marked an

increased burden on her, especially because she did not get support from her husband.

Negative turning point: “My husband left our family when I was thirty years old and a woman with four children.”

Wing and her children lived with her brother-in-law. Wing mentioned that her children did not have a good growing environment. In Wing’s view, a good mother should provide happiness and resources for her children. Wing worked in the hospital as a cleaning worker.

“My children had to wait until 8 or 9 o’clock to have dinner because that was when I finished my work...I did not provide them with good resources so they did not have a prosperous childhood. Every household is excited during the Chinese New Year and has a father, they all have new clothes and family gatherings. But my children did not have this experience. They did not have good educational opportunities, I am not a good mother.”

Positive turning point: “I had more freedom after retirement.”

Negative turning point: “Sometimes, it was quite boring to have so much free time.”

Wing said that she felt happier and got fatter after retirement. Wing had been a volunteer for thirteen years. She found meaning in helping people and a purpose in later life. She perceived volunteering as a way to learn new knowledge.

“I concentrate on volunteer work as it distracts my attention away from my past.”

“I am sympathetic with the elderly who suffer from illness. Because I am better, I need to visit them and talk to them.”

“I am not afraid to visit the elderly, I get used to seeing people die and give birth in hospital.”

Her work experiences as a cleaning worker in the hospital influences her view towards others. She is not afraid to develop relationships with the sick. Wing moved into the accommodation under the Housing for Senior Citizens Scheme (HSC).³

Positive turning point: “I moved into this flat, which made my life better.”

She likes living alone rather than living with her sons. This helps avoid conflicts with the next generation. She is satisfied with her living environment.

Among the above case, only Case F7, Wing, reported that the wartime sufferings shaped her whole life in a negative direction. Case D2, Yip reported a positive turning point in adulthood because he became a taxi driver, even though he only had a low educational level due to the war. Case D3, Ching, reported that the wartime sufferings changed her attitudes and enabled her to master her unhappy marriage and suffering from illness.

Cases D2 (Yip, Male, aged 76 years), D3 (Ching, Female, aged 83 years) and F7 (Wing, Female, aged 73 years) had painful past experiences during wartime. They did think about their future and had images of themselves in the future.

³ Housing for Senior Citizens (HSC) is a type of housing for the elderly in public rental estates. The Housing Authority aims to provide a true sense of home, it providing a shared common room, communal kitchen and dining area.

Both Case D3, Ching and Case F7, Wing reported future hopes and fears. Case D2, Yip, only reported two future hopes; he reported a negative turning point in early childhood, and identified three positive turning points.. It will be discussed in part 5.2.4.

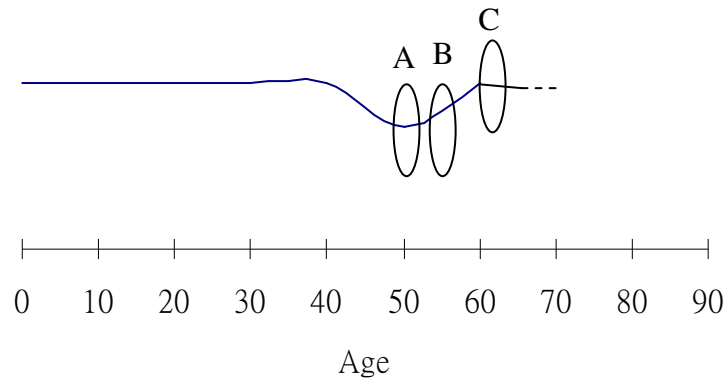
H. The Model of Adaptation: Positive turning points related to their family members

Case C14, Yee, Case C15, Sun and Case C16, Cloudy

Respondents who reported positive turning points related to their family members were more likely to look forward to their future and make necessary adaptations for their future. Case C15 (Sun, Male, aged 73 years), Case C16 (Cloudy, Female, aged 77 years) and Case C14 (Yee, Female, aged 66 years) did look forward to their future, and they all identified negative and positive turning points throughout their lives.

Case C14 (Yee, Female, aged 66 years) reported both negative and positive turning points in her life, and looked forward to her future. She reported a negative forced turning point in midlife, the experience of psychological loss when her husband left her. She concentrated on her children to compensate for her loss. Later in life, she reported a positive turning point which was the feeling of self realization, the feeling that her children of having “grown up” - when her children got married. In later life, she did take on a new hobby, becoming a volunteer. She reported that the suffering from an illness was a turning point that made her unable to join outdoor activities that were organized by the elderly centre.

Figure C14: Yee's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	50	Negative	Her husband leaving her
B	55	Positive	Her children getting married
C	62	Negative	Suffering from an illness

Yee (Female, aged 66 years, C14) regarded herself as a happy person. She spent her childhood in Mainland China. She was the youngest daughter in her family. Her parents were farmers. She came to Hong Kong at the age of 19 and was married in the same year. She has five daughters and a son. She lives with her daughter in the public housing.

Negative Turning point: “My husband left us twelve or thirteen years ago.”

Her husband left her and her children, she perceived that the change had negative effects on the development of her children. Her youngest son was

studying in form four in secondary school.

“My youngest son needed him [her husband] to sign documents, but he refused to sign them for him.”

Although she experienced a negative turning point in her marital relationship, she felt that her children understood her and supported her. She disagrees that some people commit suicide because of poor marital relationships. She believes that everyone can live happily even without a husband.

Positive turning point: “My son and daughters got married and had their own family...They have grown up.”

She perceived herself as having fulfilled the responsibility to raise her children. She regarded it as a turning point when her grown-up daughters and son travelled with her and gave her money. The marriages of her children marked her fulfillment in life.

“My performance as a mother is fair. All my children attained secondary educational level. I raised six children without the help of my husband.”

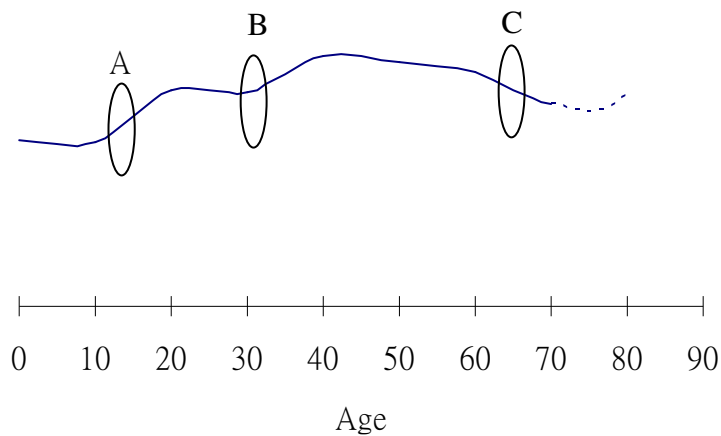
Negative turning point: “I was sick.”

She explained that her illness hindered her from joining some activities. She considered her ability carefully before she joined activities. For example, she did not join the trip that was organized by the elderly centre.

Case C15, Sun, Male, aged 73 years, reported that the most important turning

point in his life was an awareness of growth and development when he entered the military at 14 years old. He received training in the military camp and was well equipped with knowledge which enabled him to run a business in adulthood. He pointed out that another turning point was the birth of his son. He had a new sense of responsibility when he became a father. Sun was concerned that his family members regarded the turning point of his moving into the residential home as changing his life in both directions. He did not get used to residential life but it released the burden on his wife and son to take care of him. Figure C15 shows how the entry into the military redirected his life trajectories in a better direction.

Figure C15: Sun's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	14	Positive	Entering the military
B	30	Positive	The birth of his son
C	65	Positive / Negative	Moving into the residential home

Sun (Male, aged 73 years, C15) lived in the residential institution for half a month. Before he moved into the current residential home, he lived in the same

building as his family members in another private financed residential home.

Positive turning point: “I had lived in an orphanage until 14 years old, after that I entered the military army.”

After the death of his father, Sun’s mother sent him to an orphanage. Sun did not feel that entering the orphanage changed him. He said that he understood why his mother did it because it was hard to raise him without his father. His life became better at the age of 14.

“In the army, I was the youngest. They cared about me and protected me. They sent me to study, I studied intensive courses and learnt a lot from the professor.”

Sun regarded life in the army as the happiest time in his life.

Positive turning point: “I got married in my late thirties.”

After he got married, his wife cared for him and gave birth to a daughter and a son. Having children is a marked event in his life. His life became happier.

Positive turning point: “My wife and son have a better life after I have moved into the residential home.”

Negative turning point: “It is different from living at home.”

Sun perceived that living in an institutionalized home enabled his wife and son to concentrate on their work. However, Sun did not feel that the residential home was “home”. He felt that home was a better place because he could chat with his family members and did not need to live according to the schedules of the residential

institution.

Negative turning point: “I was sick.”

Sun could not move quickly after the stroke. At ‘present’, He lived with poor health which hindered his routine.

“After the stroke, I cannot fix my flat. I did it every year before.”

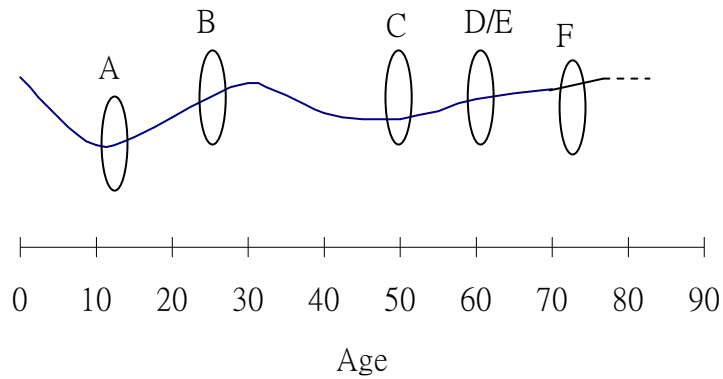
Sun did not gain satisfaction from his work. He enjoyed family life. He loved his son and was proud of his son. His son graduated from university and became a manager.

The meaning of work to him was to earn money to support his family. He was forced to retire at the age of 60 because of poor health and the business did not generate great profits. He preferred to work which helped to reduce the financial burden on his wife and son. He viewed his life as normal. He noted that some people had wonderful lives, as they travelled around the world. He had a stroke which was noticed by a doctor early on. He got treatment immediately, therefore, he believed he was lucky. He worried about his son who did not want to get married and give birth to the next generation. He wished his son would get married and have children.

Case C16 (Cloudy, Female, aged 77 years) reported that the most important turning point in her life involved an uncontrollable situation when she was “sold” to a rich family in her childhood. She was forced to take up the role of caretaker in

her early childhood. She got married and found a loved one, which changed her life for the better. However, getting married marked the start of her hard working life, which changed her life into a negative one. Similarly with Case C14 (Yee, Female, aged 66 years), she reported a sense of self-realization when she had grandchildren. The death of her husband changed her life into the negative direction as it induced the feelings of loss of power in the family. Her son did not listen to her advice. In late life, she reported that her deteriorating health made her food taste bad. She reported living in the residential home as a turning point and this was a self chosen and routinized turning point. In figure C16, the first turning point occurred in early childhood and shifted the trajectory in a negative direction. Turning points occurred in adulthood (when she got married and the start of her hard working life) and in later life (the death of her husband).

Figure C16: Cloudy's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	12	Negative	“Given” to others
B	27	Positive / Negative	Getting married/ Start of her hard working life
C	50	Negative	Becoming a widow
D	60	Negative	Suffering from five illnesses
E	60	Positive	Having grandchildren
F	73	Positive	Moving into the residential home

Cloudy admitted that her life was hard at the age of seven. She noticed her father valued boys much higher than girls.

“My brother could study, but I could not.”

Negative turning points: “My father was addicted to gambling, I was “sold” to a rich family to be a wife at the age of 12.”

She stayed in the rich family who were Hakka people. Hakka people spoke a different language to her. Life was hard and she needed to do housework.

However, she said that the rich family treated her well. She stayed with the rich family until she was 16 years old. She came to Hong Kong with the help of a woman. The woman was one of the wives in the rich family.

Negative turning point: “Getting marriage marked the beginning of my poor life.”

Positive turning point: “My husband loved me and his family treated me well.”

She was a babysitter and looked after babies for the rich and lived in Mid-levels, Central. She enjoyed her work and maintained a good relationship with the kids. She was responsible for looking after the kids while other maids cooked and washed clothes. However, after marriage, she worked on a farm in Yuen Long. She chose her husband herself. She said life was hard because she and her husband had to raise seven children. She mentioned that she worked hard for her whole life. Although her life was hard, she was satisfied with her marital relationship. She missed her husband even though he passed away twelve years ago.

“I found a good husband, I was so lucky to have a good husband.”

Negative turning point: “After the death of my husband, I did not have much power in the family.”

“Before the death of my husband, he reminded my son that he should live with me and not leave me alone. After my husband died, he did not listen to me.”

She lived in a public rental flat with her daughter, her son and daughter-in-law.

However, her son suggested that they bought a private flat and returned the public rental flat to the Government after the death of her husband. She advised her son to wait for a good price until buying a flat. Her son did not listen to her and bought a new flat. She felt that the power in her family changed.

Negative turning point: "I suffered from five illnesses."

She mentioned that her food did not taste good because she needed a healthy diet. She was happy that the staff in the residential home gave her some food that tasted good.

Positive turning point: "Having grandchildren."

She mentioned that her grandchildren were cute and lovely. She viewed that having grandchildren meant that her children had grown up.

Positive turning point: "Moving into the residential home."

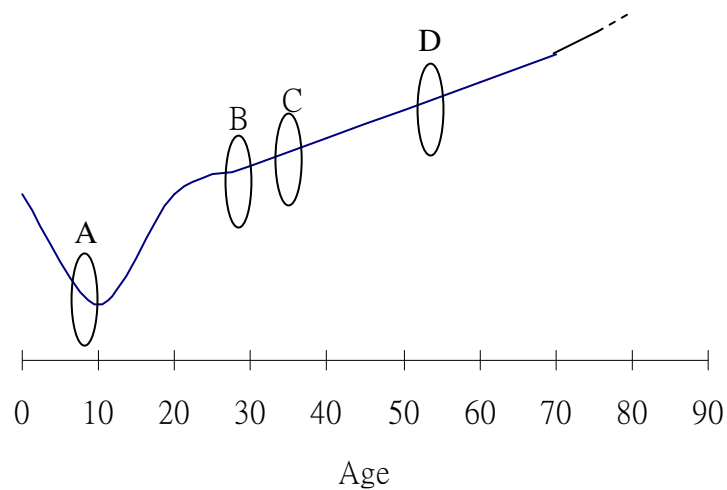
She said that living in the residential home and having staff to take care of her meant that her children did not need to worry about her. Therefore, she chose to live in the residential home. Before she lived in the residential home, she had gone to the daycare centre every day for three years.

Classifications of turning points

The findings suggest that the concept of turning points can be classified according to its effect. Some turning points have permanent significance on people’s lives and the feelings toward these turning points are long-lasting, while some turning points have temporary significance on people’s lives and the feeling toward these turning points are transient.

Case D2 (Yip, Male, aged 76 years) reported a temporary turning point was wartime suffering, but his feelings of hardship were transient because his life improved.

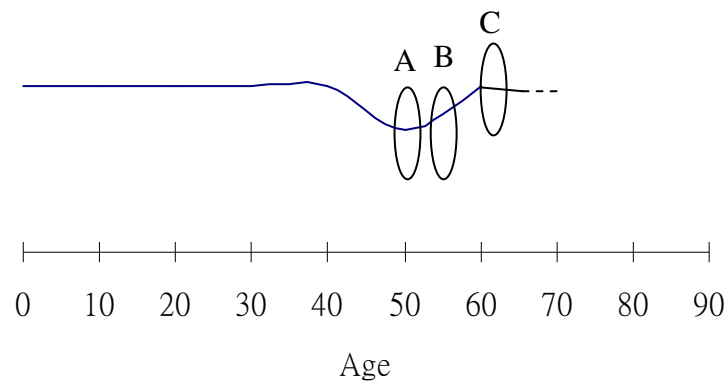
Figure D2: Yip's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	Wartime sufferings
B	30	Positive	Getting married
C	35	Positive	Becoming a taxi driver
D	55	Positive	His children starting to work

Case C14 (Yee, Female, aged 66 years) reported that a temporary turning point happened when her husband left her, but her feeling of psychological loss was transient because she shifted her concentration to her children and derived a sense of self-realization from raising them.

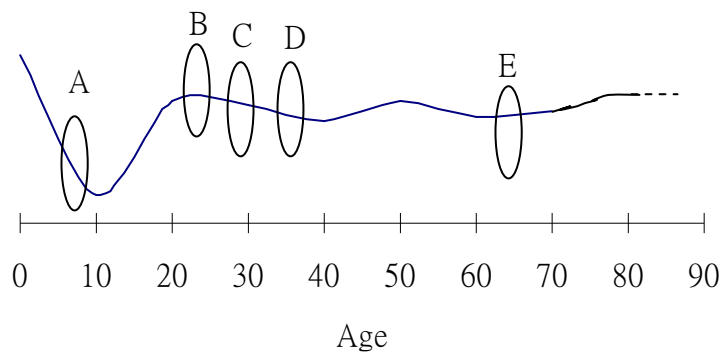
Figure C14: Yee's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	50	Negative	Her husband leaving her
B	55	Positive	Her children getting married
C	62	Negative	Suffering from an illness

Case F9 (So, Female, aged 80 years) experienced a turning point in her childhood when she was “given” to a man. However, the turning point was temporary because she left the man at fifteen.

Figure F9: So's life trajectory



Circle	Age	Nature of turning point	Descriptions
A	9	Negative	"Given" to others
B	23	Positive	Getting married
C	28	Negative	Becoming a widow
D	33	Positive	Living with her son
E	69	Positive	Moving into the residential home

The temporary turning point helped people to forget their unpleasant experience.

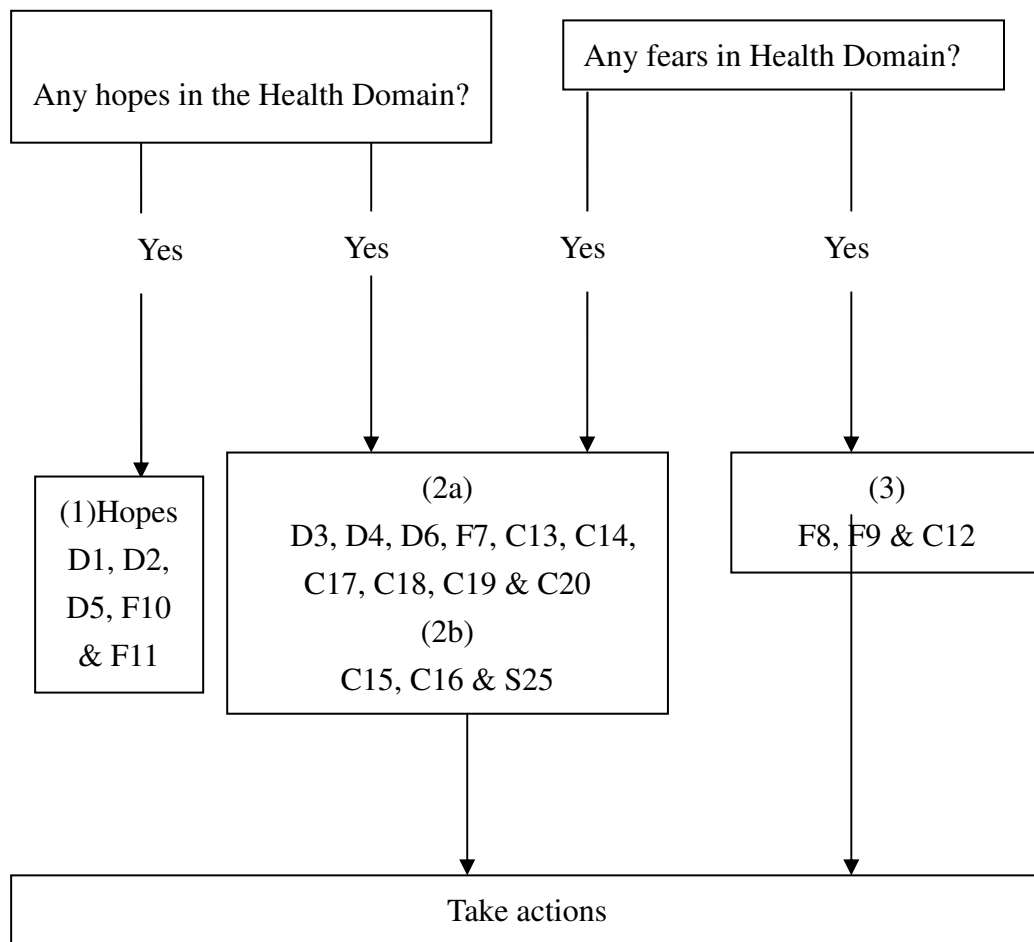
5.2.4 Possible selves

Amongst all the respondents, only four older people (Cases R21, R22, R23 & R24) live in ‘the present’ and do not have any hopes and fears for the future. They did not take any action to maintain their health.

In this study, those respondents who thought of their future expressed the same contents of possible selves in the first and second interviews, indicating consistency/stability of views. Domain-specific hopes and fears will be discussed in the following parts.

5.2.4.1 Possible selves in health domains

Figure 5.1: The construct of possible selves in health domains



1. *Hopes in the domain of health (Without future fears)*

A. People who perceived that they had devoted themselves to fulfilling their responsibilities did not have fear in the health domain – whatever their actual health situation. Case D2, Yip believed that he provided his children with a good environment and resources and he gained a sense of fulfillment from his nurturing role. Case F10, Ho, believed that he devoted himself to society by working hard as an adult and by volunteering in later life. Case F11, Kay, stated that she had attained all her life tasks in the domain of work and family. The completion of life goals means it is unlikely that people will have future fears in the health domain. They do not have a sense of guilt or shame from their life which results in having no future fears in the health domain.

“I wish to stay healthy and enjoy my life” (Case D2, Yip, Male, aged 76 years)

“I want to keep my health in good status.” (Case F11, Kay, Female, aged 70 years)

Yip was satisfied with his parenting role and marital relationship. He viewed his life as normal, he got married and had children. He was proud of his abilities, and that he was able to enjoy a good living standard in later life without the help of his children. He was gratified by his own contributions to his family as well as to society.

“I provided enough resources to my children and they all graduated from university.” (Case D2, Yip, Male, aged 76 years)

Kay described her life as normal and without any turning points.

“I have done my assignment, I have raised my son and daughter, and they have given birth to the next generation.” (Case F11, Kay, Female, aged 70 years)

“How much time do I have? I will utilize my ability to contribute to society until the end. I will fulfill my goals... I like to exercise, this makes me healthier. I have time to do voluntary work which means I have something to do in later life.”(Case F10, Ho, Male, aged 80 years)

Cases D2, F10 and F11 believed that they had fulfilled their responsibilities and did not have future fears in the health domain.

B. People with strong religious beliefs did not often generate fears in the health domain. This agrees with Cheung and Ho’s (2006) findings that people who have religious beliefs may derive the meaning of life and death from their belief, helping to reduce the fear of uncertainty or punishment after death.

“I do exercise every day, sometimes I swim and run; I wish to stay healthy” (Case D1, Ming, Male, aged 68 years).

“I like travelling, I wish I could spend more time on travel for fun, therefore, I wish to stay healthy.”(Case D5, Po, Male, aged 81 years)

Case D1, Ming, believed in Buddhism and viewed death as an image of “natural law”, while Case D5 Po believed in Christianity and viewed death as something not to be feared.

“It’s good to believe in a religion because religion helps you understand life. I believe in “the wheel of life and death”. From the scientific view, after birth, we are approaching death.

Everyone grows up and experiences old age, illness and death. I do not view death as the end of my life. I believe in the cycle of suffering and rebirth. Good actions produce "seeds" in the mind which come to fruition in this life or in a subsequent rebirth." (Case D1, Ming, Male, aged 68 years).

"If you do good things and help people, you will not be afraid of death. I believe in 'heaven'."(Case D5, Po, Male, aged 81 years)

Some religions believe in the afterlife and downplay the importance of current life, while other religions emphasize that time in the current life is more important, such beliefs affect people's views on time and their sense of the future (Atchley, 2001). Cases D1 and D5 had strong religious beliefs, they did not have future fears in the health domain.

2. *Matched hopes and fears in the domain of health*

Thirteen respondents (Cases D3, D4, D6, F7, C13, C14, C15, C16, C17, C18, C19, C20 & S25) had both hopes and fears in the domain of health, and they hoped to maintain good health or health conditions. The main reasons were because good health enabled them to participate in their hobbies, to take care of themselves, to attend family gatherings and to avoid sufferings from illnesses. They feared that poor health conditions would increase the burden on their children to provide care, cause increased suffering and increase the chance of failing to perform the Activities of Daily Living (ADL).

"I walk every day to keep myself healthy, I am afraid of losing the ability to move freely in the future."(C17, Man, Male, aged 74 years)

"I go hiking every day with my friends, I want to stay healthy because I do not want my sons and daughters to worry about me. I will suffer if my health decline." (C18 Yam, Female, aged 70

years)

“I wish to keep my health status good; I worry that, should my health status deteriorate, I will not be able to go out for shopping and do housework.” (C19 Fa, Female, aged 77 years)

“I don’t want my health to deteriorate because I am living alone...I do exercise in the elderly centre to keep me healthy.” (C20, Lai, Female, aged 74 years)

“My son has bought some Chinese medicine for me, I will keep taking that, it makes me feel better. It is so painful to experience illness.” (C15, Sun, Male, aged 73 years)

“I do exercise every day, I wish I will get well soon...then I can return home for a few days per week. I worry I will become a burden of my children if I am sick.” (C16, Cloudy, Female, aged 77 years)

“I want to remain healthy, at least to maintain my present status. I am afraid of losing my ability to walk...I want to go fishing.” (S25, Shi, Male, aged 65 years)

3. *Fears in the domain of health (Without hopes)*

Current living environment and health status are not decisive factors that affect whether an individual will have future hopes. Three residents in RCHEs (Cases F8, F9 & C12) reported fears in the domain of health, they feared not being able to walk independently. Past experiences influenced the construct of possible selves. They did not generate future hope as they thought that their future could not be secured as their lives were predestined. They believed their actions could not change the outcome of the future. Even though they did exercise to improve their health conditions, they still expressed fear in the health domain.

A. Case F8, Hong (Male, aged 72 years) believed that life is insecure. He retired at the age of 62. He was a boss of a store in a housing estate and he developed good relationships with the people in the housing estate.

“Most of the people in LamTin knew me and they liked me. I was a generous man as I paid for them.” (Case F8 Hong, Male, aged 72 years)

He lived a life of luxury, he earned much money and travelled in his thirties. He was a supervisor of a garment manufacturing factory for twenty years. He perceived himself as having helped the boss to expand the business. He said that the boss treated him like his son. However, he did not enjoy a high living standard later in life.

“Happy moments in life have passed and I am now simply where I am now.” (Case F8 Hong, Male, aged 72 years)

He thought that life in the residential home was better than living at home. He enjoyed living in the residential home as he did not want to live with his wife.

“No one disturbs my life here, all the staff treat me well, I have not lodged complaints or made the staff unhappy. Some residents have complained that they want to live with their sons or daughters, but they do not consider their age. I have suggested them to take life a day at a time. It is not bad to live in here in later life.” (Case F8 Hong, Male, aged 72 years)

He had two girlfriends in old age, but decided to end the relationships. He did not want his girlfriends to know that he was living in the residential home.

“Both of them [his girlfriends] have children, I do not want them to be looked down upon by their children. It is not acceptable in the eyes of their children. I don't stay with them after I have entered the residential home.”(Case F8, Hong, Male,

aged 72 years)

B. C12, Ping (Female, aged 80 years) believed life as predestined. She expected to have a happy marriage, but she did not.

“My husband is the worst person in my life. He wanted me to look after him when he was sick, but he did not care about me. He did not love our children. Perhaps because he was the only child in his family so he did not know how to care for others. He did not support our children to study, like my aunt. My aunt was rich, but she did not allow me to study. I solely supported my daughter to continue her secondary school.” (C12, Ping, Female, aged 80 years)

However, she did not feel unhappy for choosing a husband who did not care about her. She explained the reason.

“One of my relatives, her family is a rich family, she has servants. After she has married a rich man, she has to do all the housework. But marrying a rich husband does not mean your life will be better. You don’t know what will happen.”(C12, Ping, Female, aged 80 years)

C. Case F9, So (Female, aged 80 years) experienced a negative turning point in childhood. She viewed getting married as a positive turning point which redirected her life in a better direction. However, her husband died five years later.

“I had a happy marriage, who knows what would have happened if my husband died a few years later?” (F9, So, Female, aged 80 years)

Cases F8, F9 and C12 believed life as predestined.

Another group of residents in the RCHEs (Case C15 Sun, Male, aged 73 years; Case C16 Cloudy, Female, aged 77 years & Case S25 Shi, Male, aged 65 years),

generated future hopes. They wished to maintain their health status in order to be able to return home on the weekend to attend family gatherings, to perform their hobbies or to go fishing. They believed that their actions helped them to maintain their health status and to achieve their future hopes. The findings show that perceptions of the future are strongly shaped by an individual's past experience rather than current living environments and health status.

Summary

Possible selves are highly related to daily activities in later life

Some respondents did take actions to obstruct their feared-selves in the health domain, but the actions did not help to reduce their fears. Hopes and fears in the domain of health motivated respondents to take actions to strive to achieve their hopes or to avoid their feared-selves.

Implications of possible self's constructions

Possible selves reveal the concerns of people. Five respondents (D3, D4, D6, C16 & C18) who feared that they might increase the burden on their children due to poor health reported the well-being of their family members as their most important life domain.

“If my health is in good condition, I hope to live longer, to see my grandson gets married. However, if my health deteriorates, I do not want to live longer, *because I am afraid of increasing the burden on my family members.*” (D3, Ching, Female, aged 83 years)

“If my health conditions deteriorate, my family members will need to look after me and it will make our relationship worse in the long term. *My children will have great difficulties in*

performing the caregiver role for long because they need to earn a living." (D4, Kam, Female, aged 71 years)

"If I need others to look after me, I will not enjoy my life." (D6, Tai, Male, aged 72 years)

"I plan to apply for medical assistance from the Government because I want to reduce the financial burden on my children." (C16, Cloudy, Female, aged 77 years)

"I do not want to become a burden on my children and make their lives hard. I would prefer to pass away quickly and then they will remember me." (C18, Yam, Female, aged 70 years)

Yam did not want her children to look after her for long period of time.

Respondents were asked to report the most important life domain in later life, seven respondents reported their own health, five respondents reported the well-being of their family members and seven respondents reported both their health and the well-being of their family members as the most important life domain. For instance, Case C17, Man, Male, aged 74 years reported future fears in the health domain as he was afraid that he would not be able to help his daughter look after his grandchild.

In addition, experience in childhood or work experience shape people's way to construct their possible selves. Case F7 Wing, Female, aged 73 years, reported the fear of increasing the burden on her children due to poor health. However, she did not report family members as her most important life domain. She believed that she had depended on her siblings and burdened them in her childhood. Therefore, she did not want to do the same again. Furthermore, Case C13, Siu (Female, aged 69 years)

is happy about her life. She does not have any regrets. She wishes to have a happy life in later life. She hopes to have good health. She explained that because she was working in the hospital, she saw many people suffer in their late life.

People who had future hopes in health domain had participated in health promotion activities, such as doing exercise, taking medicine and listening to the doctor's advice. Some of them sought advice from doctors regularly.

5.2.4.2 Possible selves in the cognitive domains

Eleven respondents (Cases D2, D5, F8, F9, F10, F11, C12, C17, C18, C19 & C20) did not report possible selves in the cognitive domain. Ten respondents (Cases D1, D3, D4, D6, F7, C13, C14, C15, C16 & S25) did report future hopes in the cognitive domain. They said that they hoped to learn new things from others by volunteering, reading books and taking up new hobbies such as learning to write in the future.

“I travelled to many places when I was young, I have been to Japan, Thailand, Korea...therefore, I don't want to travel abroad any more in the future. It is because I cannot share my travelling experience with others after my trip. What I get are merely experiences and memories of my trip. I prefer to learn new things, such as learning how to make handcrafts. If other members like to learn, I do love to teach them.” (D3, Ching, Female, aged 83 years)

“I am busy next week, I need to do voluntary work on Sunday, and go to visit the elderly. I join it for interest, and it is meaningful to help others.” (C14, Yee, Female, aged 66 years)

“I like to learn more about Buddhism, it's good for my health and my spiritual life. I like to read magazines – read life stories of others and learn from others' experience.” (D1, Ming, Male, aged 68 years)

“I want to study and learn how to write, then I can express my feelings by writing my own dairy.” (D4, Kam, Female, aged 71 years)

“I will spend more time in reading; I did not have much time to read before.” (D6, Tai, Male, aged 72 years)

“ I will continue to do voluntary work and join the activities that are organized by the elderly centre.” (F7, Wing, Female, aged 72 years)

5.2.4.3 Possible selves in the domains of social relationship

Marital relationships were found to be related to the generations of possible selves in social relations domain. People who had unsatisfying marital relationships did not report any possible selves related to social relationship. Nine respondents (Cases D3, F7, F8, F9 C12, C14, C19, C20 & S25) did not generate hopes or fears in the domain of social relationships. Seven of them reported negative turning points related to marital relationships.

Conversely, people who had good marital relationships did generate hoped-for selves. Twelve respondents reported future hopes in the domain of social relationships, two of them were widowed, but they had satisfactory marriages in the past. Six of them hoped to maintain family relationships (F10, F11, C13, C15, C16 & C18).

“I will try my best to maintain harmonious relationships with my family members.” (F10, Ho, Male, aged 80 years)

“I will call my sons and daughter to chat.” (F11, Kay, Female, aged 70 years)

“I will go to watch movies with my husband.” (C13 Siu, Female, aged 69 years)

“I like my son and wife to visit me, I ask them to visit me.” (C15, Sun, Male, aged 73 years)

“I try my best to maintain good relationships with my children, they like to have dinner with me” (C18, Female, aged 70 years)

Two of them (Cases D2 & D5) wanted to keep friendships.

“I am going to have lunch with my friends everyday.” (D2, Yip, Male, aged 76 years)

“I like to spend time with my friends, I will keep up contact with them in the future.” (D5, Po, Male, aged 81 years)

Four of them (Cases D1, D4, D6 & C17) wanted to maintain good relationships with family members and friends.

“I am going to have lunch with my friends every day...Also, I have gatherings with my family members” (D1, Ming, Male, aged 68 years)

“I try to listen to their [her family members’] opinion and maintain good relationships with them. I will dance with my good friends once per week” (D4, Kam, Female, aged 71 years)

“I plan to have more gatherings with my friends in the future. I will have dinner with my sons and daughter once per week” (D6, Tai, Male, aged 72 years)

“I will chat with my friends and meet my daughter and grandchild every day.” (C17, Man, Male, aged 74 years)

They were motivated to maintain good relations with family members and friends. They were actively involved in social activities, such as joining activities in elderly centres, having gatherings with friends and family members. Some of them tried to avoid having conflict with their family members.

CHAPTER 6

DISCUSSION

6.1 Older persons' perceptions of their future

Older people are often perceived not to think about their future as they are statistically old and closest to death. The study suggested that the elderly held different views towards their own future. Most of the respondents in the study did look forward to their future and viewed the future as malleable. They had fears, hopes and expectations for the future. Those respondents who lacked support from friends did not anticipate their future and did not have any hopes, fears or expectations for their future. The following paragraphs discuss how respondents' perceptions of their future relate to their past experience and the characteristics of their perceived social support structure.

Perception of the future in relation to social support: The Model of Resignation

Some respondents who perceived that they had restricted networks in the RCHE did not develop friendships with others and tended to live in the present and they did not have any future hopes and fears. They did not derive a sense of companionship there, even though there were other residents and staff members around them. They were not willing to interact with other residents. The elderly who were disappointed about the present were more unlikely to feel positively about the future (Bamford, 1994). This group of the elderly believed that the transition to live in the RCHE redirected their life in a negative direction.

This study aims to explore how older persons perceive their future. The findings suggest that current living environments and health status do not appear to play an

important part in how respondents view their future. The finding shows that respondents with similar living environments and health status can hold different attitudes toward their future. Four out of ten respondents (Cases R21, R22, R23 and R24) were living in the RCHEs and they did not state any hopes and fears for the future. However, some residents of the RCHEs did anticipate their future: Cases F8, F9 and C12, for example, expressed future fears in health domain while Cases C15 and C16 expressed both future hopes and fears in the health domain. One of the possible explanations is that they had developed friendships with other residents. Having a friend may help people develop their social self and encourage them to anticipate their future. Without friendship, people may lack the opportunity to interact with others. The social self emerges in social interactions with others and each person learns from each other and takes the role of another (Mead, 1934). Those residents of the RCHE who did not develop friendships did not create a shared understanding of everyday life at the RCHE and this may have led them to lack the incentives to anticipate their future. Friendship is a unique relationship because it is voluntary and not governed by legalities. Studies show that friends are elderly persons' confidants and companions, prevent loneliness (Blieszner & Adams, 1992) and help to buffer the effect of social loss, therefore contributing to self-esteem and morale (Lowenthal & Haven, 1968). Jerrome (1993) found that friends play an important role in sustaining morale and self-identity in later life because friends belong to the same cohort and have similar values based on common life experiences. As a result, for many older people faced with a reduced income and poor health, the loss of close friends may pose threats to the integrity of self. Therefore, it is important for professionals to understand how to help older people make and keep friends.

Respondents who had friends in the RCHE did generate future hopes and fears. They found the transitions to the RCHE redirected their life in both positive and negative directions. They gained a sense of companionship in the RCHE. Perhaps close relationships in the RCHE provide the opportunity to confide painful feelings and help people to be more willing to anticipate their future because the negative impact of stressful events can be buffered by supportive friends and family (Myers, 2004). One respondent (Case S25) believed that his life did not change due to the move to live in the RCHE. He did not develop a strong sense of intimacy in his later life, he also expressed future hopes and fears in health domain.

To summarize, companionship is one of the significant factors that influences older persons' perceptions of the future. Some residents did not want to make friends in the RCHE. They relied on their relatives for support. This may be explained by Chinese culture which emphasizes family values and extended family relationships. The Chinese social relationship, *guanxi*, occurs in a hierarchical pattern. Kinship *guanxi* is regarded as the strongest *guanxi*, followed by extended families and consanguineous relationship, neighbors, friends, co-worker and some weak connections such as relationship between sellers and customers (Yang, 1994). In ancient times, Chinese people distinguished relationships between superiors and subordinates, fathers and sons, husbands and wives, brothers and friends. The social system was relation-based, which emphasized relations between individuals who interacted with each others (King, 1985). Chinese culture emphasizes the concept of filial piety and encourages the elderly to rely on their children or kin for support, so they are less likely to make new friends in later life and therefore likely to lack companionship support.

The findings show respondents' future perceptions in relation to their perceived social support structures. Further investigation is needed to find out how future perceptions and perceived social support influence may each other.

Perception of the future in relation to turning points: The Model of Predestination

This study shows the effects of past experience in relation to respondents' future perceptions. Respondents identified life-threatening events as turning points, such as a car accident or major surgical operations, directly affecting their view of the future. Case C17 (Man, Male, aged 74 years) identified a life-threatening event changing his future perception; he had a car accident in his childhood which changed his attitude towards the future: he believes that life is predetermined. Case F8 (Hong, male, aged 72 years) had undergone several surgical operations in later life which reinforced his belief that life was predestined. His future perception developed from his childhood experience; he and his family escaped from the mainland China to Hong Kong in his later life and lost all their property in China. Also, he could not have a sound financial condition in later life even though he had earned a considerable amount of money before retirement. Therefore, he believed life was predestined and he could not secure his future.

Furthermore, negative turning points in marital relationships, such as the death of husband or disappointment in a marital relationship, made respondents believe that they could not control others and life is predetermined. For Case C18 (Yam, Female, aged 70 years), the death of her husband represented the most devastating loss for her and involved many forms of loss such as the loss in psychological support and instrumental support. She believed that life was predestined because her husband died once she retired, she expected to spend more time with her husband

after retirement. On the other hand, Case C19 (Fa, Female, aged 70 years) perceived herself as a happy person before her husband had an extra marital affair. She perceived her life changing to an undesirable direction and did not want to predict the future as life was predestined.

Also, abandonment by family or escape from home town led people to believe that life was predestined. For example, Case C12 Ping (Female, aged 80 years) and Case F9 So (Female, aged 80 years) expressed similar views towards their future, their future perceptions culminated from their past experience of abandonment by their families in childhood. Case C12 Ping reported that she was “given” to her aunt while Case F9 So reported that she was “given” to a rich man, which redirected their lives to undesirable directions. In addition, Case C12 Ping expected to have a happy marriage, but she did not and needed to work. She regarded the start of work had changed her life to unwanted direction. This turning point reinforced her belief that life was predestined. Case F9 So was happy about her marriage, but her husband died five years later. This turning point reinforced her belief that life was predestined. Both of them expressed the view that their future as predestined, they were unwilling to look forward to their future. The above cases suggest that respondents’ future perception culminated from the turning points in their lives.

Perception of the future in relation to turning points: The Model of Adaptation

Some respondents viewed their future as more malleable and they reported a single positive turning point in their lives. Respondents (Case D1 Ming, Case D6 Tai and Case C13 Siu) perceived that there were improvements throughout their lives; Case D6 Tai (Male, aged 72 years) took up a job in his adulthood which improved his financial conditions until his later life, Case C13 Siu (Female, aged 69 years)

took up a job which utilized her abilities and made her feel that she contributed to society and Case D1 Ming (Male, aged 68 years) took up a new hobby which improved his health. They believed their lives were progressing and viewed their future as more malleable.

This study found that the experience of war redirected momentarily respondents' lives in a negative direction but also induced people to look forward to their future. Case D2 Yip (Male, aged 76 years), Case D3 Ching (Female, aged 83 years) believed that they were capable of mastering the unpleasant experience, but one of them, Case F7 Wing (Female, aged 73 years), thought that her life turned in a negative direction due to her wartime sufferings. One of the explanations is that wartime suffering makes people view themselves as competent in handling life challenges and more willing to make adaptations to their future.

The findings show that some participants looked ahead through the lives of their children and grandchildren, and were more likely to express their future in more concrete terms. They reported that positive turning points related to their children and grandchildren. For example, Case C16 Cloudy (Female, aged 77 years) outlined similar experiences to those of Case C12 Ping and Case F9 So. She was abandoned by her family in childhood, but she did look forward to her future. The abandonment by family made Case C12 Ping and Case F9 So believe life as predestined and they became unwilling to anticipate their future. The findings show that Case C16 Cloudy reported a sense of fulfillment from having grandchildren which redirected her life to better direction and made her view her future in more concrete terms.

In addition, Case C14 Yee (Female, aged 66 years) and Case C15 Sun (Male,

aged 73 years) looked ahead through the lives of their children. Case C14 Yee reported that the marriages of her children marked her fulfillment in life while Case C15 Sun reported that the move to the RCHE lessened the burden on his wife and son to take care of him. They looked forward to their future even they experienced negative turning point in later life.

In sum, the above cases show that respondents' future perceptions culminated from the turning points in their lives, which suggested that a biographical approach is a useful approach to understand older persons' views toward their future. Therefore, the concept of turning point as a life course concept is useful in understating older persons' perceptions toward their future. However, the concept of turning points may not be universally applicable, since six respondents (D4, D5, F10, F11, C29 & S25) did not identify any turning point in their lives. They expressed their future as more malleable. Further investigation is needed to understand how their future perceptions were formed.

6.2 The construction of possible selves

Participants (Cases D2, F10 & F11) who believed that they had performed their responsibilities to their family and society did not report any fears in the domain of health. Religion did play a role in their future perceptions, respondents (Cases D1 & D5) with strong religious beliefs did not express future fears related to their health. Their religious beliefs made them view death as something not to be feared, and both of them discussed their future in more concrete terms and looked forward to their future.

Furthermore, the Developmental Tasks Model helps to explain the construction

of possible selves. Havighurst (1972) stated that some activity or event arises at a certain period in the life of an individual and termed it as a developmental task. The possible selves were related to the developmental tasks, such as adjustment to worsening physical health and contribution to their families and to society.

The content of possible selves in relation to marital relationships

People who failed to maintain good marital relationships in the past or in the present did not create future hopes or fears in the domain of social relationships. Women are more likely to report unsatisfied marital relationships as negative turning points. However, male respondents are less likely to report their unpleasant marital relationships as a turning point. This may be explained by that women have a greater need to feel emotionally important to their spouse as they heavily depend on their spouse to derive their sense of self worth (Tower & Kasl, 1996). On the other hand, people who had happy marriages did generate future hopes in the domain of social relationships. The result provides a possible explanation for the link between marriage and health. It has long been known that married people live healthier lives than the unmarried (Myers, 2004) and positive, happy, supportive marriages are conducive to health (Kiecolt-Glaser & Newton, 2001). Perhaps people who have happy marriages are more likely to generate future hopes about maintaining social relationships or developing new relationships with others. They are motivated to achieve their hopes and this in turn results in supportive relationships which help them to overcome stressful events.

The content of possible selves in relation to past working experiences

Past working experiences were not found to be a significant factor in affecting people's view of their future. Some respondents who got satisfaction from their

work roles did not look forward to their future.

6.3 Important domains in later life

Seven respondents (Cases F10, C12, C13, C14, C15, C16 & C18) reported their own health and the well-being of their family members as the most important life domains. Thirteen respondents (Cases D1, D2, D5, F7, F11, F9, C17, C19, C20, R22, R23, R24 & S25) reported their own health as the most important life domain. Five respondents (Cases D3, D4, D6, F8 & R21) reported their well-being of their family members as the most important life domain. The finding is consistent with Hsieh's study (2005), in which adults aged 59 and above reported that the most important domain was health, followed by family life, religion, friendships, financial situation, spare time, neighborhood and work. Past studies suggest that people's attention will become more focused on their children as they age. Rosow (1967) proposed that as the chance of mortality and being widowed increases, the number of friends and kin decreases. Also, increasing disability and the loss of work reduced the opportunity for contact with friends and colleagues, which implies that children come to represent the most important domain in their lives.

6.4 The concept of turning points

The study enriches the concept of turning points and its application to the investigation of the older persons' perceptions toward their future.

Turning points are difficult to define. People identified turning points according to their own situations and there was no necessary reason for turning points to induce the same effects on everyone. The move to the residential home appears to be a negative turning point in the life course of the elderly who lacked

friendship and did not anticipate their future. On the contrary, some respondents reported the move to the residential home as both a positive (releasing the burden on their family members to take care of them) and negative turning point in their life. This suggests that turning points were identified uniquely by those respondents, and the characteristics of their social support networks influenced the way in which they interpreted the move to the residential home, and finally shaped their views toward their future.

People identified turning points by looking back on their lives. Events that were perceived negatively at the time could turn out to have positive meanings in hindsight. One respondent suffered great hardships during the war in her childhood and identified wartime suffering as a negative turning point. However, the suffering helped her become more satisfied in later in life and overcome her sense of psychological loss. The concept of turning points helps to investigate the effects of past experiences on respondents' present views toward the future.

The study enriches the concept of turning points; the nature of turning points inherently refers to two points in time. Respondents identified the turning points when a new trajectory or system state was clearly established. The disappointment in marital relationships was identified as a turning point because the respondents viewed that the turning points changed their life direction because they could not return to the stable trajectory in their life course that had existed prior to the turning point.

Turning points have durations, and are prompted by an event ranging from a few seconds (such as having a car accident) to a long period of time (a new job).

Some turning points are ritualized, for example, getting married or retirement.

Negative turning points often relate to the loss of desirable roles, for instance, retirement, disappointment about marital relationships and suffering during wartime, and all cause people to take on a new set of undesirable roles. In addition, some respondents were abandoned by family members or escaped from their hometown to Hong Kong, and needed to get accustomed to the new living environment and establish relationships with new people. The fact that most of the negative turning points were compulsory/imposed on people's lives suggests that loss of control is an important factor.

Turning points are consequential and have lasting effects. They significantly redirect life paths to a better and desirable direction or to a negative and unwanted direction or to both positive and negative directions. Turning points can be classified according to their effects, some turning points mark permanent significance on people's lives and the feeling toward the turning points are long-lasting, while some turning points mark temporary significance on people's lives and the feeling towards the turning point is transient. A respondent reported that a temporary turning point was his wartime suffering and the feeling of hardship was transient because his life was directed in a better direction eventually.

It is unnecessary to have turning points, as six respondents experienced their lives as 'planned' and the changes in later life did not give rise to a new regime. In addition, retirement was reported as a turning point, but it was not universal because not everyone identified it as a turning point. Two turning points can occur at the same moment; a respondent reported that two turning points occurred at the same

moment; she separated with her husband and suffered from the negative symptoms of menopause simultaneously.

6.5 Implications

Old age is often characterized by role loss. Retirement leads to the loss of work role and death of spouse leads to widowhood. Additionally, physical decline causes the role loss, especially when it leads to institutionalization. Institutionalization has a greater effect on role losses for the elderly, as being institutionalized means loss of highly respected roles, such as those of worker, spouse, and community resident. The new roles that older people do adopt may have lower social worth than previously, leading to unhappiness and even a sense of hopelessness. Both Disengagement Theory and Activity Theory shed light on this process in differing ways.

However, those theories tend to neglect the individuality of people, as individuals may adapt to their later lives in different ways. They may “choose” to substitute role losses in the work place for activities, but “choose” to disengage in social relationship. The concept of possible selves and turning points may be a better way to understand the aging process in later life. Adjustments in later life are a complex process rather than a process that has one particular pattern, such as substitution or disengagement.

The concept of possible selves serves to reveal the concerns of the respondents and to investigate how respondents conceptualize their future. Some respondents wanted to remain healthy as they were afraid of increasing the burden on their family members. The findings show that some respondents predicted their future and tried

to shape themselves and their environments in a way to build a meaningful, fulfilling life and sense of self. Although the concept of possible selves helps to describe people's hopes, fears and expectations for future, it does not provide an explanation of their concerns. The concept of turning points serves to explain how past experiences - changes of marital relationships, changes of roles and identity, childhood experiences and historical contexts - influence ways of thinking about the future.

Formal and informal caregivers may make use of the concept of possible selves and turning points to identify older person's views towards their future and to provide tailor made programmes to help them to think positively about their daily lives and their future. This research suggests that current living arrangements and health statuses are not decisive factors affecting whether an individual will predict their future or not. Past experiences, such as abandonment by family members and disappointment in marital relationships, significantly affect an individual's views towards their future. Therefore, caregivers should pay attention to past experiences that significantly redirected people's lives, when assisting the elderly to live actively in later life.

Policy issues will continue to become more complex as communities become more diverse. And with globalization one might expect the aging population to become increasingly stratified by race, gender, income, ethnicity, immigration, and language. There is a need to study different groups of older people and to have a better understanding of their views. This study suggests that the care givers adopt a biographical approach and make use of the concepts of turning points to understand how people conceptualize their future and how people construct their possible selves.

The longevity of older people means that more and more aging parents and grandparents are available to provide support for younger generations. People have more years of “co-survivorship between generations” (Bengtson, 1996). On the other hand, an increase in longevity means longer years of caregiving for dependant elders and means the majority of middle-aged individuals are “sandwiched” between competing intergenerational demands from both younger and older generations (Bengtson, et al., 1995). It might increase the chance of intergenerational conflicts. It is important to have a deeper understanding of how older people perceive their future.

Middle aged people in the younger cohort may form a more individualized life course. Their interpretation of turning point and their views toward the future might be different from the current cohort of older people. It is worthwhile to study these middle aged people too.

Recommendations for further studies

This study found that the concept of possible selves shows aged-related concerns which are consistent with some past studies. The domains of self, such as health issues, become more important in later life. Although the construction of possible selves implies both determinism and free will, the respondents expressed the same contents of possible selves in the first and second interviews. Further studies should examine the content of possible selves in the lives of older persons over time to address the issues of stability, continuity and change in possible selves.

Furthermore, this study found that the experience of negative turning points did

affect respondents' views of their own future. For example, the experience of hardship in early childhood affected how respondents perceived their own future. Resilience refers to the process of successful adaptation and recovery in response to stressful life events. This process, which my study has not covered, may have impacts on the future perception of older persons. Therefore, the linkage between the process of resilience and future perception is an important area for further investigation.

6.6 Limitations

This study is an exploratory study which draws on a selected group of people's life experiences to explore their future perceptions. This study only focuses on the life histories of the respondents. Not all the participants are free from functional impairment, especially those who are living in residential homes, yet all were relatively healthy.

The sample size is relatively small and therefore the generalization of the findings is limited. This type of research is still worthwhile, however, in gaining insight into the aging process of older people in Hong Kong. This study of the lives of senior citizens demonstrates the interplay between individual agency and social structure.

The sample used in this study lacks groups of the elderly who do not have a supportive social network at all and who have been called "Hidden Elders". The Social Welfare Department (2009) has set up an agenda to help these elderly, called 'Searching for Hidden Elders Project' which includes a series of community programmes to help identify hidden elders and strengthen community support to them. Hidden Elders may have unique ways of viewing their future, but their perspectives are a topic for subsequent research.

This study explored older persons' perceptions of their future, it did not review how respondents' views of future is related to personality. The full impact of personality on older persons' future perception needs further investigation.

This study included respondents aged between 65-85 years of age yet, in the

analysis, respondents were not further categorized by their ages, so potential effects of age on their future perceptions, which may possibly exist, could not be addressed. Further studies can deepen the discussion in the impacts of age on future perceptions.

APPENDIX 1: Sources of social support in order

The following tables show the sources of support from the respondents' views. Respondents were asked to rank the support providers in order of importance (1 represents the main provider of specific forms of support). The asterisk refers to older persons who live in the RCHE.

Note: C refers to children
 B refers to brother
 E refers to nephews
 F refers to friends
 G refers to grandchildren
 R refers to relatives
 S refers to spouse
 N refers to neighbors

Table 6.1: Sources of social support in order (Diversified support)

Case	D1 Ming				D2 Yip				D3 Ching				D4 Kam				D5 Po				D6 Tai			
	Male, aged 68 years				Male, aged 76 years				Female, aged 83 years				Female, aged 71 years				Male, aged 81 years				Male, aged 72 years			
Forms of support	Sources of support				Sources of support				Sources of support				Sources of support				Sources of support				Sources of support			
Order	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Instrumental	S	C			S	C			C	G			C				C	S			C	S		
Emotional	S	F			S	F			F	C	G		C	G	F		S	F	C		S	C	F	G
Companionship	F	S	C	G	F	S			F	C	G		F	C	G		F	S	C		F	S		
Informational	S	F			F	S			C	G	F		F	C			C				F			

Table 6.2: Sources of social support in order (Friend-focused support)

Case	F7 Wing Female, aged 73 years				*F8 Hong Male, aged 72 years				*F9 So Female, aged 80 years				F 10 Ho Male, aged 80 years				F11 Kay Female, aged 70 years			
Forms of support	Sources of support				Sources of support				Sources of support				Sources of support				Sources of support			
Order	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Instrumental	C				C				C				C				C			
Emotional	F	C			F				C	F			F				F			
Companionship	F				F				F				F				F			
Informational	F	C			F	C			F				F				F			

Table 6.3: Sources of social support in order (Family-focused support)

Case	*C12 Ping Female, aged 80 years				C13 Siu Female, aged 69 years				C14 Yee Female, aged 66 years				*C15 Sun Male, aged 73 years				*C16 Cloudy Female, aged 77 years			
Forms of support	Sources of support				Sources of support				Sources of support				Sources of support				Sources of support			
Order	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Instrumental	C	S			S				C				S	C			C			
Emotional	C	S			S	C			C	F			S	C			C	F		
Companionship	F	N			S	F			F	N			S	C	F		F	C		
Informational	C	S	F		S	F			C	F			S	C			C			

Table 6.4: Sources of social support in order (Family-focused support)

Case	C17 Man Male, aged 74 years				C 18 Yam Female, aged 70 years				C19 Fa Female, aged 77 years				C20 Lai Female, aged 74 years			
Forms of support	Sources of support				Sources of support				Sources of support				Sources of support			
Order	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Instrumental	C	S			C				C				C			
Emotional	C	S			C	F			C	F			C			
Companionship	F	N			F	C	R		F				F			
Informational	C	S	F		C	F			C	F			C			

Table 6.5: Sources of social support in order (Unsatisfactory and restricted support from friends)

Case	*R21 June Female, aged 82 years				*R22 Snow Female, aged 85 years				*R23 Ying Female, aged 76 years				*R24 Sing Male, aged 76 years			
Forms of support	Sources of support				Sources of support				Sources of support				Sources of support			
Order	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Instrumental	C				C				C				B	E		
Emotional	C				C				C				B	E		
Companionship																
Informational	C				C				C				B	E		

Table 6.6: Sources of social support in order (Self-supported)

Case	*S25 Shi Male, aged 65 years			
Forms of support	Sources of support			
Order	1	2	3	4
Instrumental	C			
Emotional				
Companionship				
Informational				

APPENDIX 2: Guided interview questions

Part A: Personal Background

1. Age
2. Number of children and age
3. Type of living environment
4. Health status
5. Year of retirement
6. Income level: is it sufficient for your daily expenses?
7. Education level

Part B: Past working experiences

1. How was your career?
2. What were your responsibilities or obligations?
3. What was your incentive to work? (Financial reasons/ sense of satisfactions/ self interest/ self-image/ status?)
4. How did you derive satisfactions from your job? Did you appreciate it?

Part C: Family relationships

1. Can you describe some precious moments with your family members?
 - Do you think you live with your family members in harmony?
 - Did you need to take care of your family members when you were young? How about now?
 - What do you think about family responsibilities? Do you think you had fulfilled those responsibilities?
 - Do you worry about them or think about them constantly?
2. How is your relationship with your spouse? On the whole, would you say you have a happy or unhappy marriage?
3. When did you get married?
4. When did you give birth?
5. Who in your family do you most like? In what way?

Part D: Important life domain

1. What is the most important to you?
2. Who is important to you?

Part E: Self reported Perceived Social Support Structure

1. *Proximity of support network*: Where do they live (family members, friends, relatives who provide support to you)? Does proximity matter to you?
2. *Frequency of contact with family members per month*: Do you live with your family members? Do you have gatherings frequently?
3. *Frequency of contact with friends per month*: How many close friends? Who are they? Do close friends provide you better support (instrumental, emotional, companionship or informational support)?

For residents of RCHE: Do you make friends with others in the RCHE?

4. Do you like your family members and friends to visit you or have gatherings with them? What are the reasons?
5. *Attendance of elderly centre:* Do you attend any elderly centre? What is the purpose? How often you go there?
6. *Attendance of associations or activities:* What kinds of associations or activities have you joined? What is the purpose? How often do you go there?
7. Kinds of support and sources of support:
 - Do your children perform filial piety behavior?
 - Does your spouse provide you with support?
 - Do your friends/ relatives or neighbors support to you?
8. Kinds of support
 - A. Instrumental support (Provision of financial assistant, doing housework, help with shopping and daily care)
 - i. Do you receive instrumental support from others? Who provides you with instrumental support? (rank them in order of importance)
 - ii. Self-evaluation of sufficiency of instrumental support from others (if applicable)
Very good/good/fair/poor/very poor
 - B. Emotional support (talking about problems and worries, giving encouragement and reassurance and providing an exchange of affection)
 - i. Do you receive emotional support from others? Who provides you with instrumental support? (Rank them in order of importance)
 - ii. Self-evaluation of sufficiency of emotional support from others (if applicable)
Very good/good/fair/poor/very poor
 - C. Companionship (contact with others and providing a sense of belongings and for companionship)
 - i. Do you receive companionship support from others? Who provides you with instrumental support? (Rank them in order of importance)
 - ii. Self-evaluation of sufficiency of companionship support from others (if applicable)
Very good/good/fair/poor/very poor
 - D. Informational (advice and guidance)
 - i. Do you receive informational support from others? Who provides you with

instrumental support? (Rank them in order of importance)

- ii. Self-evaluation of sufficiency of informational support from others (if applicable)

Very good/good/fair/poor/very poor

Part F: Possible selves

1. Do you have any plans for next day/month/year/2 years?
2. What were your future plans when you were young? Career plans/family plans/lifelong goals? What efforts did you make in order to attain your goals?
3. What is your anticipated self?
4. What is your dream or hoped-for self?
5. What is your fear or feared-for self? Which one do you most worry about and would least like to happen?
6. Is there anything that you want to take part in?
7. What are your regrets?
8. Is there anything that you wanted to do, but did not accomplish?
9. Do you plan for holidays? You are almost free; do holidays still have meaning for you?
10. How do you feel about your future? Uncertain? Can be predicted? Fear of a limited future? Are you adaptable?
11. Will you carry out unattempted and failed plans?
12. There is the notion that “life is a long preparation for something that never happens”, what is your view?
13. Do you think that preparation helped you to attain your goals?

Part G: Translation of possible selves into action

1. What have you done in the past months to make the hoped-for selves more likely to become reality/happen?
2. What kind of action do you think you can take to facilitate your hoped-for self and prevent your feared-for self happening? What would be different in your life if this hoped-for self or feared-for self came to be/if it didn't come to be?

Part H: Experienced Turning points in life

1. Can you describe one or more events in your life that you regard as a turning point(s) and significantly redirected your life trajectory?
2. Did the events redirect your life trajectory in a better direction/ negative direction or in both directions?
3. Which turning points caused the most important change in your life?
4. How did the turning points affect your view of the future?

5. How did the turning points occur? Was it a chosen event or a forced/ compulsory event?
6. Could you have anticipated the occurrence of those turning points?
7. How do you feel when you think about those turning points?

Part I: Past experiences

1. In your childhood and youth, can your life be regarded as a continual improvement? For instance, because of a job promotion, because of greater wealth of knowledge, because of raising your children or because of your living standard improving.
2. How was your life as a child like?
3. What were your parents like?
4. Did you enjoy being a boy or a girl?
5. Did you have any brothers or sisters? How were they like?
6. How was your life like when you were young?
7. Tell me of any hardships you experienced.
8. What were the pleasant things in your life?

Part J: Meanings of life in later life

1. What can make you feel happy?
2. How do you derive a sense of satisfaction from your life?
3. Are there any days/events/festivals/anniversaries that are important for you?

Part K: Others

1. What role does religion play in your life?
2. Do you form significant relationships with others?
3. When is a 'happy period' or 'the best time' in your life?
4. When is a 'hard period' or 'the worst time' in your life?
5. On the whole, what kind of life do you think you have had? Have you had a wonderful life?
6. How do you perceive society, for instance, age norms or roles assigned to older persons? How does society relate to you and how does society affect your life?

APPENDIX 3: Profile of respondents

Case	Name	Age	Sex	Marital status	Living environment	Education level	Latest Occupation
D1	Ming	68	Male	Married	Private housing, with spouse	Post-secondary	Teacher
D2	Yip	76	Male	Married	Private Housing, with spouse	Primary 2	Taxi driver
D3	Ching	83	Female	Divorced	Private housing, with son, daughter-in-law and grandson	Secondary 1	Secretary
D4	Kam	71	Female	Married	Private Housing, with son and daughter-in-law	Secondary 1	Factory worker
D5	Po	81	Male	Married	Private housing, with spouse	Nil	Cleaner
D6	Tai	72	Male	Married	Private housing, with spouse	Secondary 6	Manager
F7	Wing	73	Female	Separated	Housing for Senior Citizens, alone	Nil	Cleaner
F8	Hong	72	Male	Married	RCHE	Primary 1	Self-employed
F9	So	80	Female	Widowed	RCHE	Primary 3	Factory worker
F10	Ho	80	Male	Married	Public housing, with spouse, son and daughter-in-law, grandchildren	Post-secondary	Supervisor in a political party
F11	Kay	70	Female	Married	Public housing, with spouse, son and daughter-in-law, grandchildren	Secondary 2	Draftsman and accounting clerk
C12	Ping	80	Female	Widowed	RCHE	Nil	Worker

Case	Name	Age	Sex	Marital status	Living environment	Education level	Latest Occupation
C13	Siu	69	Female	Married	Private housing, with spouse	Secondary 6	Radiographer
C14	Yee	66	Female	Separated	Public housing, with daughter	Primary 3	Factory worker
C15	Sun	73	Male	Married	RCHE	Secondary 5 and military training	Self-employed
C16	Cloudy	77	Female	Widowed	RCHE	Nil	Baby sitter
C17	Man	74	Male	Married	Public housing, with spouse	Primary 6	Technician
C18	Yam	70	Female	Widowed	Private housing, with son	Primary 3	Cleaner
C19	Fa	77	Female	Married	Public housing, with spouse, son and daughter-in-law, grandchildren	Primary 2	Factory worker
C20	Lai	74	Female	Widowed	Public housing, alone	Nil	Factory worker
R21	June	82	Female	Widowed	RCHE	Primary 1	Worker in a primary school
R22	Snow	85	Female	Widowed	RCHE	Primary 1	Factory worker
R23	Ying	76	Female	Widowed	RCHE	Nil	Factory worker
R24	Sing	76	Male	Divorced	RCHE	Primary 2	Guard (in security)
S25	Shi	65	Male	Never married	RCHE	Post-secondary	Self-employed

APPENDIX 4: Two case studies

Social support pattern: Friend-focused support

Future perception: The Model of Predestination: forced turning points in childhood

A. Case F8, Hong (Male, aged 72 years old, living in residential home)

Without any plans for the future, Hong, aged 72, believes that life is predestined and unchangeable. So, he advises the others against saving money for the future.

Born into a wealthy family in China, Hong had led a luxury life before he was 12. His father, owning a few banks and pawn shops, became the head of household by the age of 30. Unfortunately, Hong's family later fled to Hong Kong for political reasons and they had to rebuild their life there. Hong had been a manager of a garment factory for over 20 years. Yet, he had never made any savings but just gambled on horses at that time.

He later established a successful construction company and made a big profit from building houses at the Peak, an upmarket residential area in HK. However, he did not make huge savings but his wife did. He said that his wife had saved a considerable amount of money since she had always stolen his money, several hundred dollars a day, for over 20 years. Although he used to pay for the expenditure of the family reunion during the Chinese New Year, he cannot afford it now and her wife refuses to pay it for him. Even if he asks her for 100 dollars, she will say 'no'. He thought that his wife would take care of him for the rest of his life. Nonetheless, it has not come true. He never understands why he lives like this though he had owned, travelled and experienced a lot in the old days. This is the reason why he supposes life is predestined. Unlike many other older people, Hong enjoys living in the

residential home. He feels much freer there as he can stay away from his wife. His marriage has been indeed not so good. He admitted treating his now-indifferent wife badly. When they lived together, he dined with his wife but they had no communication at all. He had had affairs with two women. After moving into the residential home, he has lost touch with them since they might be despised by their children. Now, he is fond of chatting with the members of the nearby Elderly Centre instead of the residents from the same residential home.

He does not make friends in the residential home, but he has three intimate friends and regards them as “brothers”, they have been his friends since 12 years old, they share their ups and downs in their life.

He thinks his future, perhaps negative, will not last long. He does exercise every day, but he believes that life is predetermined; therefore, he thinks that doing exercise would not make him to stay healthy.

B. Case D3, Ching, (Female, aged 83 years, living with son, daughter-in-law and grandson)

Social support pattern: Diversified support

Future perception: The Model of Adaptation: Negative forced turning points in childhood

Inspired by her wartime experiences during childhood, Ching, aged, is easily contented with her life and cherishes what she possesses now, especially the relationships with people. She still keeps contacts with some of her schoolmates from primary school days and arranges a friends' gathering annually. In spite of her pre-existing illnesses and her divorce in later life, she takes a positive attitude towards her life and sincerely believes that the most difficult days are over.

As a member for 23 years, Ching, the respected leader of the volunteers, has been active in the elderly centre and made a lot of friends there. She visits and makes the handicraft with the other old people at the elderly centre every day. Chatting with people and making handicrafts such as beaded keychains for the children at the centre can bring her satisfaction. Actually, teaching handicrafts is her favourite activity.

Rather than going travelling, she would like to continue to learn making handicrafts and teaching others because she can share what she has with others. Travel experience can only be kept in her mind, but cannot be shared with others. Sharing fulfills her.

The experience of war had a great influence on Ching. It made her more contented with her life all the time. Born in South America, she was the apple of her

parents' eyes. Her father was a civil engineer and her mother was an illiterate. She had a happy childhood in Hong Kong. In midlife (50 years old), her husband had extra-marital affairs. Since then, she separated from her husband. Later, she got a divorce at the age of 63. She did not blame it on her husband's affair with another woman, but on being apart too much. The way she handled it was quite good, compared to other divorcees. Now, she lives with her son, daughter-in-law and grandchildren. All of them treat her nice and tenderly, such as making frequent phone calls to her and teaching her how to tackle problems. She treasures every moment of talking and staying with her family.

She hopes she can live a bit longer so that she can attend her grandchildren's wedding. If she is in poor health, she prefers moving into the elderly home for not placing burden on her family. The well-being of her family is her greatest wish.

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