

STRESS, COPING, AND WELL-BEING IN ANGLO AND CHINESE ELDERLY

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ABSTRACT

Stress, perceived well-being, and coping behaviours were studied comparing a sample of aging Chinese immigrants with Anglos. The Chinese sample found growing old a more stressful experience, reported lower psychological well-being, depended more heavily on external and palliative coping strategies, and felt less effective in coping as compared to the Anglo counterparts. The finding supported the double jeopardy hypothesis of ethnic minority aging.

The relevance of ethnicity to the aging process has received increasing attention in recent years (Jackson, 1980; Hendricks & Hendricks, 1981; McNeely & Cohen, 1983). Ethnicity is generally defined as a collectivity, within a larger society, having a common ancestry, the same geographical origin, and a shared culture (see Shermerhorn, 1970). The present paper focuses on the cultural aspects of ethnicity which typically include kinship patterns, language, customs, norms, values and behaviours acquired through socialization. To the extent that aging is a social process, cultural distinctives must be taken into account in studying ethnic minority aging (Holzberg, 1981; McPherson, 1983).

Ethnic minority aging remains one of the most underdeveloped areas in social gerontology, in spite of the recognition that the aged are not a homogeneous group (Manuel, 1982; Markides, 1983). Most of the research in this area has focused on Blacks and Hispanics, the two largest ethnic minority groups in the United States of America. In Canada, data on minority aging are very scarce and fragmented (Marshall, 1980; Ujimoto, 1983). The present study is an attempt to fill this gap by comparing the coping behaviours of aging Chinese Cana-

dians with Anglos.

Ethnicity is particularly relevant to the study of stress and coping in the minority elderly. According to the double or triple jeopardy hypothesis (Cantor, 1979; Dowd & Bengston, 1978; Havens & Chappell, 1983), ethnic minority status may be an additional source of disadvantage. The minority elderly may not only experience more stresses, such as discrimination and lower economic status, than members of the majority group, but they may also have inadequate or inappropriate psychological resources for coping with these stresses (Antunes, Gordon, Gaitz, & Scott, 1974; Markides, 1983; Moritsugu & Sue, 1980). An alternative view, proposed by Holzberg (1981), argues that ethnic culture may be advantageous to the ethnic group because ethnicity may function as a buffer in reducing stress related to identity loss that often occurs in old age.

Apart from ethnic differences in sources and amounts of stress, culture may also affect the selection of coping strategies. For example, Strong (1984) reports that American Indians rely more on passive forbearance than Caucasians in coping with stress. Given the well-known cultural differences between East and West, one can also predict that Chinese and Anglos use different coping strategies. Western culture emphasizes independence and individuality, whereas Eastern culture emphasizes social interrelatedness, and the importance of dependence on the group for support and guidance (Doi,

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1981; Neki, 1976; Solomon, 1971; Tung, 1984).

The Confucian concept of filial piety is central to the Chinese culture. "The Confucian life pattern thus is cyclical, for within the interdependence of the family, the son reciprocates the nurturance he receives in the childhood dependency by nurturing his parents in the dependency of their old age. In childhood one depends on one's parents, and in old age, on one's children; thus, for the filial individual, life comes full circle." (Solomon, 1971, p. 37). An individual's social orientation in the traditional Chinese culture is one of dependency. Thus, it is predicted that, relative to the Anglos, the Chinese elderly are more likely to depend on family members and others (i.e., external strategies), but less likely to depend on self-efforts (i.e., internal strategies) in coping with stress.

The study of ethnic minority aging within a comparative framework has much to commend itself. One advantage of this approach is that it permits the discovery of both cultural distinctives as well as general principles that transcend cultures. Therefore, we employ a comparative approach in studying the aging Asian Canadians.

In Ontario, Anglos represent the dominant culture (Gerber, 1983). As well, they offer a more meaningful point of comparison than the heterogeneous Caucasian family (Rosenthal, 1983). On these two accounts, our first study of the Chinese elderly is to compare them with Anglos.

We have chosen to study aging Chinese immigrants in Canada, not only because they represent a culture that is vastly different from the dominant Western culture, but also because Chinese is one of the major visible minority groups in North America (Jackson, 1980).

History has shown the remarkable continuity of Chinese culture over time (Fairbank, Reischauer, & Craig, 1965). Even in Hong Kong where Western influence is strong, the traditional Chinese culture is still maintained (Jarvie & Agassi, 1969). There is

sufficient evidence that aging Chinese immigrants in North America still adhere to traditional Chinese values (Chan, 1983; Cheng, 1978; Kalish & Moriwaki, 1973).

The literature on the aging Chinese immigrants in North America is extremely sparse. In a study of the newly arrived elderly Chinese immigrants, Wu (1975) listed language barrier, lack of transportation, and reduction of social status in the family as among the problems encountered by these immigrants. Wu found that they adjusted unexpectedly well, largely due to the Chinese culture value of endurance and belief in God. Cheng (1978) described the culture and lifestyle of the Chinese elderly in San Diego County, and reported that the majority of the respondents were satisfied with their immediate neighbourhood and their personal health. Chan (1983) interviewed a sample of 26 elderly Chinese women in Montreal to study their coping behaviour. She found that intergenerational conflicts in value of lifestyle and a sense of isolation were some of the problems experienced. She also reported that traditional values of hard work and devotion to duties seemed to facilitate adjustment to old age.

In the present study, we are interested in studying the coping behaviour of elderly Chinese and Anglos in three categories of coping: internal, external and palliative. Internal strategies are one's own instrumental efforts. External strategies include various forms of dependence on others to reduce stress. Palliative strategies are ways of coping that make one feel better without solving the problem. Folkman & Lazarus (1980) differentiate between problem-focused and emotional-focused (palliative) coping in their checklist of coping strategies. Their problem-focused ways of coping are primarily internal strategies. Wong & Sproule (1984) have presented some evidence that as people grow older, external strategies become increasingly desirable as a way of coping with various stressful events. Hence, we adopt a trichotomous classification of

coping strategies. Since the use of external and palliative strategies is consistent with the traditional Chinese values of dependence and endurance, Chinese elderly should rely on these two types of strategies more than Anglos. We also predict that Anglos rely on internal strategies more than Chinese.

Method

Subjects

The subjects were 40 Chinese and 40 Anglos living in community settings. These were recruited through canvassing and social networks. Both groups had the same sex composition (15 males and 25 females) and had the same mean age (68.25). All the Chinese subjects were first generation immigrants from China and Hong Kong, who had been in Canada for at least five years. Anglos were Caucasians of British descent who were either born in Canada or had resided in Canada most of their lives.

Of the Chinese group, 19 were married, 21 widowed; of the Anglo sample, 20 were married, 19 widowed, and 1 single. The average income of the Anglos was 8,000-10,000. The Chinese were reluctant to disclose their income. However, based on observation of their living conditions and neighbourhood, both groups were of comparable socio-economic status. With respect to employment status, the two samples were similar in that two in each group were still employed, 30 Anglos and 22 Chinese were retired, and the remaining were housewives without any working experience.

Instruments

The Perceived Well-Being (PWB) Scale measures subjective psychological and physical well-being and is applicable to the elderly. It has high internal consistency and stability, and good concurrent validity (Reker & Wong, 1984).

The Coping Inventory (CI), which was in its early stage of development at the time of administration, consisted of 14 coping strategies. The Inventory was based on our field

research with the elderly and was guided by our trichotomous classification of coping behaviour. The three types of strategies are shown in Table 1. The CI has high internal consistency of classification in that all items were correctly placed in the three categories more than 70% of the time by a different sample of subjects; it also has good construct validity in that, consistent with prediction, internal strategies were used most to cope with problems under one's control, external strategies were used most to cope with problems controllable by others, whereas palliative strategies were employed most to cope with problems uncontrollable by anyone (Wong & Reker, 1984).

The CI also identifies a number of stress areas commonly encountered by the elderly (e.g., family, health, finance). Each stress area is represented by a number of significant life event changes and daily hassles. For example, the family area includes in-law problems, loss of a spouse, worry about own children's problems. Subjects were asked to indicate which of the specific stressful events they were currently experiencing, and how they coped with each of these events.

Both the PWB and the CI were translated into Chinese by the senior author and checked for accuracy by five other Chinese who had a good command of both Chinese and English. These scales were also field tested with several Chinese elderly to ensure that the instructions and the questions were clearly understood by them.

Procedure

An experienced bilingual experimenter interviewed all subjects individually in their own language. The order of presentation of the two scales was counterbalanced. To administer the PWB Scale, the experimenter read each item to the subject and waited for him/her to indicate on a 7-point Likert scale the extent of agreement with the statements.

To complete the CI, respondents were first asked one general question about how they coped with the problem of aging. It was

TABLE 1

Classification of coping strategies

I. Internal Strategies

1. Try various ways to solve the problem yourself
2. Try to find out the cause of the problem
3. Seek out more information
4. Talk to the person involved in the problem

II. External Strategies

5. Try to get outside help (family members, friends, etc.)
6. Try to get help from experts (doctor, clergy, etc.)
7. Try to get help from God

III. Palliative Strategies

8. Try to live with the problem
9. Talk about the problem to relieve tension
10. Try to ignore or forget some of the problems by treating it as unimportant
11. Try to forget the problem by daydreaming
12. Try to forget the problem by thinking about the past
13. Try to avoid or run away from the problem
14. Engage in meaningful activities (e.g. watching grandchildren grow)

clearly pointed out to them that by the problem of aging we meant "any stress or difficulty of adjustment that is associated with growing older". The respondents were asked to rate on a 4-point scale the seriousness of the problem of aging (0 = not serious at all, 1 = a little bit serious, 2 = quite serious, 3 = very serious). This rating was designed to measure the extent to which growing old was experienced as being stressful. Following the seriousness rating, the subjects were shown a list of coping strategies, randomly arranged, and asked to specify which of these strategies they used to cope with the difficulty or stress related to getting old; they were also encouraged to report other ways of coping not shown on the list. Having identified the coping strategies, the respondents were asked to indicate on a 4-point scale how effective or successful they were in coping with the stress or difficulty associated with aging (0 = not effective at all, 1 = a little bit effective, 2 = quite effective, 3 = very effective).

In the second part of the CI, subjects were shown a list of specific stressful events, and asked, "Which of these stressful events or problems are you currently experiencing? Are there any other stressful events or problems which you face but do not appear on the list?" Once the specific problems were identified, subjects were asked to rate the seriousness of each problem, to identify coping strategies used for each problem, and to rate the overall effectiveness in coping with each problem.

Results and Discussion

Since we were primarily interested in how Anglos and Chinese differ in coping with a common set of stressful events, we included only problems that were experienced by at least 10% of the respondents from each group. As a result, all data analysis were based on the general problem of aging and the following nine specific stressful events: (1) in-law problems, (2) loss of a spouse, (3) worry about my children's problems, (4)

feeling weak or tired, (5) eye trouble, (6) arthritis or rheumatism, (7) various health problems, (8) inadequate income, and (9) don't have the opportunity to do what I want.

Mean number of problems and mean seriousness of problems are shown in Table 2. It is clear that Chinese did not report having more problems, but they perceived their problems, especially the general problem of aging, as more serious than Anglos. According to the double jeopardy hypothesis, the normal biological constraints of aging are compounded by acculturational stress and the disadvantages of being a minority group. Well documented disadvantages experienced by Asian Americans include the lack of adequate access to public service due to a language barrier, lack of information, and fear of racial discrimination (Bell, Kasschau, & Zellman, 1976; Fujii, 1976; Sue & Morishima, 1982).

Aging Chinese immigrants may also have the disadvantage of experiencing more intergenerational conflicts and greater disappointments in their children. Although they did not verbalize such problems to the experimenter, there is sufficient indirect evidence to support the intergenerational conflict hypothesis. Firstly, 13 of the Chinese sample lived with their children or in-laws, whereas none of the Anglos did. Living together tends to exacerbate intergenerational conflicts. Secondly, there is documentation that caring for the elderly by the offspring of immigrants is diminishing in Western industrialized society (Bond & Wang, 1982; Culbertson & Margaona, 1982; Ikels, 1983). Thirdly, there is also evidence that high expectancy of filial responsibility leads to disappointments and low morale in the elderly (Seelback & Sauer, 1977). Finally, the problem of intergenerational conflict in cultural values and the growing discrepancy between expectancy of filial piety and the actual practice have been shown to be a major source of stress for the elderly Chinese immigrants (Chan, 1983; Kalish & Yuen, 1971).

Additional support for the double jeopardy hypothesis comes from the well-being data. Table 2 shows that Chinese reported a lower level of well-being than Anglos. Given that the mean seriousness ratings of all sources of stress and perceived well-being are significantly correlated ($r = -.51, p < .001$) their lower well-being may be due to the higher level of stress they experienced.

Number of strategies within each coping category was tabulated for each subject and averaged over all problems. Consistent with our predictions, Table 2 shows that Chinese elderly relied more on external and palliative strategies. Strategy by strategy comparison reveals that the greatest differences between the two groups are in three strategies: "getting outside help", "forgetting the problem by thinking about the past", and "avoid or run away from the problem". Percents of Chinese and Anglos employing these three strategies are: 57.5% vs 20%, 37% vs 10%, 32.5% vs 2.5%, respectively. By questioning the respondents during the interview, we were able to ascertain that the source of outside help for the Chinese primarily consists of family members and relatives. Their greater dependence on reminiscence as a form of palliative coping is also of interest. It seems reasonable to speculate that one is more likely to seek refuge in the past when one is uprooted and transplanted to a foreign culture.

Ethnic difference in the use of internal strategies was in the predicted direction, but not statistically significant. Closer scrutiny revealed that the internal strategy of "try various ways to solve the problems yourself" was used more often by Chinese only in coping with health problems; in other areas of stress, Chinese relied on internal strategies less than Anglos. There are two explanations for the preference for internal strategies by Chinese elderly in dealing with health problems.

The first hypothesis is that health service is less accessible to the Chinese elderly (Bell, Kasschau, & Zellman, 1976; Fujii, 1976;

TABLE 2

Means (standard deviations) and *F* Ratios for Anglos and Chinese Elderly

	Anglos	Chinese	<i>F</i>
Number of problems	3.30 (1.57)	3.27 (1.43)	NS
Seriousness of the problem of aging	0.08 (0.35)	1.38 (1.25)	40.97***
Seriousness of specific problems	1.46 (0.72)	1.68 (0.60)	NS
Seriousness of combined problems	0.91 (0.54)	1.48 (0.78)	14.43***
Perceived Well-Being (PWB)			
Psychological	36.45 (3.46)	29.45 (6.68)	34.85***
Physical	38.02 (8.35)	38.98 (7.16)	NS
Composite	74.48 (10.83)	68.43 (10.62)	6.29**
Number of strategies within each category			
Internal	1.38 (0.74)	1.27 (0.68)	NS
External	1.63 (0.74)	1.98 (0.77)	4.55*
Palliative	1.80 (0.99)	2.77 (1.25)	14.65***
Number of strategies from all categories	4.80 (1.90)	6.02 (2.01)	7.88**
Efficacy of coping	2.61 (0.44)	2.20 (0.56)	13.58***

*** $p < .001$ ** $p < .01$ * $p < .05$

Sue & Morishima, 1982). The Canadian Government report on Aging (Begin, 1982, p. 87) recognizes that "a person's cultural background may be an impediment in achieving needed health services, particularly in unfamiliar cultural surroundings". The remedy for this cultural obstacle, according to Holzberg (1981), is that health systems should not be designed solely for the dominant group, and that ethnic differences in psychosocial adjustment processes, life styles, and social support systems of the elderly should be taken into account.

An alternative hypothesis is that Chinese have a long tradition of depending on home-made concoctions of medical herbs and other ingredients as remedies for various illnesses. Many older Chinese consider themselves as depositaries of some ancient Chinese secrets in the art of healing to be passed on to the next generation. Self-reliance in health matters is also made easy for the Chinese by different kinds of readily available "panaceas", such as "White Flower Medicine Oil" and "Tiger Balm".

Another interesting finding is that although the Chinese sample employed more coping

strategies, they felt less effective in coping than Anglos. This finding suggests that Chinese elderly not only experience more stress, but possess less adequate coping resources (Moritsugu & Sue, 1980). It is plausible that they find the use of external and palliative coping strategies less effective in a dominant culture that values instrumental control and independence (Tung, 1984; Wong & Sproule, 1984) than in their home country where such strategies are widely used and respected.

We have shown that relative to Anglos, aging Chinese Canadians found growing old a more stressful experience, reported lower psychological well-being, depended more on external and palliative coping strategies, and felt less effective in coping. Systematic research is needed to identify the sources of stress that are unique to Chinese elderly. It is also important to determine whether the use of culturally inappropriate coping strategies makes adjustment to aging more difficult for Chinese immigrants. Finally, we need to investigate how to reduce stress that is associated with ethnic minority status of the elderly.

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RÉSUMÉ

Une population d'immigrés chinois âgés et une population d'origine anglo-saxonne ont fait l'objet d'une étude comparative concernant le stress, la perception du bien-être, et les comportements d'accommodation. Le vieillissement se présente comme plus difficile à supporter, le sentiment de satisfaction psychologique est moins élevé, la dépendance à l'égard des mesures palliatives externes est plus marquée, et le sentiment d'efficacité personnelle est moins grand chez les chinois que chez les anglo-saxons. Ces résultats appuient l'hypothèse selon laquelle le vieillissement est plus difficile à vivre chez les groupes minoritaires.