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Qualitative Research and Aging in Context: Implications to Social Study in China

Abstract

This article begins with a review of methods that gerontologists use in social and behavioral research. The value and focus of qualitative research are highlighted with their epistemological roots. Qualitative approaches and their uses are summarized in terms of "interpretive" and "critical" social sciences that draw the insights of sociological paradigms. With a further review of qualitative research on aging and gerontological studies in China, the article focuses on an integrated micro-macro model by illuminating the ideas of clinical sociology and the general public policy framework of an "economic state in transition." Implications to social policy study (particularly on aging in China) are discussed.

Keywords

Qualitative Research; Gerontology; Clinical Sociology; Social Policy and GPP; Aging in China

Qualitative approaches to aging

Social and behavioral gerontologists as scientists are interested in patterns of regularity in later life. Influenced by the advancement of quantitative methodology in the history of science,[1] many tend to see human life and aging as constituted by variables. The specification of key variables and their values lead to effective scientific reduction by "condensing" large-scale data and focusing research attention on narrow, specialized interests. Reducing real life to a set of variables has been a leading and powerful approach to establishing a regular pattern, relationship, or causal/descriptive model via quantitative means (Chen 2004).

Nevertheless, scientific reduction based on objectivity has seen its limitation in behavioral and social research. Concerned with the danger of losing valuable information in quantitative data collection and analysis, qualitative researchers try to fully understand the meaning of various facts by illuminating their situations, which helps to explain human behavior and the social environment at deeper levels. They

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[1] Quantitative social research traces its roots to natural science methods developed under the tradition of logical empiricism or positivism. Key elements of this paradigm are: deductive logic, empirical observations, quantification, and validation. For a long time, these were considered by most researchers as the requirements for the scientific method, which indeed represented a breakthrough to the old, nonscientific ways of knowing by authority, tradition, common sense, and own experience.

endeavor to enhance rather than reduce data in order to establish authenticity within context, and they acknowledge the presence of values and the involvement of themselves. This approach to the understanding of meaning and "social construction of reality" has helped to improve the gathering and use of data by supplementing and complementing positivist-empiricist methods. Its orientation, unlike the positivist-empiricist approach, is more practical than instrumental, emphasizing not just the external or observable behavior of people but also their intention and the meaning of social action. While scientific methods have typically stressed validation via hypothesis testing, attention has also been paid to discovery. In this regard, qualitative approaches have been gaining greater and greater popularity (Chen 2004)[2].

Qualitative Methods in Social and Behavioral Sciences

Major sources of contribution to qualitative research have ranged from constructionism to phenomenology, hermeneutics (the study of meaning), and ethnomethodology (Chen 2004)[3]. Along with cognitive, idealist, and subjectivist approaches, they are given a general name of "interpretive social science," which is often equated with qualitative research (Neuman 1997). In sociology, the interpretive approach is closely associated with symbolic interactionism, which can be traced to the work of sociologist Max Weber (1864-1920). The interpretive paradigm is also widely used in the humanities including language and literature, history, and philosophy (Chen 2004; Cole and Ray, forthcoming). Taking hermeneutics for example, researchers conduct a "reading," or detailed study, of a text to discover the embedded meaning. According to Neuman, the interpretive approach in social research is "the systematic analysis of socially meaningful action through the direct detailed observation of people in natural settings in order to arrive at understandings and interpretations of how people create and maintain their social worlds" (1997: 68).

There is another paradigm called "critical social science," which also has to do with qualitative research. Originated from conflict theory in sociology, it can be traced to the work of Karl Marx (1818-1883) and was associated with the Frankfurt School in 1930s' Germany. Variants of this approach include class analysis, feminist perspective, dialectical materialism, postmodernism, radicalism, and critical theory (Chen 2004). As a research paradigm, it criticizes social and behavioral research conducted under some other paradigms for their subjectivism and tendency to maintain status quo. The central theme of this paradigm is to change the real structures of the world. As Neuman narrates, the critical approach defines social science as a "critical process of inquiry that goes beyond surface illusions to uncover the real structures in the material world in order to help people change conditions and build a better world for themselves" (1997: 74). On the other hand, the commitment

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[2]   In the past few decades, a number of alternative approaches emerged with the revitalization of some "primitive" methods in human inquiry under the rubric of qualitative research. Instead of talking about operationalization and statistical hypothesis testing, qualitative methods emphasize interpretive, descriptive, narrative and other artistically grounded approaches to research. In many cases, qualitative research has helped to frame the situation and ask the question, if not generalize the conclusion.

[3]   Garfinkel's (1967) suggestion that people are continually trying to make sense of the life they experience and create social structure through their actions and interactions opened a new path to social and behavioral inquiry, i.e., ethnomethodology, under phenomenological philosophy and social constructionist perspective.

to the humanizing of society and its institutions leads to an interdisciplinary pursuit of value-based and value-affirming "humanistic social sciences" (Warmoth 1998).[4]

Qualitative Research on Aging and Gerontological Studies in China

Qualitative research was acknowledged as coming of age in gerontology about two decades ago (Gubrium 1992), when the qualitative approach to ageing studies was carefully justified by gerontologists (e.g. Murphy and Longino 1992). Since then, researchers have continued the effort to develop qualitative research in social gerontology, from revisiting epistemological paradigms in theory (e.g. Powell and Longino Jr. 2002; Dillaway and Byrnes, 2009) to expanding applied research to guide practice (e.g. Kuder and Roeder 1995; Isbister, Poses and Levitt 2000; Dionigi 2006; Martínez-Maldonado, Correa-Muñoz and Mendoza-Núñez 2007; Pohlmeyer et al. 2009). Gerontologists have studied a wide range of issues using such popular qualitative methods as case study (e.g. HAN Evaluation Committee 2006; Marshall 1999) and single subject design (e.g. Smith and Hibbler 2007), focus groups (e.g. O'Donnell et al. 2007; Duggleby 2005), and historical-comparative study (e.g. Chen 1996; Kreager 2004).

Gerontology was largely nonexistent in China before the 1980s except for some scarce geriatric research in medicine (Tao 2001). In practical terms, China's aging policy and administrative system were not developed until the First World Assembly on Aging in 1982 (Chen and Chen 2009). However, as Sankar (1989) pointed out, "...this is a particularly compelling subject; for it allows us to critically examine the almost mythical Chinese gerontocracy standing as it does for a 'golden age' when families 'really' took care of the elderly. This myth informs the policy ideals of Western governments and its critical examination is long overdue..." (1989: 200). Only a few years later, gerontological research was shown to be rapidly developing in a comprehensive review conducted by the author, which included major aging studies in China with a summary of the primary findings as well as some generalizations (Chen 1996). Overseas research on Chinese aging, including that conducted by some Chinese scholars studying abroad, had touched upon a wide range of topics, including the demographics of population aging, the relationship between the process of modernization and aging, age stratification and patrilineality, living arrangements and formal/informal support systems, the country's "one child" policy, care of the childless and single elderly, illness and health care, disability, long-term care, and death (Chen 1996). Chinese scholars at home (the Mainland) also conducted a good number of gerontological studies by themselves, such as: the 1982 Five-City Household Survey in Beijing, Tianjin, Shanghai, Nanjing and Chengdu on the relationship between fertility and household/marriage patterns; the 1987 national survey of the Population Institute of the Chinese Academy of Social Sciences (CASS) with a total sample of 36,755 persons aged 60 and above drawn from all large Chinese cities and some of the middle- and small-sized cities and towns (223 in total), as well as 830 counties (except those in Tibet); the 1988 survey in nine large cities (Beijing, Tianjin, Harbin, Shanghai, Wuhan, Chengdu, Guizhou, Xian, and Lanzhou) sponsored by China National Social Science Fund; the 1992 study by the Chinese Scientific Research Center on Aging (P22 Survey), which covered twelve provinces and the municipalities directly under the central authorities; etc. Chinese researchers conducted far more investigations in smaller scales,

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[4] Qualitative research is also featured as naturalist and heuristic (Chen, 2004).

including those carried out in Beijing, Tianjin, Shanghai, Chengdu, Wuhan, Changsha, and Lanzhou (Chen 1996). In addition to the general surveys, there were also studies focusing on the impact of family change on living conditions of the elderly, older persons' psychological adaptation to life after retirement, life satisfaction of the retired veteran cadres and professionals, life conditions of the retired elderly, care of the childless elderly, reform of the retirement system, family support of the elderly, and community services for the elderly (Chen ibidem). China also engaged in international cooperative research projects, such as the 1986 International Seminar on Old Age, the UNFPA-assisted project entitled Development of Research on the Aged for Policy Making Purposes, the Guizhou-Japan JOICFP project, the Wuhan Medical College-University of Michigan Institute of Gerontology collaborative study, the Shanghai Institute of Mental Health collaboration with American researchers on dementia, the 1992 China-Japan comparative study (in Tianjin, Hangzhou, and Wuxi,) the 1990 Zhongshan University-Linnan College of Hong Kong study on the changing status and role of the elderly, and the 1990-91 cross-national study by researchers from the University of California at Los Angeles (UCLA) in cooperation with colleagues at the Beijing Medical University, the Sun Yat-sen University of Medical Science, and the University of Hong Kong (Chen 1996). A recent review of aging research in China is provided by Chi and Du (forthcoming), which identifies the following major research foci by examining a total of 328 Chinese and 219 English research articles published between 2005 and 2009: social welfare and social security for older adults; elder care (how independent living ability affects the care giving for older adults; the changes in living arrangements and aging-in-place; future development of residential care; disability conditions and family care for older adults with disabilities); health and mental health; social support; economics, politics and life conditions (causes and solutions of poverty among older adults; issues related to income resources and intergenerational financial supports; theory of "getting older but not richer" and the influence to the public policy; family and social life studies including old age marriage, life quality and social classes); population aging; immigration and influences to older adults; issues related to older women; value (e.g. "filial piety" tradition), culture and late life education; public policy.

In the phenomenal development of aging research in China over the past three decades, qualitative methods undoubtedly have played a role in providing important information, knowledge, and understanding. Early examples include anthropologist Charlotte Ikels' field study in China (Ikels 1989), Sinologist Elisabeth Croll's policy analysis (Croll, Davin and Kane 1985), and sociologist Deborah Davis' gerontological exploration in China (Davis-Friedman 1983). Later efforts include placing China in the larger picture of diverse conceptualizations of aging and intergenerational relations within Asia (Croll 2006; Traphagan 2007) as well as comparing Chinese experience with that of the West (Chen 1996). The methodology of qualitative research, however, has not been fully explored and utilized by Chinese gerontologists. In fact, some of its epistemological foundations used to be criticized as anti-Marxism or incompatible with communist ideology in the pre-reform era. Specific methods of qualitative research such as case studies, focus groups, and historical-comparative analyses have been utilized in various forms but good methodological examples are still hard to find. The following will not recap the importance of qualitative research in general terms but focus on exploring an integrated micro-macro model of qualitative research as well as examining the quantitative-qualitative connection in data collection and analysis in the hope to shed some light on the subject.

Clinical sociology and general public policy: an integrated micro-macro model of qualitative research

Canadian sociologist Robert Sévigny and the author delineated an integrated micro-macro approach to qualitative research in the field of mental health in China (Sévigny, Chen and Chen 2009), which also suggests a way to develop qualitative research in the study of Chinese aging. Two very different levels of inquiry were involved, that is, clinical sociology and the study of a general public policy.

Clinical Sociology Research

According to Gordon Marshall (1998), clinical sociology is a term, analogous to clinical psychology, introduced in 1931 by Chicago sociologist Louis Wirth, for the work of sociologists employed in clinical settings alongside social workers, psychologists, and psychiatrists. Clinical sociology involves the use of sociological knowledge to aid diagnosis, treatment, teaching, and research, although the practice of employing clinical sociologists is not widespread (Marshal ibidem). As clinical sociologist Jan Marie Fritz (2006) indicates, Auguste Comte (1798-1857) and Emile Durkheim (1858-1917) were among those who frequently are mentioned as precursors to the field. Especially, "Emile Durkheim's work on the relation between levels of influence (e.g. social compared to individual factors) led Alvin Gouldner (1965: 19) to write that 'more than any other classical sociologist (he) used a clinical model'" (Gouldner ibidem).

Assuming the role of sociological practice, action is a key word in clinical sociology. Though, the advantages of creating and maintaining a research orientation to problem-solving are noted (Hall 2005). Clinical sociology is often put side by side with applied sociology, with the latter emphasizing "method" (Association for Applied and Clinical Sociology, http://www.aacsnet.org/wp/?page_id=59). Clinical sociology, however, has its particular methods. As action research, narrative is the vital methodology in clinical sociology. "Narratives are defined as clients' spoken accounts of their thoughts, feelings, ideas, and ideals about their social worlds" (ibidem). Through narratives, clinical sociologists summarize patterns of behavior experienced and observed in families, religions, social classes, cultures and society at large. "History, social systems, and cultural trends are examined to discover ways to de-construct false narratives and to re-construct realistic, dependable narratives" to influence clients' decision-making and behavior (ibidem).

Single-case studies have always been a basic feature of clinical sociology (Sévigny, Chen and Chen 2009). It focuses on individual experience as well as people from the person's immediate social environment (ISE) – relatives, friends, neighbors, colleagues and leaders at workplace (called *Danwei* in Chinese), and hospital or nursing home staff in the case of an institutionalized person. A case study in mental health research explores in what terms a patient and people from his or her ISE speak of his or her encounter with a mental illness. Likewise, a case study in gerontological research would inquire in what terms an older adult and people from his or her ISE speak of his or her experience with the aging process. Clinical sociology emphasizes understanding the relationship between the individual and the society. However, as Sévigny and colleagues have indicated, the clinical sociology approach still struggles with the "individual-society" problem (Sévigny, Chen and Chen 2009).

While clinical sociology favors case study by focusing on individual or personal experience,[5] understanding the relationship between the individual and the society requires an adequate understanding of the society. The society consists of not only the ISE but also a larger social system (LSS) (ibidem). It is the LSS that is more likely to pose a challenge to clinical sociologists alongside clinical social workers, social psychiatrists, etc. in their struggle with the "individual-society" problem. The following is a real case exemplifying the kind of struggle in the study of aging.

As one of the first sociology graduate students in post-Mao China 25 years ago at Zhongshan (Sun Yat-sen) University at Guangzhou (Canton), I started doing aging research by visiting and interviewing elderly individuals in welfare institutions and at their homes. I was mindful in targeting their needs, which was luckily the right thing to do according to a reflective American scholar (Ikels 1989). Some unmet needs were identified, but how to meet the unmet needs became a more and more outstanding question as I began to see the limits of the clinical approach (or something like that since I wasn't systematically trained as a "clinician" even though I was among the first of my generation to take case study and case work courses in mainland China). Soon, the new leaders of the Civil Affairs Administration in Beijing started pushing for studying the "community" and its potential support functions. By virtue of my affiliation with a leading sociology department specializing in community study (thanks to the late Professor C.K. Yang and his team members from the United States and elsewhere), I helped to lead the intellectual side of a nationwide "community service" movement (first implemented in large cities). After publishing a national lecture series, I conducted research on community service (with a focus on aging) in China vis-à-vis community care in the West (particularly the United Kingdom as the leader), teasing out major parameters from the latter to construct a systematic, comparative framework for my China case study (Chen 1996). With all the promises and enthusiasm among Chinese policy makers, scholars, and practitioners at the time, however, I soon found myself (and the country) in a position not very different from "community care" in the West that was regarded at best as stagnant (Chen ibidem). Why, as a socialist country, was China not doing better but rather seemed retreating dramatically behind capitalist welfare states? Could we sense a direction from the past to the future amid its (sometimes very turbulent) sea changes? My "clinical," community, and even social policy study approaches could not provide a satisfactory answer. In spite of various scholars complaining from outside at the time, I realized that Chinese social policy might not be understandable from a Western welfare state (mainstream social policy) standpoint. Studies missing the "big picture" in the particular historical context might not help the elderly and other needy people in terms of showing them the real possibilities and ways (including opportunity windows) to effect major changes. On the other hand, the momentum of Chinese economic reform could get lost with mounting misunderstanding or misguidance (or both) in the social aspects. After all, few desired to roll back to the poor (abject) and

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[5] "Field research" is a term used to summarize such case or small group studies that last some length of time and go into some depth. Field researchers gain access to the group and community, adopt a social role and interact with the members, and observe in the field setting. The observation may continue for several months or a few years, with the focus being possibly modified or refined in the process. The interactions can be personal and interviews informal. Data are obtained in the form of detailed daily notes, and their analysis yields findings about the true meaning and significance of various concepts, relationships, and events (Chen, 2004).

politically intense (if not all vicious) pre-reform era even though it had been marked with notable socialist protection hyped as a major "superiority."

It was with such fundamental and pressing research problems that I chose (over a more clinically-oriented curriculum offered by an Ivy League institution) to study (on full scholarship-fellowship) in the School of Social Welfare (which later became a part of a new School of Public Policy and Social Research) at the University of California at Los Angeles. I was systematically exposed to the theories and methods of social policy as a discipline born in the West and grown with the welfare states. Robert Morris (1985) might not be the best known author but the notion of a policy system in his book struck me with the broad perspective my research badly needed (Dr. Fernando Torres-Gil assigned the readings who taught the doctoral social policy class before becoming the first Undersecretary for Aging in U.S. history). I liked Morris' term of a "general public policy" (i.e. a guide to the priority aims and preferred means of a policy system), though I was disappointed that it seemed to have been ignored by numerous scholars and practitioners alike (Morris himself did not elaborate on it either). However, social policy as one of the "sectoral policies" required an adequate understanding of the entire policy system (i.e., the context) to make full sense. To assess the real possibilities in aging, social services, and other fields of social policy, I had to relate to economic and political issues and rise to the level of the general public policy (GPP). My work demonstrated that the GPP (instead of various traditional, pure ideological "-isms") was the key to a germane interpretation and critique of particular policy measures in drastically changed times. It also identified a de-politicized Chinese "economic state" as a unique GPP pattern, in contrast with the typical Western welfare state as another, arguing that the latter was a particular rather than a universal model for all.[6] It endeavored to illuminate the historical-cultural and economic-political-social context so that major social policy issues including aging and community service could be better understood (Chen 1996). My main points were that the de-politicized Chinese state's almost exclusive focus on the economy, no matter how negative it had been on the provision of social welfare etc., was determined by its structure and driven by a desperate need for the economic state to seize the last chance to prove itself and survive the serious challenges in the post-Mao era. Nevertheless, economic reform immediately started undermining the economic state structurally and functionally (if not yet ideologically). This would help the state with its various social service functions in a new process of de-economicization, including "caring for" the community to deal with its increased responsibilities shifted from the former *Danwei* or occupation-based welfare system. However, an opportunity window would not open unless and until a major decision is made to "transfer" the emphasis of the GPP again, since the lesson of past politicization (deviation from its economic mandate) was so painful that the Chinese took the GPP more seriously than any other nation in terms of national agenda setting (some of the points were elaborated in my subsequent publications).

As a first-time writer in English, my use of the language was certainly flawed but the first book was sold out in three months and attracted wide attention including that from leading experts (e.g. Croll 1997; Ikels 1997). A younger scholar wrote me that he had followed the classical "state socialism" paradigm until he read my works (e.g. Chen 2002). The novel kind of "qualitative" inquiry plus a bold departure from the conventional wisdom of welfare state-based social policy was not understood or

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[6] Although my subsequent analysis (e.g., Chen, 2009) indicates that the welfare state and the economic state seem to have been approaching each other, it is different from simply labeling such a country as China as a welfare state without regard to its socioeconomic contexts and its unique history.

appreciated by all, though. As a former lecturer-turned-research student in Hong Kong (before I relocated to the U.S.), for example, my original work was held up by a challenged yet powerful chairperson (for whatever the need) and, naturally, its publication met a hasty slighting (Chow 1997). However, the concern here is less about ethical issues than a scholarly failure to see (or refusal to recognize) the importance of analyzing the context (LSS) by seeing the "forest" in order to understand issues with the "trees." Without clarifying GPP as a key issue and identifying its different patterns, particularly the "economic state" and its transition (firstly de-politicization and then de-economicization), I would never have made good sense of China's economic reform, community service (or community construction as called more recently), social and aging policies, family responsibilities, and eventually, the elderly's individual experience.

An Integrated Micro-Macro Model

Sévigny and colleagues (2009) warned against a deterministic view in understanding the "impact" of the LSS on personal experiences, in favor of becoming more alert in exploring and identifying representations and meanings of a person's experience and that of the people around her or him. With that clinical sociology approach, they focused on so-called explanatory models of illness (EMI) used by nonprofessionals regarding the causes and meanings of experiencing such a severe mental illness as schizophrenia (Sévigny, Chen and Chen 2009). The research on explanatory models among psychiatric patients and other people suggests a unique approach to the social processes in which a mental illness is recognized, interpreted, and treated (Kleinman 1980).

An integrated micro-macro model, however, helps with a more thorough understanding of such personal experiences in the country's unique and rapidly changing social environment. Therefore, the study of social rehabilitation of schizophrenic patients and the role of the workplace (*Danwei*) by Sévigny and colleagues (2009) was guided by the following assumptions about China's LSS (Sévigny, Chen and Chen 2009): (1) Mental illness/health in general, and schizophrenia and its rehabilitation in particular, must be understood with reference to the larger political, social, economic and cultural systems and not only to personal or individual dimensions of experiences. (2) Rapid social change in China, particularly the change of the *Danwei* system, had a major impact on psychiatric patients and their significant others, with new issues for social care and rehabilitation including difficulties for people to resort to old *Zuzhi* (organization) or *Guanxi* (relationship) to get help. (3) Chinese social policy response had been to shift the burden from the *Danwei* to neighborhood *Shequ* (community). There were some achievements yet more stagnation with "community service" and "community construction," which were part of a worldwide experience under various themes such as "community care" and "social support." (4) Large-scale social changes are both compelling and enabling the Chinese state to undertake a more responsive approach to various social issues including the above, although what it faces is an international dilemma that requires serious and innovative initiatives to effect a breakthrough. (5) Mental health as a movement, including health education, has yet to gather momentum to create a favorable social environment for the well being of the people in China. The prevention and rehabilitation of mental illness in general and schizophrenia in particular will require Chinese mental health institutions, local communities, and various enterprises or *Danwei* to work together under the guidance and requirements of public policy and law. (6) Clinical research and intervention strategies should be formulated based on the needs of the psychiatric patients and

their families within the broader social context, including the situation of the *Danwei*. The improvement of the larger political, social, economic and cultural systems must be relevant to and reflected in a positive experience of the individual people. A social perspective is essential for understanding schizophrenia cases in terms of various actions and meanings related to schizophrenic patients and their families.

Detailed case studies provided an excellent opportunity to validate or falsify these assumptions[7] The point is to gain a thorough understanding of the meaning of experiencing a target process (e.g. mental illness, or aging) within the particular context. Sévigny (2004) conducted a contextual analysis of the development of psychiatric rehabilitation in urban China by comparing to my earlier work (Chen 1996). Five analytical dimensions were used in such theoretical and methodological considerations with regard to mental illness and aging, respectively (Chen 1996; Sévigny 2004): a) epistemological choices and research paradigms, b) community care/rehabilitation as an idea, c) community care/rehabilitation as a social, political and cultural matter, d) factors of change in the recent history of China, and e) aging/mental illness as a personal experience. By presenting materials on the general context of psychiatry and rehabilitation in China in a period of rapid change, and some data from empirical research in Beijing in the 1990s, Sévigny concluded that the development of social rehabilitation in psychiatry can be seen as one aspect of sweeping changes in the whole Chinese society (Sévigny 2004). This is similar to my conclusion in the aging field (Chen 1996). In our joint research later, "While the coauthors differ along the micro-macro typology of analysis, they share a common view about the necessity to take a multi-level and comprehensive approach to studying such a complex issue" (Sévigny, Chen and Chen 2009: 4). The GPP was used to illuminate the direction of fundamental social change to help understand Chinese policy responses as reflected in the states of the mental health system and the *Danwei*. "Such a macro context also helps to understand personal experiences at the micro level. In this methodological context, all levels of society-culture are viewed as being part of the personal experience" (Sévigny, Chen and Chen ibidem: 3). While such an approach could be criticized as attempting to cover too much, the importance of the context cannot be overstated. The same is true with the study of Chinese aging.

Conclusion and Discussion

The introduction of scientific methods including quantification in social and behavioral research was a major historical advancement. Logical empiricism/positivism has offered much for social and behavioral researchers to learn and has contributed significantly to the progress of social and behavioral sciences (Chen 2004). However, the complexity of human society has offered qualitative researchers unique opportunities to make up the loss of valuable information in scientific reduction. Interpretative, critical, and humanistic social sciences promise to enrich our understanding of human society with detailed data, unique approaches, clear values, and firm commitment to its betterment. In other words, qualitative research is "not what you do when you don't have data or don't know statistics" (Abel

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[7] Qualitative methods such as ethnography have been long characterized by their concern with descriptive matters, or matters of particularity, in framing the research situation. Yet recent trends have indicated a growing interest in linking qualitative research with theory, not just description or storytelling.

and Sankar 1995)[8]. Gerontologists as social and behavioral scientists have embraced qualitative methods and see aging as having multiple biological, psychological, and sociological components. As such, neither the behavior of older people nor the status of older people can be understood without attending to the primary need for explication of contexts and for multiplicity of methods (Abel and Sankar ibidem)[9]. Social and behavioral gerontologists must also be aware of the value issues involved to qualify as qualitative researchers.

Research on aging in China has included qualitative studies such as case studies and historical-comparative analysis. Addressing a need for more methodological exploration and reflection on qualitative inquiry in this area, this article explored an integrated micro-macro model by illuminating the ideas of clinical sociology and the general public policy framework of an "economic state in transition" (Chen 1996; Chen 2009). Clinical sociology plays a key role in sociological practice, which emphasizes on action and heavily involves case studies. Historical-comparative methods, on the other hand, call for a broad perspective and provide an opportunity for theoretical exploration. Implications to social policy study are shown by revisiting the circumstances that led to the expansion of research views and identification of different GPP patterns/models, as well as their role in determining the directions of the states and their services (including provision for the aged). The Chinese economic state established in 1949 had not been fully realized until three decades later when the post-Mao era began with a strategic decision to de-politicize, or to re-focus the state's work on the economy. "Economicization," however, did not bode well for social services. The "iron rice bowl"-like *Danwei*- or occupation-based welfare system broke up while the "community" was totally unprepared to take over the huge responsibility as expected. Fortunately (also ironically), economic reform and "open door" immediately led to structural changes, of which the "de-economicization" of the state was the most significant. Thanks to the results of a booming economy, the opportunity window for another major "transfer" of the state's focus in terms of a more socially oriented GPP is now open (not only structurally but also ideologically) (Chen 2009). Some of these points are applied in the integrated micro-macro model of research on mental illness in China in comparison with the study of Chinese aging. Both indicate the importance of contextual analysis in order to fully understand aging or mental health issues in the particular historical, cultural, and socioeconomic settings. The study of "community"-related ideas (e.g. informal care, social support, etc.) also requires such contextual understanding as clinically-oriented research does.

Due to space limitation this article is unable to include other related topics such as more ways of "triangulation" that is extremely important to a discerning study (e.g. Weitzman and Levkoff 2000; Stadtländer 2008). A qualitative understanding of quantitative research is also important, since there is no pre-determined single best way of measuring a construct (Chen 1997).[10] The researcher's judgment and

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[8] Quite different from quantitative studies, qualitative researchers often begin with a loosely formulated idea or topic, then select a site and target a social group or community for study.

[9] Field research is not the only approach adopted by qualitative researchers, as are experimental designs by quantitative researchers. Sometimes the research scope for both types of researchers is so broad that it may span over a past historical era or across different cultures. While in such cases quantitative researchers resort to such sources as existing statistics and such techniques as content analysis, qualitative researchers have termed their pursuit broadly as historical-comparative research. This kind of research combines literature review and theory with data collection, which examines a mix of evidence including documents, observations, and interviews (Chen 2004).

[10] The author has demonstrated a multiple measurement approach via the Chen Approaches to Unidimensionalized Scaling (CAUS) (Chen 1997; Chen 2004) and challenged the conventional notion

purpose will affect the analytical results, whatever tools are used, especially in a relational type of research (Chen 2004; Chen and Sullivan 2000). In that sense, researchers, both qualitative and quantitative, have the tasks of not only trying to understand the meaning of the research subjects and their situations but also the meaning of various research designs in terms of specific research purposes and particular ways in which the data are collected/measured and analyzed/interpreted (i.e. research results as scientific facts: What do they mean? What were the research circumstances?).

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Citation

Chen, Sheying (2010) "Qualitative Research and Aging in Context: Implications to Social Study in China." *Qualitative Sociology Review*, Vol. VI Issue I. Retrieved April, 2010 (http://www.qualitativesociologyreview.org/ENG/archive_eng.php)