

# Trust, Risk, Aging and Health in Asia: A New Philosophy



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## Introduction

This paper explores the concepts of “trust” and “risk” that both are theoretical tools and arguably major facets of “late modernity.” During the 1970s, the use of the notion “risk” was mainly confined to “natural sciences,” when the concept was used to analyse and improve the “security” of technological systems. Re-territorialized definitions of trust and risk are rapidly changing theoretical knowledge bases of gerontology. A more nuanced informed understanding of transition of a trust society to a risk society illustrates the interconnectedness of an aging population and relationship to health. Risk is much more than a computation of costs and benefits, it is a theoretical mechanism for weighing different sets of political and economic orientations which impinge on the positioning of older people, health and aging populations. The article takes to task what we understand by trust and risk. Drawing from examples in Asia, the article assesses how the transition from a trust society to a risk society has implications for how older people are made health subjects in contemporary society. This article explores the concept of “risk” in relation to the academic study of aging and health in Asia. Ideas related with what has been conceptualised as the “risk society” Beck [1] have become part of the platform of how we define and position the “social spaces” in which to grow old. This has startling continuities across Asia. These spaces have served to place the definition of what it means to be an older person Phillipson & Powell [2]. As Ulrich Beck [1] claims, in the conditions of advanced modernity, growing old moves from being a “collective” to an “individual” experience and responsibility.

Indeed, foremost in Asian societies with developed health systems they are governed by concepts of risk and individualisation Giddens [3]. Alan Walker and Gerhard Naegele [4] convey the critical message that there is a pressing need for governments and other agencies to respond to changing circumstances of an aging Asian population. Asian political processes have become preoccupied with the fiscal support of the delivery of social services to an aging population as this demographic shift alters the balance between those in work and paying taxes, and those in retirement receiving benefits and consuming health care in Asia. More

specifically, in contemporary Asian society, risk is a broad concept that extends over a broad range of social practices that impinge on the experiences of older people. Current debates about older people and relationship to sexuality, crime, national security, food safety, employment and health are all underscored by risk Phillipson [5]. Awareness of the transnational nature of risk has led the United Nations to form its own Commission on Human Security. A recent report by the UN Commission suggests ways in which the security of older people, for example, might be advanced-from humanitarian strategies through to economic, health and educational strategies Powell [6].

## What is Risk?

In science, risk has traditionally been approached as an objective material entity, to be mastered by processes of calculation, assessment and probability. In the 21st century, “advances” in science and medicine led to the eradication of many infectious diseases, raised life expectancy in aging and improved quality of life across Asia. The nature of scientific knowledge about risk and impact on aging has articulated the perspective that as a person goes through aging process there are heightened risks to the human body-in the mind and internal organs of the body Phillipson & Powell [2]. It has gradually become clear that the very institutions entrusted with regulating risks have themselves transmuted into risk producers. In recent times, multinational corporate business, science, medicine, and government have all been accused of generating various dangers to public health which impinges on the safety of older people. In response to public concerns about unbounded techno-scientific development and the apparent inefficacy of expert systems, interest in risk has gathered momentum within health science disciplines in recent years Giddens [3]. However, whilst the language of risk has become prolific, the concept itself remains cloaked in ambiguity and its relationship to aging scantily researched; making risk and aging an important and significant issue for social policy. Yet, it is under theorised and reified in its conceptualization. Such an approach seeks to capture the dimensions of subjectivity within the social-political constraints that shape individual lives. This allows reconstructions

of logics of action or structuration behind current neo-liberal self-representations of aging identity. It could be supposed that such constructions enable us to reconstruct the complexity of aging in social contexts and the influence of, for example, health on these experiences as a ground for risk perception. Importantly, the notion of an aging society becomes secondary to the emphasis on the way in which families and individuals handle the demands associated with an aging population. Phillipson and Powell suggest that there are three factors that make risk important to understanding aging: First, the globalisation of aging is increasingly recognised. All societies (poor as well as rich) are undergoing similar population transformations (albeit with notable exceptions such as those in countries devastated by the AIDS virus). Aging thus becomes simultaneously both a biographical event and one shared with different cultures and societies across the globe. Second, aging experiences are themselves hugely (and increasingly) diverse. Under the guise of the health state, growing old was compressed into a fairly limited range of institutions and identities (notably in respect of income and lifestyles). Aging in the post-health society, however, has substantially expanded in respect of social opportunities as well as economic inequalities. Third, aging is also being changed by what Beck [1] describes as the era of reflexive modernization. This may be conceived in terms of how individuals and the lay public exert control and influence on the shape and character of modernity Phillipson & Powell [2] p. 33. The more Asian societies are modernised, the more older people acquire the ability to reflect upon the social forces of their existence within the conditions of risk constraints. Hence, we need to understand the major social forces which impinge on aging itself. Such social forces that create risk associated with aging. This implies a breakdown in trust as a key modernist principle in contemporary society.

### A Trust Society?

There are increasing attempts to conceptualize the notion of “trust” in society. Someone who trusts has an expectation directed to an event. The expectations are based on the ground of incomplete knowledge about the probability and incomplete control about the occurrence of the event Caplan [7]. Trust is of relevance for action and has consequences for the trusting agent if trust is confirmed or disappointed. Thus, trust is connected with risk Giddens [3]. Up to now there have been few attempts to work out a systematic scheme of different forms of trust in between older people and individuals, institutions or policies that impinge on their identity performance. Social trust tends to be high among older people who believe that their public safety is high Walker & Naegele [4]. Ewald [8] distinguishes between trust in contracts between people and State (such as pension provision), trust in friendships across intergenerational lines, trust in love and relationships and trust in foreign issues (associated with national identity across Asian countries). However, sociological theories which suppose a general change in modernity Beck [1] assume that with the erosion of traditional institutions and scientific knowledge trust. This becomes an issue more often produced actively by individuals than institutionally guaranteed. Trust seems to be something that is

produced individually by experience and over time and cannot be immediately and with purpose be produced by Asian governments without dialogical interaction with older people on issues affecting their lifestyles and life-chances such as care, pensions, employment and political representation in the Asiaan Union Walker & Naeghele [4]. Though as Giddens [3] stresses, risk is the feature of a society shifting its emphasis away from trust on traditional ties and social values. How risks are perceived and formulated as a breakdown in trust reflects the essentially discursive practices of politics and power in modernity itself. The ability to control and manage perceptions about moral intentions of a pervasive governmental rationality may be part of an understanding of risk and health.

### Risk Society

The concept of risk has come to assume accelerating prominence in sociological writings of Ulrich Beck; far more so than the concept of “trust.” Beck [1] claims that modernization helps the self become an agent via processes of individualization which they both see as indicative of neo-liberalism; they advocate that the self become less constrained by traditional group identities and institutions but more constraint by the dynamics of markets (labor markets, consumer-markets) and secondary institutions, and becomes therefore a project to be reflexively worked on in the context of a globalised world. As we see the development of this the new global order, some risks such as those caused by hazardous industries, are transferred away from the developed countries to the Third world which has huge health implications. Thus, while Beck sees risk society as a catastrophic society, what we are seeing is the transference of certain risks through aversion and management. Beck acknowledges that some social groups are more affected than others by the distribution and growth of risks, and these differences may be structured through inequalities of class and social position. The disadvantaged have fewer opportunities to avoid risk because of their lack of resources compared with the advantaged. By contrast, the wealthy to a degree (income, power, or education), can purchase safety and freedom from risk Beck [1] p. 33. However, it is the gestation and the constellations of the risks, which are unknown, and thus risk affects those who have produced or profited from them, breaking down the previous social and geographic boundaries evident in modern Asian societies. Beck [1] argues that the “former colonies” of the world are soon becoming the waste dumps of the world for toxic and nuclear wastes produced by more privileged countries. Risks have become more and more difficult to calculate and control. Hence it can be argued that risks often affect both the wealthy and poor alike: “poverty is hierarchic and smog is democratic” Beck [1] p. 36. At the same time, because of the degree of interdependence of the highly specialised agents of modernisation in business, agriculture, the law and politics, there is no single agent responsible for any risk: “there is a general complicity, and the complicity is matched by a general lack of responsibility. Everyone is cause and effect” Beck [1] p. 33 and so “perpetrator and victim become identical” Beck [1] p. 38 in a consuming society. It is this invisibility of the threats that saturate the “risk society” making it harder to identify the offender of global risk. Beck [1], argues that

this fundamentally poses the second challenge for analyses of these socially constituted industrial phenomena: interpretation becomes inherently a matter of perspective and hence political. Politicians constantly invoke science in their attempts to persuade the public that their policies and products are safe for personal health.

The inescapability of interpretation makes risks infinitely malleable and, as Beck [1], p. 23 insists, “open to social definition and construction.” This in turn put those in a position to define (and/or legitimate) risks—the mass media, scientists, politicians, and the legal profession—in key social positions (Phillipson & Powell, 2004). Beck makes the point that risk “is not an option which could be chosen or rejected in the course of political debate” Beck [9] p. 28. Instead this is an inescapable product and structural condition of advanced industrialisation of where we produce the hazards of that system, in Beck’s words (1996, p. 31) “undermine and/or cancel the established safety systems of the provident state’s existing risk calculation.” Beck [9] further exemplifies this point by examining contemporary hazards associated with nuclear power, chemical pollution, and genetic engineering and bio technology that cannot be limited or contained to particular spaces, and that which cannot be grasped through the rules of causality, and cannot be safeguarded, compensated, or insured against. They are therefore “glocal”: both local and global. Risk society is thus “Asian risk society” and risks affect a Asian citizenship. The questioning of the outcomes of modernity in terms of their production of risks is an outcome of reflexive modernisation. An awareness of risk, therefore, is heightened at the level of the everyday. In Asia, risk, in its purely technical meaning, came to rely upon conditions in which the probability estimates of an event are able to be known or knowable. This has the effect of paralysing action and bringing insurance systems that promised to cover eventualities into chaos. In Great Britain for example, the health state, an insurance system that promised to cater for people from cradle to the grave, is unable to sustain that promise for future generations. The health system as a system of social insurance is beginning to lose its legitimacy with the rise of private health insurance. In the United States, 70% of its population do not have private health insurance until Obamacare (universal coverage) which President Trump is attempting to bring down.

If this might be happening to older people in US, what are the implications in Asia? Two developments seem to be responsible for the growing risk awareness in modern industrialised societies in Asia, even though their respective contribution is contested. The new awareness of the limits of the technical and the mathematical/statistical calculation of risk would cause an increase of concerns regarding the rational controllability of an uncertain future Beck [1]. Furthermore, the sustained endeavour to apply a new liberal style of governing modern societies would increasingly shift the responsibility of the management of risks and uncertainties from the state to the individual. Socio-demographic changes as well as shifts in governance contribute to the perception of risk and uncertainty regarding aging in two ways: First, they promote the understanding of risk and uncertainty in aging and second, they suggest to perceive age as risky and uncertain. In order to approach

the concept of risk and aging it is suggested that by conceptualising risk in a broader framework of (un-)certainty Zinn [10] where risk is seen as a specific strategy to produce certainty in order to enable to act. The future becomes accessible for planning and action. In order to work on itself, the “self” or at least according to Beck [1] p. 181 relates to self-political rationalities and risk: “risks become the motor of self-politicization of modernity in industrial society.” One element of the “motor” of self-politicisation is how successful neo-liberalism has been in fashioning common sense discourses around its political rhetoric. Beck [1] p. 77 claims what we are witnessing is a “completely altered relationship between autonomous and self-organized public spheres on the one hand, and sub-systems steered by money and administrative power on the other.” Self-autonomization coupled with administrative power is indicative of “risk”: neo-liberal features of social policy for older people. Older people living in neo-liberal EU societies have therefore moved toward a greater awareness of risk and are forced to deal with risks on an everyday basis: “Everyone is caught up in defensive battles of various types anticipating the hostile substances in one’s manner of living and eating” Beck [11] p. 45. The media for their part have taken up warnings of experts about risk and communicate them to their mass publics in the Asian Union. There is an ambivalence at the heart of Asia: on the one hand, older people are to be “managed” by other administrative powers such as professional experts in modernity Phillipson & Powell [2]; on the other hand, older people are left to govern themselves. This moral idea of freedom and responsibility is involved in the modern notion to govern Asian societies but is determined by the limits of everyday life in socioculturally different circumstances within a “risk society” Beck [1]. The tension between ideal and socio-cultural structured life constitutes the battleground of the disputes on the governance of aging. These, along with ties between generations, created a social, economic and moral space within which growing numbers of older people could be channelled and contained. For example, for a period of 20 years or more, moving older people into the zone of retirement and the health state, held at bay the underlying issue of securing a place and identity for aging within the framework of an advanced capitalist society. The meaning of later life was, temporarily at least, constructed out of a modernist vision where retirement and health were viewed as natural end-points to the human life cycle.

The governance of aging originally developed and was closely linked to the creation of a social security system in Asia influenced by Europe. The idea of prudence and self-responsibility among the working class was expressed through such institutions as the friendly society and the revolving building society and promoted both political quiescence and the stability needed to ensure steady growth in the later half of the 19th century Beck [1]. This system was supplanted by the development of insurance in the 20th century leading to the modern health state (Ewald, 1986). The provision for aging was originally not central, because at the end of the 19th century most people did not reach the age of 70 to claim a pension and live through this last phase of their life without having to work. The original concept was to save the worker and its family in case of death or disablement of the breadwinner Zinn [12]. The strategies



of risk-management by means of insurance were understood as sharing them between all insured people, which should be in principle as much as possible. But this fundamental concept has changed recently as part of a general change in the idea of insurance as well as the government of citizens. The responsibility of the state and thereby the risks are given back to the public. As Baker and Simon [13], p. 4 recently pointed out, "... private pensions, annuities, and life insurance are engaged in an historic shift of investment risk from broad pools (the classic structure of risk spreading through insurance) to individual (middle-class) consumers and employees in return for the possibility of greater return." The understanding of the individual as a self-responsible actor in Asia as given for granted underestimates the various resources and life experiences different people possess. The strategies to cope with risk and uncertainty in the life course are rather oriented on the circumstances of everyday life, personal values and life experiences that relate to self-responsibility. Governmental programs are mainly developed against the background of the model of a self-responsible actor, and increasingly address people with significant lack of cultural and economic resources as self-reflexive and rational actors Zinn & Taylor-Gooby [14]. Although this concept might be generally helpful in order to formulate political programs they regularly fail because of this assumption. The governmental constructions of risks and aging in Asia converge in the notion of rational acting old people. It does conceptually ignore that the ability to be autonomous and rational is not a question of context-independent (free) will or something what is just given, but it is provided by context factors as well as biographical experiences which shape expectations regarding the future. Thereby accumulated "local knowledge" Wynne [15] produces logics of how to act best in an uncertain context Zinn [10], which include the policy of the government as well. This is not only important when people are old, but in earlier life phases when they have to deal with their expectations regarding old age and have to take precautionary measures. The unequal resources available, the unreflected routines and the needs and execution of everyday life shape what is the basis to act people go through "aging" process Powell & Phillipson 2004.

The extrication of these actions can be traced to at least three types of crisis affecting the management of aging populations in the last quarter of the 20th century: economic, social, and cultural. The economic dimension has been well rehearsed, with successive crises from the mid-1970s onward undermining, first, the goal of full employment (and hence destabilising retirement), and, second, the fiscal basis of the health state (accelerated with the onset of a privatisation from the 1980s onward Phillipson & Powell [2]. However, we are neither a provident state and or a providing state. The dialectic of risk and social insurance systems of calculation have failed to address or predict the increase in longevity, the blurring of the life-course and the growing trend for smaller families. What we are beginning to see occur with entry and immersion in to a risk society is the fracturing of insurance social systems that have failed to make accurate predictions in the Asian Union Phillipson & Powell [2]. This has led for those who can afford

to invest in various insurance policies ways of minimizing risk that may befall them in times, when illness occurs, unemployment (i.e., mortgage protection), death, which are all sold on the basis of what may happen in the future. The short fall of this is that elders from lower socio-economic groups in Asia who without insurance will be caught within the widening fractures appearing in the health state [16-18]. Aging is also being changed by what Beck [1] describes as the era of reflexive modernization. This may be conceived in terms of how individuals and the lay public exert control and influence on the shape and character of emerging global institutions.

## Conclusion

The expectation of negative events in the future and the different ways of how to respond to such expectations is central for the critical approach to trust, risk, aging and health. Part of this reflexive response is the importance of recognising self-subjective dimensions of trust, biographical knowledge and resources that impinge on the existential shaping healthy aging [19-22]. Hence, this discussion provides a critical narrative to the importance to the study of aging and health in Asia [23,24]. It has become commonplace for academics and practitioners to explore, develop, and apply an assortment of health perspectives on risk. In an uncertain world, question around risk and risk management have become ever more pertinent, leading to reflections on a number of different levels about "ontological security." There is an urgency to reflect on these existential issues to understand the health positioning of older people in Asian society that are characterised by increasing uncertainty and risk before we generate the conditions of trust.

## References

1. Beck U (1992) Risk society: Towards a new modernity. London, UK.
2. Phillipson C, Powell JL (2004) Perspectives from political and moral economy. Amityville, NY: Baywood. Risk, social health and aging chapter. In E Tulle (Eds.), Aging and human agency, Nova Science Publishers, New York, USA.
3. Giddens A (1991) Modernity and self-identity: Self and society in the late-modern age. Cambridge: Polity Press, USA.
4. Walker A, Naegle G (1999) The politics of aging in Asia. Milton Keynes, Oxford University Press.
5. Phillipson C (1998) The social construction of retirement: Perspectives from critical theory and political economy. In M Minkler & C Estes (Eds.), Critical gerontology.
6. Powell JL (2006) Social theory and aging. Rowman and Littlefield, New York, USA.
7. Caplan P (Eds.) (2000) Risk revisited. Pluto Press, London.
8. Ewald F (1993) Two infinities of risk. In B Massumi (Ed.), The politics of everyday fear. Minneapolis, MN: University of Minnesota Press, USA, p. 25-39.
9. Beck U (1996) Risk society and the provident state. In S Lash, B Szczyński, & B Wynne (Eds.), Risk environment and modernity: Towards a new ecology, London, UK, pp. 79-103.
10. Zinn JO (2005) The biographical approach-A better way to understand behaviour in health and illness? Health, Risk & Society 7(1): 1-9.
11. Beck U, Giddens A, Lash S (1994) Reflexive modernisation: Politics,

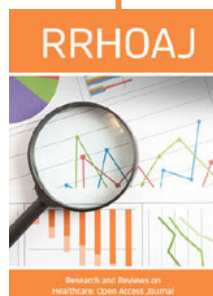
- Tradition and aesthetics in the modern social order. Cambridge: Polity Press, USA.
12. Zinn JO (2004) Health, risk and uncertainty in the life course: A typology of biographical certainty constructions. *Social Theory & Health* 2(3): 199-221.
  13. Baker T, Simon J (2002) Embracing risk: The changing culture of insurance and responsibility Chicago: University of Chicago Press, USA p. 55-71.
  14. Zinn JO, Taylor Gooby P (2006) The challenge of (managing) new risks and uncertainties. In P Taylor-Gooby & JO Zinn (Eds.), *Risk in social science*, Oxford: Oxford University Press, USA p. 1-16.
  15. Wynne B (1987) *Risk management and hazardous waste*. Springer, Berlin, USA.
  16. Bauman Z (1992) *Intimations of postmodernity*. Routledge & Kegan Paul, London.
  17. U Beck, A Giddens, S Lash (Eds.) *Reflexive modernisation: Politics, tradition and aesthetics in the modern social order*. Polity Press, Cambridge, USA.
  18. Beck U (1994) *The reinvention of politics: Towards a theory of reflexive modernization*.
  19. Beck U (1995) *Ecological politics in the age of risk*. Polity Press, Cambridge.
  20. Beck U (2001) *World risk society*. Polity Press, London, UK.
  21. Best F (1980) *Flexible life scheduling*. Praeger, New York, USA pp.251-261.
  22. Kasperson RE (2005) Introduction and overview. In JX Kasperson & RE Kasperson (Eds.), *The social contours of risk. Volume I: Publics, risk communication & the social amplification of risk*, p. 1-16.
  23. Powell JL (2005) *Rethinking social theory and later life*. Nova Science, New York, USA.
  24. Thane P (2000) *Aging in English history: Past experiences, present issues*. Oxford University Press, USA.



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