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Life-Span Developmental Psychology: Midlife and Later Years in Western and Non-Western Societies

Abstract

This chapter discusses the basis on which studies have been done on the later years of life in Western and non-Western cultures. It suggests that because Westerners value independence, most research on aging in Western societies has focused on how to help the individual maintain his or her functional independence throughout the life-span. Non-Westerners, on the other hand, value interdependence. Therefore, most research on aging has focused on the availability of social support in later life. But with Westernization influences in non-Western societies, there should be a shift in research efforts in order to accommodate a new understanding of aging and human development that includes the promotion of functional independence in later life.

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Introduction

In this chapter, I'll discuss the different perspectives in Western and non-Western societies on what constitutes successful aging and implications for research efforts in Western and non-Western cultures. As a result of Westernization influences in non-Western societies, I will also make suggestions for a new direction in research efforts to accommodate the changes occurring in non-Western societies.

Theories on Lifespan development fall into two categories: functional (e.g., Baltes , Staudigner, & Lindenberger, 1999) and sociological (e.g., Dannefer & Uhlberg, 1999). Under the functional category, personal processes such as thinking, memory, and learning are considered while under the sociological category, age periodization, interpersonal processes such as informal and formal social support mechanisms are considered. Both the functional and sociological categories stress the importance of person and societal contributions to aging and human development.

The Functional Dimension of Aging and Development

In this dimension, usually a category of behavior is identified for study (e.g., perception, information processing, and identity). Then the mechanisms responsible for the changes that occur in that behavior are explained. For example, if our memories fail as we grow older, what factors are responsible for these changes? Are they biological or environmental factors, or a combination of both? It should be noted that the changes that occur as we age, could be either positive or negative, and not necessarily negative.

Intelligence is one such area where we experience both negative and positive changes, as we grow older (e.g., Baltes et al, 1999). From childhood our body organs begin to experience wear and tear, but the changes become pronounced in later life. When this occurs the influence of culture becomes even more important (e.g., Valsiner & Lawrence, 1997) in slowing down the changes, in helping us to maintain our previous level of functioning, and in providing support in those areas where decline has already occurred. As Baltes et al. (1999) noted, the increase in life expectancy that occurred in Western societies in the second half of the twentieth century was not due to changes in genetic make-up but to advances in culture, especially in the area of biomedical technology. There is a limit however to what culture can do. This limit is determined by how much decline has already occurred in our lives. It gets to a point where no amount of training can reverse the decline that has occurred or help the person to maintain his or her previous level of functioning, because of the amount of biological damage that has already taken place. In other words, you can't kick a dead horse to wake it up!

The Sociological Dimension

An example of the sociological dimension is how society demarcates our developmental pathways. Society, through laws, norms, and practices dictates the appropriate time to go to school, to start work, to get married, and to retire (Darling & Lawrence, 1994, July). The

sociological dimension, unlike the functional dimension, does not seek to explain why we should be doing what at a particular time. The reasoning might have been based on the biological changes that we go through in life or on cultural beliefs and norms or on a combination of both. Usually it is a combination of both. For example, the typical age for marriage for women in Western societies has been changing over time as more women join the workforce, and in non-Western societies as more girls go to school. But in all cases, most marriages for women occur in the early part of the lifespan due to women's age of biological fertility. In both the functional and sociological dimensions of aging and development, we see culture either playing an interventionist role (as in the case of the functional dimension) or a co-constructivist role (as in the case of the sociological dimension).

In Western societies much research has been done under the psychological dimension but this is not so in non-Western societies. Western culture places more emphasis on maintaining one's functional independence, beginning from childhood into late adulthood. Therefore, the understanding of successful aging in Western societies is being able to maintain functional independence in later life.

In non-Western societies, on the other hand, the emphasis is not on independence but on inter- dependence. According to Hui and Triandis (1986), beliefs and behavior that characterize interdependence include: 1) concern about how the decisions a person makes will affect family members, friends, relatives or even the tribe (in-group) ; 2) the need to share material resources; and 3) the need to share non-material resources like time, affection, fun, or even sacrificing some interesting activities for a member of the in-group; and 4) having the feelings of involvement in others' lives. Because this disposition is acquired from early childhood in non-Western societies, successful aging is understood differently. It is measured in terms of how much continued support a person receives (and provides to others) in later life.

Research agendas in Western and non-Western societies have been driven by the different perspectives on successful aging and perhaps explain why most of the aging research done in non-Western societies is on social support, which falls under the sociological dimension rather than under the functional dimension. There are two types of social support however, formal and informal. Following is a brief review of these two types of social support in non-Western societies.

Formal Social Support for the Elderly in Non-Western Societies

This is the type of support provided by governments through social policies. As a result of the challenges that governments in most non-Western societies face, policies for youth, economic development, and primary health-care, take precedence over policies for the elderly. Thus, researchers pay little attention to formal support systems for the elderly in these societies. Some of the challenges that governments in most non-Western societies face in providing formal social support include: 1) lack of administrative infrastructures to support social policies, including the capacity to collect revenue and to dispense benefits; 2) limited numbers of people engaged in full-time wage-related employment to support

programs based on the principles of social insurance (e.g., payroll contributions); 3) the predominantly agricultural and rural nature of non-Western societies; 4) the youthful nature of non-Western populations who are competing for limited resources; and 5) conflicts between traditional values that stress family and community responsibility for elders' care and formal social support programs (see Tracy,1991 for details).

Pensions and Old Age Income Programs

Only a small proportion of the elderly is covered by public pension schemes. As a result of a history of non-wage employment participation, most elderly people experience "cumulative disadvantage" (O'Rand, 1996). When they participate in wage employment, coverage is still quite limited. Even in economically viable non-Western countries such as Hong Kong and Thailand, there are no public-supported comprehensive retirement pension schemes (Domingo, 1995). Whereas Western countries like the United States and the United Kingdom have 98% and 100%, respectively, of their labor force covered by old-age pension programs, Nigeria and the Philippines have only 7% of theirs covered by old age pension programs. This might partly reflect the disparity in the Gross Domestic Product (GDP) between Western and non-Western countries, but governmental allocation of resources in non-Western societies might also reflect other contending and more pressing needs like programs for children and young people. Thus, non-Western governments emphasize the need for families to take care of the elderly. Baihua (1987) notes that in the case of China, because of the emphasis on family and community resources, the development of government-supported long-term care facilities for the elderly has been hindered.

Informal Social Support

This type of support provided by friends and family members or by members of one's in-group is pervasive and governments of non-Western societies see it as a part of the cultural heritage of their people and encourage it. Punitive measures are sometimes brought on family members if they fail to carry out their "obligations" to their loved ones. For example, under Chinese law, children are required to provide care for their parents, and the parents can appeal to employers to have part of their children's pay garnished, if the children fail to meet their "obligations." Even in rural agricultural communities with non-wage activities, parents have a legal right to exercise claim over part of their children' s grain ration (Petri, 1982). Non-compliance by an adult child could result in a prison term of up to five years (Tout, 1989). Only in an established case of an absence of family members or incapability of the family to take care of the elderly person, can the community and local governments step in (e.g., Chuanyi, 1989). Thus the community and government only act as a safety net or a last resort. Providing care for the elderly could take a variety of forms and includes financial, housing ,and other forms of support as needed. Sometimes the elderly person defines the need area but other times the care-giver defines it.

The responsibility of taking care of the elderly begins from early childhood with the child increasingly exposed to different levels of responsibilities (Eyetsemitan 2000). This forms the basis for a psychological care contract to be established between the adult child and parent. There is a mutual understanding between the adult child and the parent on the adult child's role. Rosenberg (1997) noted that for the Ju/'hoansi elderly of Botswana, receiving care is a right that does not have to be negotiated. Cattell (1997), in her ethnographic study in Kenya, reported a case where an elderly man was implored by his adult children to give up his job so that others would not think his children could not provide for his needs.

In Western societies where mandatory retirement age still exists, the decision to retire from all paid employment (either full-time or part-time), is largely personal and is influenced by an individual's health status and/or pensions/social security entitlements. In non-Western societies with poor pensions/social security systems, however, the decision to retire from all paid employment is mostly not personal. Adult children or relatives who are ready to provide for the financial needs of the elderly are influential in the retirement timing of the elderly.

The elderly also provide assistance in return to the younger generation. From a survey of seven developing nations, Hashimoto (1991) concluded that despite changing socio-economic and demographic conditions, the elderly still maintain co-residency with their children. They care for the young children while the adults are away to work or are away doing something else. Thus social support between adult children and parents is a two-way street.

The Influence of Interdependency on Thinking, Memory and Learning (Psychological Dimension)

Most Western studies on cognitive functioning (thinking, memory, learning) focus on the changes that occur to our cognitive abilities across the life-span. As we age, our memory and intelligence changes. Some of these changes are negative while others are positive, but for the most part they are negative. Most Life-span psychologists agree that both human development and aging are processes that occur simultaneously. Development (associated with positive changes) is more prominent in the early part of the life-span, while aging (associated with negative changes) is more prominent in the later part. It doesn't mean that aging does not occur in the early part of the life-span nor that human development does not occur in the later part of the life-span. For example, while there is a decline to our fluid intelligence with age, crystallized intelligence improves somewhat up till age 70.

The key to successful mental functioning, however, is to maintain a mentally active life throughout the life-span. In Western society, the individual actively has to seek the opportunity to remain mentally active, especially if he or she is retired. Because the opportunities might not readily present themselves, the individual can seek a part-time job that is mentally challenging, do cross-word puzzles, learn computer skills, or do volunteer jobs such as reading to children.

In non-Western societies, on the other hand, because of the value for interdependence, there are natural opportunities for both the elderly and the young to develop cognitively. For example, the opportunity provided the elderly for settling family and communal disputes, and the opportunity provided the young to receive knowledge about life matters from the elderly through the oral tradition, can improve cognitive functioning. But interdependence could be counterproductive for the elderly if, by relying on young people for assistance, they fail to actively seek opportunities to develop cognitive abilities in certain areas. For example, the elderly may rely on adult children or relatives, who are literate, to read and write for them instead of learning to read and write for themselves. Perhaps, on the other hand, the literate adult children and relatives may feel obligated to provide these kinds of assistance, thereby preventing the elderly from seeking opportunities to learn to read and write.

The Influence of Interdependency on Physical Functioning

Because of the emphasis on independence in Western societies, it is common to find elderly persons who live alone, but not so in non-Western societies. In fact, an elderly person who lives alone might be viewed as a witch or wizard or someone despised by members of his or her family. Therefore, most elderly persons are either heads of household living with grandchildren or young relatives, or are members of households headed by their adult children or adult relatives. With such proximity to young people who are readily available to provide assistance, the elderly may engage in limited physical activities.

The activity theory suggests that successful aging comes from maintaining physical activities into old age. While decline in physical activities among the elderly in non-Western societies is aided by human factors, decline in physical activities among the elderly in Western societies is aided by technology. Machines like washers and dryers, dishwashers, electric/gas stoves, have replaced human support services in Western homes.

Changes in non-Western Societies as a Result of Westernization Influences: Implications for Aging and Adult Development

The world is becoming more "global." With travel made easier and technology such as the internet and cable television being more common, the connectivity among cultures and societies around the world is more pronounced than it was 50 years ago. The popular means of achieving this global connectivity originate from Western societies, thereby helping to perpetuate the global dominance of Western culture. As a result, three dimensions could be identified as descriptors of the cultural environment of non-Western societies, -"Global," "Developed world," and "Developing world". The Global dimension represents the activities, experiences or norms that are universal or are expected to be universal (e.g., human rights and equal opportunities for women). The Developed world dimension represents Western activities, experiences or norms that are now part of the cultural environment of non-Western societies (e.g., Western medicine and education, and

independence). Lastly, the Developing world dimension is made up of those activities, experiences, or norms that are still pervasive in non-Western societies (traditional medicine, beliefs in the spirit world, and interdependence).

Since human behavior is a result of the interaction between nature and nurture, the issue in non-Western societies therefore is to know which of the environment dimensions (or a combination of environmental dimensions) that the individual interacts with in influencing aging and adult developmental trajectory (see Eyetsemitan 2002 for a review).

Kagitcibasi (1996) suggests three types of socialization patterns: pattern X (which is collectivistic or non-Western), pattern Z (which is individualistic or Western), and Y (which is a dialectical synthesis of patterns X and Z), and notes that developing non-Western societies with pattern X are shifting to pattern Y, occasioned by modernization.

But not everyone in non-Western societies will experience this shift in socialization pattern. For example, whereas there may be elderly persons who value their independence and choose to live alone (reflecting the influence of the developed world dimension), there are others for whom this may still not be an option and prefer to live in intergenerational households (reflecting the developing world dimension). Yet, there are those persons who might value aspects of both the developed and developing world dimensions and incorporate them into the way they think and act. This phenomenon has been referred to as "accommodation." Behavior. For example, in health seeking behavior, some people use modern medicine for symptom relief but seek traditional medicine treatment for the perceived cause of the disease (e.g., Steen & Mazonde, 1999).

Conclusion

Researchers in non-Western societies have focused more on issues relating to the sociological dimension for too long to the neglect of the functional dimension of aging and adult development. Although the reason for this neglect may be cultural, another reason may be because of the relatively short life expectancy in non-Western societies. As life expectancy increases in non-Western societies, so too will the need arise to pay more attention to functional independence in later life in the future. Perhaps a compelling reason to pay more attention now to the functional dimension of aging, is because of the multi-dimensional nature (the global, developed world, and developing world dimensions) of the non-Western environment and how individual developmental trajectories could be influenced by interactions with the various dimensions (Eyetsemitan, 2002). Thus, individuals who mostly interact with the Developed world dimension would benefit more from studies on functional independence than from studies on social support.

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Questions for Discussion

1. How is successful aging defined in Western and non-Western cultures?
2. Why is it important for non-Western societies to shift attention in their definition of successful aging?
3. Why is it that only one model of successful aging does not fit everyone in non-Western societies?
4. Why is it difficult for governments of non-Western countries to implement pensions and old age programs?
5. How can an interdependent way of life in non-Western societies have both positive and negative outcomes for the elderly?