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## **PERCEIVED CHANGE IN QUALITY OF LIFE AMONG CHINESE CANADIAN SENIORS: THE ROLE OF INVOLVEMENT IN CHINESE CULTURE**

**ABSTRACT.** Although much gerontological literature is focused on subjective well-being, quality of life, and life satisfaction, we know little about this concept in old age among sub-cultural groups. This paper presents empirical data on subjective well-being among Chinese seniors (age 55 and over) living in seven cities in Canada. It asks whether and to what extent traditional Chinese culture, a culture in which seniors have been historically valued as wise and contributing members to be respected, is related to their evaluation of whether or not life has improved in old age. Among a random sample of 2272 Chinese seniors, some but not all aspects of traditional Chinese culture were related to their valuation of old age. In particular, involvement in that traditional culture, return visits to the homeland, immigration due to family reunion, and ancestor worship were significant predictors but differentially depending on whether the overall scale or specific domains within that overall scale was the dependent variable. The fact that differential aspects of traditional culture contribute to a positive experience of aging suggests we must be careful in generalizing to “traditional” culture. Importantly, ethnocentric beliefs regarding Chinese culture were not related to any domain of quality of life.

**KEY WORDS:** Chinese Canadians, life satisfaction, positive aging, seniors, traditional culture.

### **INTRODUCTION**

Much gerontological literature has given attention to the concept of subjective well-being and, despite its multidimensionality (including for example, life satisfaction, positive affect, happiness, personal growth, autonomy, morale (Kunzmann et al., 2000; Wolinsky et al., 1985), has focused largely on the cognitive component of life satisfaction and its many domains (including but not exclusive to: family, social relationships, finances, leisure, spirituality, and health). Westerhof (2001) note that, when used as a measure of successful aging, two-thirds of the studies in a meta-analysis on the correlates of subjective well-being in old age

chose life satisfaction (Pinquart and Sorensen, 2000). Most of the gerontological research has focused on correlates or predictors, which are now well established: health, socio-economic status (SES), and social support (Herzog and Rodgers, 1981; Krause et al., 1998; Pinquart and Sorensen, 2000).

Despite the popularity of the concept in gerontological research, especially during the 1980s, surprisingly little research on subjective well-being and life satisfaction focuses on sub-cultural groups of seniors such as the Chinese. Not surprisingly, given this lack of attention to subcultural groups, there is even less research directed towards an understanding of how involvement in their traditional homeland culture, while living in another host society, is related to their life satisfaction, if at all. Relatedly, are the usual predictors of life satisfaction (health, SES, social support) still important when taking their involvement in traditional culture into account? These questions are addressed in this paper, among a random sample of 2272 Chinese seniors living in seven cities across Canada, in which they were asked about whether life in old age is improved or worse than when they were younger – a wording adopted on the advice of representatives of the Chinese community, to ensure greater cultural appropriateness.

Traditional Chinese culture is of particular interest when studying old age because of its contrast with western culture, in particular with North American Canadian culture, the host society where the Chinese seniors in this study live. Traditional Chinese culture does not view old age as negative but rather one where historically seniors are valued as wise and contributing members of society, who deserve and are to be provided with care and respect. Given the more positive view of aging within traditional Chinese culture and the fact that seniors have choice (within limits) as to whether or not they participate, it is expected that greater involvement will be related to more positive quality of life.

## **REVIEW OF THE LITERATURE**

While there is almost no literature on perceptions of change in quality of life when one is older, there is research on differences among the young and old, and research on actual changes in

perceptions as one ages which includes longitudinal data. Looking first at the longitudinal research, Johnson and Barer (1997) reported over a six-year period actual improvement in subjective well-being among those age 85 and over despite declines in health. However, Kunzmann et al. (2000) report that in relation to affect, only some dimensions remain stable while others decline, and that age per se is not a cause of decline in subjective well-being but health constraints are. Wolinsky et al. (1985) also find change in subjective well-being, in this case, measured as morale over time with regression to the mean. SES is a significant predictor of change in subjective well-being whereas social support and health were predictive of subjective well-being at time one.

Others have examined the role of particular factors in a change over time in subjective well-being. For example, Krause et al. (1998) reports that expansion in family roles is related to a reduction in depressive symptoms; Atchley (1998) reports that disengagement from activity is related to reduced morale. McAuley et al. (2000) report that improvements in social relations buffer declines in satisfaction with life while Bowling (1996) report that life satisfaction at time one is the greatest predictor at follow-up.

Cross-sectional studies comparing young and old imply change. Some studies suggest that younger individuals express higher life satisfaction. For example, Sijuwade (2003) studying older adults in Nigeria report that those less than 70 report a better evaluation of their well-being and Steverink et al. (2001) studying mid-life and older adults in Germany also report those younger with higher life satisfaction. Among the German elderly, Smith and Baltes (1993) also report a negative correlation with age although they note large individual differences within each age group. Among the elderly in China, Qiao and Suchindran (2002) however, note no significant effect on perceived happiness by age. Also analyzing data on middle aged and elderly Germans, Westerhof (2001) find older respondents are more likely to refer to global life evaluations and younger respondents on specific domains.

But asking seniors about whether their quality of life has changed since they have become older is different from measuring actual change in their perceptions either over time or through

implication by comparing younger and older individuals. Asking individuals about change in the study reported here derived from an effort to measure life satisfaction in a less culturally biased manner. Subjective well-being is typically referred to as: a person's evaluative reactions to his or her life – either in terms of life satisfaction (cognitive evaluations) or affect (ongoing emotional reactions) and as satisfaction with life as a whole (Diener and Diener, 1995; Argyle, et al., 1989). The research reported here was confronted with the question of whether established western measures are adequate for subcultural groups, especially those from Asian cultures, where the collective rather the individual is emphasized.

As noted by Lu et al. (2001), cross-cultural studies usually use measures developed in the west within western theoretical frameworks. They point out that the word “happiness” did not even appear within the Chinese language until recently and when it did “fu” or “fu-qi” is vague, referring to “anything positive and good in life”. Within Confucian philosophy, collective well-being is emphasized over individualism, the good of society over that of the individual. Chinese seniors display the culture-specific coping strategy of not complaining (about life or health even if miserable), thereby reinforcing the belief that Chinese seniors have few life or health problems (Lam, 1994). As noted in the methods section, after extensive consultation within the Chinese community in Canada, a new measure was devised borrowing heavily from existing western measures but asking individuals whether or not various domains of their life have improved or gotten worse after they turned age 55. Asking respondents about change was intended to give a more universal applicability to the items and to avoid the problem of a reluctance to indulge in “happiness”.

The study reported here is not longitudinal; it is not a change study. No studies were found that compared asking individuals at one point in time about how their quality of life has changed with simply asking them about their quality of life at that time. However, Staudinger et al. (2003) report that, among a large sample that ranged in age from 25 to 74, in later adulthood (age 55 to 74) both future and past subjective well-being were more strongly related to present subjective well-being than in young adulthood. Both are subjective, both are self-reports, at one point

in time. Given that interest here is directed toward the correlates of those who judge their life to be improved with those who consider it less improved or indeed, to have gotten worse, the study is in many senses a cross-sectional study of life satisfaction or the cognitive aspect of subjective well-being. We therefore turn attention to the predictors and in particular to the role of involvement in traditional Chinese culture as a predictor of better evaluation of life in old age among Chinese elderly.

In general terms, the same predictors of subjective well-being emerge whether studying seniors in China or in western countries, as has been true of whites in industrialized countries i.e., health, SES, social support, although the specific indicators of each vary from study to study. The measures of subjective well-being also vary considerably. For example, Chi (1995) reports that, in Hong Kong, those with adequate financial resources, with fewer chronic diseases, few psychosomatic complaints, and with more social support are less likely to be depressed. Also in Hong Kong, Ho et al. (1995) report that having more relatives, more education, more income, being satisfied with living arrangements and participating in religious activities are significantly correlated with life satisfaction. In Guangzhou, Li (1995) finds only income significantly related to subjective well-being in multivariate analyses. In Beijing, Meng and Xiang (1997) find that family environment and health influence well-being while Zhang et al. (1997) report these factors in addition to financial strain and unhealthy lifestyle as predictive of depression. Pei and Pillai (1999) report pensions, health care, size of family and living arrangements are significantly related to the perception of happiness among aged people in China ( $N = 20,083$ ).

The same three general factors also emerge in studies of Chinese seniors living in North America. Lai and MacDonald (1995) report that psychological health, sense of personal control and social support are strong predictors of life satisfaction among Chinese seniors living in Calgary, Canada. Among those living in British Columbia, Canada, Gee (1998) reports living arrangements, health status, and place of residence within the province to be significantly related to subjective well-being. Using the same data set but comparing those living in Victoria, Canada with those living in Suzhou, mainland China, Chappell and Lai (2001)

report that a variety of social support measures emerge as significant predictors of life satisfaction for Chinese seniors living in China but not economic status or health whereas all three are significant predictors for Chinese seniors living in Canada. Finally, Chappell et al. (2000), comparing Chinese seniors in Hong Kong, Shanghai and Vancouver, find health, SES and social support significant predictors of life satisfaction in all three cities. In the United States, Mui (1996) finds that perceived health, living with others and satisfaction with help from family members are all related to depression. Hao and Johnson (2000), studying immigrants and natives in the United States, report that economic and human capital factors are important for the emotional well-being of both groups. Religious participation and being part of a couple are more important for immigrants.

However, little research exists that helps us understand how involvement in traditional culture influences subjective well-being or perceived change in subjective well-being in later life among sub-cultural groups living within a host society and none could be found addressing this question among diasporic Chinese. The research on the value of acculturation in old age, is inconclusive. Several studies support the notion that integration in the host society is preferable. Miller and Chandler (2002) and Casado and Leung (2001) for example, report lower depression scores among immigrant women with greater English usage. The former studied Russian immigrants and the latter Chinese immigrants to the United States. Among Mexican Americans, Gonzalez et al. (2001) report that the least acculturated are much more likely to be at high-risk of depression. Among elderly Chinese Americans, Lam et al. (1997) report those less acculturated and those with a less command of the English language more likely to suffer depressive symptoms and Lee et al. (1996) among Korean immigrants to the U.S. age 50 and over who retain their ethnic identity, assess their lives lower.

However, others report that greater integration within the ethnic community has major benefits for seniors. For example, among Somali men in the United Kingdom, Silveira and Alleback (2001) find that reliance on Somali peers and religious practices both buffer against depression. The importance of religious participation, particularly among immigrants, is sup-

ported by Hao and Johnson (2000). Among elderly Hispanics, Angel and Angel (1992) argue that they benefit from residents in ethnic enclaves which largely duplicate their culture of origin. Similarly, Remennick (2003) report that Russian immigrants do not view their poor knowledge of the native language as an obstacle to integration largely because their worlds revolve primarily within the immigrant community. Among older Korean immigrants, Kim (1999) finds that those with stronger ethnic attachment have lower levels of loneliness and are more satisfied with their supports. Among older Chinese people in Australia, Tsang et al. (2004) report that a good quality of life is correlated with strong ties with the ethnic community. There are, in addition, studies that find no relationship between acculturation and a measure of subjective well-being such as Lee et al. (1996) among Korean Americans and Tran et al. (1996) among Hispanic immigrants.

Yet, one might expect involvement in traditional Chinese culture, to effect quality of life. In the West, age does not automatically confer prestige with positive consequences for self-esteem. To the contrary, negative ageist stereotypes are prevalent in youth-oriented North American work culture; age is problematized and denied. Although traditional Chinese culture is not homogeneous and Confucianism, Taoism, and Buddhism are all important in orthodox Chinese culture, it can nevertheless be characterized as collectivist and valuing seniors. Filial piety and familism teach respect and care for seniors (Hsin and Macer, 2003). As Aranda (2002) puts it, among the Chinese, family caregiving is a duty, obligation, responsibility, and cultural virtue. This same author reports that, in the United States, centuries old filial responsibility survives today among the Chinese.

Involvement in traditional Chinese culture among overseas individuals can be seen as an indicator of adherence to such values, among a group of individuals exposed to two vastly different value systems (Stewart, 2000), one of which (mainstream white society) restricted and excluded their involvement initially legally as well as socially (Kinoshita-Bashforth, 2002). Chen (1997) characterizes this environment for North American Chinese as one of democracy, capitalism and individualism on the one hand and anti-Chinese prejudice and discrimination on

the other. Through their experiences, Chen (1997) and Van Ziegert (2002) argue, they have fundamentally reshaped Chinese culture, hybridizing Chinese and Western cultures, creating new transnational identities, consisting of a blending of the two. The continuing influence of traditional culture is evident in the involvement of the Chinese in traditional festivals that Chan (2001) maintains sustain and demand cultural negotiation. Similarly, Lin (2000) posits that ethnic festivals are sites for inquiring into one's past and creating cultural identity. Further evidence of cultural maintenance is reported by Newan and Ludman (1984) whose Chinese Americans in New York were by and large able to obtain special foods and maintain culturally congruent diets.

Not only do older overseas Chinese adhere more to traditional values (than their children) but the high proportion who do not speak or understand English suggest major barriers to involvement in the host society. Fully 43.2% in Chappell and Lai's (1998) British Columbia sample speak no English and only 21.3% say their English-speaking ability is good. In the study reported here, only 3.0% chose to be interviewed in English. This is not a uniquely Canadian characteristic; Cheng et al. (1978) report a major problem for Chinese seniors in the San Diego area in their inability to speak English.

The task of the present paper is an assessment of whether and how involvement in traditional Chinese culture is related to Chinese Canadian seniors' views of life as improved or worsened in old age, while taking into account predictors of subjective well-being reported in other studies that have not examined this involvement. In addition to health, SES and social support discussed earlier, socio-demographic factors are also important to take into account. For example, among Canadian Chinese seniors living in British Columbia, Gee (2000) reports the importance of age, (as well as health status and social support) for their quality of life. Lu et al. (2001) argue the importance of gender is an unresolved issue, with many single-culture studies reporting that women sometimes have a slightly higher level of happiness than men. Using multivariate analyses, this paper examines the role of involvement in traditional culture while recognizing that Chinese seniors' lives are multifaceted.



### DATA AND METHODOLOGY

Data come from a randomly selected sample of Chinese seniors living in seven Canadian cities: Victoria, Vancouver, Edmonton, Calgary, Winnipeg, Toronto and Montreal. The data were collected in 2001 and 2002.  $N = 2272$ . All data were collected in the dialect of choice of the respondent and through face to face interviews using a standardized interview schedule. The majority of interviews were conducted in Cantonese (82.5%) with some in Mandarin (9.5%) and fewer still in Toishanese (4.4%), English (3.0%), and other (0.6%). Chinese Canadian seniors refer to those aged 55 and older and self-identified as Chinese.

Telephone directories of Chinese residents were used in order to draw random samples. Using this source to identify individuals is a well established method (Rosenwaike, 1994; Tjam, 2001). According to the 1996 census, the seven cities included accounted for 88.9% of all ethnic Chinese individuals in Canada. Telephone screening then ensured that these individuals self-identified as Chinese and were of appropriate age. For households with more than one eligible participant, one was randomly selected through a throw of the dice. The response rate was 77%. The sample was compared with 1996 census information on Chinese older adults aged 55 and older in Canada; 69.8 years was the mean age of study participants and 66.2 years for the Canadian population; 55.8% of study participants were women whereas 53.3% of Chinese older Canadians are women. The questionnaire was constructed in Chinese then translated into English using standard forward backward translation processes to ensure consistency between the two versions.

The dependent variable, is perceived change in subjective well-being or life satisfaction. Given the concern of cultural bias in existing measures, noted earlier, and after extensive consultation with experts within the Chinese community in Canada, a new measure was devised, borrowing heavily from existing western measures such as Andrews and Withey's (1976) Terrible-Delightful scale. The question asked individuals "Have the following aspects of your life improved or gotten worse after you turned 55?": self-care, spirit, range of activity, leisure, physical health, emotions, family relationships, social relationships,

community participation, sex life, attitude to life, attitude to death, religion/spirituality, self-image/self-esteem, financial conditions, independence (much worse, worse, no difference, better, much better). Items were summed and divided by the number answered. Cronbach's  $\alpha = 0.88$ .

There were several socio-demographic variables. Gender was measured as male or female; age was left continuous. Adequacy of income was measured with the question "Does your income currently satisfy your needs?", had four categories (very well, adequately, not very well, very inadequate) and was log transformed because of skewness within the data. Occupation was ordinal with the following categories: professional, management, financial, real estate, accountant; trades, technician; clerk, sales, cook, food; not working for pay including housewife.

Several variables referred to their immigration experience. One question asked the number of years they had been living in Canada; this variable was log transformed because of skewness. In addition, they were asked for their immigration category, coded as whether or not they immigrated in terms of family reunion or other because of the high proportion (68%) of those who fell into the family reunion category. They were asked whether or not they would like to return to their home country (yes, no). And they were asked whether or not they speak Toishan at home (yes, no), Mandarin at home (yes, no), speak English at home (yes, no). Religious affiliation was recorded (protestant, catholic, buddist, ancestor worship).

A health variable labeled "energy" asked individuals questions about how they feel and about how things have been with them during the past four weeks. For each question they were asked to provide the answer (all of the time, most of the time, a bit of the time, some of the time, a little of the time, none of the time) that came closest to the way they have been feeling: did you feel full of pep; have you been a very nervous person; have you felt so down in the dumps nothing could cheer you up; have you felt peaceful; did you have a lot of energy; have you felt downhearted and blue; did you feel worn out; have you been a happy person; did you feel tired. Items were summed and divided by those answered; a higher number referred to less energy. Cronbach's  $\alpha = 0.83$ .

Other health variables included: perceptions of health (In general, would you say your health is excellent, very good, good, fair, poor); chronic conditions (Do you have any of the following illnesses, summed: allergy; problems with joints, back, arthritis, etc.; heart disease/troubles; high blood pressure; high cholesterol; anemia or other blood diseases; problems due to stroke; cancer, mental health problems; emotional problems; Alzheimer or dementia; problems with the urinary tract including kidney and bladder troubles, but not incontinence; troubles with stomach or digestive system; dental problems; diabetes; gout; respiratory diseases; Parkinsons's disease; foot or ankle trouble; skin problems; ear trouble; eye trouble not relieved by glasses; sexual health problems; other. Functional disability was measured by asking whether the individual needed help with a variety of activities of daily living, bathing/showering; grooming; eating, feeding; using the toilet; light household chores such as doing dishes; heavy household chores such as cleaning windows; house maintenance and yard work; transportation; shopping; meals preparation; personal business affairs such as paying bills; using the phone.

The main independent variable of interest refers to traditional Chinese culture. There were several indicators. (1) A variety of ways of capturing living arrangements was examined including size of household, whether or not they lived with spouse and others and who the others were, whether or not they lived with their children and if so, which children etc. (2) They were asked whether or not using Chinese medicine could be better than western medicine (yes, no). (3) They were asked how important "saving face" is to them (totally not important, not important, important, very important). (4) In addition, a Chinese community involvement scale was constructed with 5 items from a principle components factor analysis (variance rotation with Kaiser normalization; explaining 74% of the variation;  $\alpha = 0.74$ ): participate in celebrations/social functions, frequent senior centers, talk to friends, attend Chinese social functions organized by the Chinese community, maintain close ties to the Chinese community in Canada. (5) Two questions were combined: because the question asking whether they visit their place of origin and whether they visit Asia were so highly correlated ( $r = 0.82$ ), they were

combined into one variable (visit both, visit 1, visit neither). (6) Similarly, listening to Chinese radio or TV and reading Chinese newspapers were combined into one variable (do all, do some, do none).

Another scale measured Chinese values. (7) It consisted of 11 items asking individuals how much they agree or disagree with the following ideas (strongly disagree, disagree, neither disagree nor agree, agree, strongly agree): it should be better for my offspring to be married with Chinese people; Chinese children should maintain their Chinese language(s) (either speak, write or read); it should be the responsibility of adult children to take care of aging parents; even for adult children, parents' decisions should still be followed; taking care of childrens' daily routines should be the women's major responsibility at home; men are better than women to be the head of the family; a Chinese person should show more appreciation to Chinese food than to Western food; I am a very "Chinese" person; as a Chinese person, one should vote for Chinese political candidates; as a Chinese person, one should care about issues happening in the Chinese community; as a Chinese person, one should donate to Chinese charities. These items were summed and divided by the number answered. The higher the score the stronger the Chinese values. Cronbach's  $\alpha = 0.82$ .

Multiple regression analyses were run. This technique was chosen because the data met the assumptions (of linearity, collinearity, and homoscedasticity) and allowed the analysis of predictors while controlling for all other predictors. Select domains constituting the dependent variable, specifically the domains of family relationships, social relationships, community participation, attitude toward life, and religion/spirituality were also run as dependent variables in separate regressions.

## RESULTS

As shown in Table I, the median age in this sample is 69.76. Over half (55.8%) of the sample is female with two-thirds (66.2%) married. Most (71.3%) immigrated due to family reunion. The mean number of years living in Canada is 18.7. Few

TABLE I

Variables		SD or range
DV – life better since 55	$\bar{X} = 2.79$	$\pm 0.39$
Gender	f – 55.8%	
Age	$\bar{X} = 69.76$	55 – 101
Income adequacy	v. well/adequately – 71.6%	
Occupation	clerk/sales/cook – 47.1%	
Years in Canada	$\bar{X} = 18.74$	< 1 – 89
Type of immigration	family reunion – 71.3%	
Homeland visits	sometimes/frequently – 46.67%	
Speak Toishan at home	yes – 14.7%	
Speak Mandarin at home	yes – 14.6%	
Speak English at home	yes – 9.2%	
Ancestor worship	yes – 14.0%	
Marital status	married – 66.2% widowed – 28.4%	
Live alone	yes – 14.2%	
Live with son	yes – 41.2%	
Live with daughter	yes – 31.7%	
Live with grandchildren	yes – 25.8%	
Chinese medicine better	yes – 39.0%	
Saving face important	not – 47.3%	
Chinese involvement	$\bar{X} = 4.82$	$\pm 2.57$
Chinese values	$\bar{X} = 3.71$	$\pm 0.57$
Chinese beliefs	$\bar{X} = 2.42$	$\pm 0.37$
Perceived health/energy	frail/poor – 32.8%	
Chronic conditions	$\bar{X} = 3.30$	$\pm 2.46$
Functional disability	$\bar{X} = 1.63$	$\pm 0.58$
Energy	$\bar{X} = 2.85$	$\pm 0.63$

live alone – 14.2%. Only a quarter understand English well (23.1%) and most speak Cantonese at home (78.3%).

As shown in Table II, when controlling for other factors both demographic and health variables are significantly related to viewing life better since age 55. Those with higher perceived financial adequacy as well as those of younger age are more likely to think life has improved since age 55. Health is also related. Those with less functional disability i.e., with better functioning are also more likely to view life as improving since age 55. Another health variable, those with more energy, view life as better.

TABLE II  
Multiple regression analyses

Life better since 55? IV	$\beta$	$t$
More functional ability	0.20	-7.80***
Visit homeland	0.07	2.95*
More Chinese involvement	0.13	5.21***
Higher perceived financial adequacy	0.19	-7.92***
Family reunion immigration	0.08	-3.15*
More energy	0.16	6.38***
Younger age	-0.19	-7.28***
F = 19.59; df = 19 and 1446; $p < 0.000$ , $R^2 = 0.21$		

\*  $p < 0.01$ .

\*\*  $p < 0.001$ .

\*\*\*  $p < 0.000$ .

Only statistically significant variables entered.

All of these variables, both demographic and health, are in the directions that one would predict.

Of interest here, three cultural variables are significant. Chinese involvement is related at the 0.000 level with those more involved viewing life better since age 55. Involvement here refers to actually attending functions, seeing friends, i.e., being involved. In other words, those who involve themselves more in traditional Chinese culture view life as better. In addition, those who visit their homeland have greater satisfaction in later life than those who do not and those who immigrated for family reunion view life as better than those who immigrated for other reasons. Both visiting the homeland and reasons for immigration are significant at the 0.01 level. Interestingly, Chinese values, in this case referring to a rather ethnocentric view that Chinese should marry their own people and that Chinese children should obey their parents etc. is not related. In other words, being involved in cultural practices is related but holding ethnocentric, and one might claim prejudicial, beliefs is not related to having a better life in old age.

Table III shows multiple regression analyses for selected domains that may have improved, worsened, or remained the same since age 55. Five domains are presented: family relationships, social relationships, community participation, attitude toward life, religion/spirituality. In all cases, little variance is explained and

TABLE III

IV	$\beta$	t
<i>(A) Family relationships</i>		
Visit homeland	0.10	3.77***
Chinese media	0.08	2.80*
Perceived financial adequacy	0.12	4.41***
Family reunion immigration	0.12	4.18**
Ancestor worship	0.09	3.37**
More energy	0.10	3.46**
$F = 5.38$ ; $df = 19$ and $1446$ ; $p < 0.000$ ; $R^2 = 0.07$		
<i>(B) Social relationships</i>		
More functional ability	0.09	3.91***
Visit homeland	0.09	3.85***
Chinese involvement	0.17	7.52***
Better perceived financial adequacy	0.08	3.68***
Younger age	-0.12	-5.53***
$F = 35.20$ ; $df = 5$ and $2006$ ; $p < 0.000$ ; $R^2 = 0.08$		
<i>(C) Community participation</i>		
More functional ability	0.11	4.94***
Visit homeland	0.07	3.15*
Chinese involvement	0.17	7.88***
Younger age	-0.12	-5.21***
$F = 40.38$ ; $df = 4$ and $2101$ ; $p < 0.000$ ; $R^2 = 0.07$		
<i>(D) Attitude toward life</i>		
Chinese involvement	0.13	5.79***
Better perceived financial adequacy	0.10	4.59***
Age	-0.12	-5.54***
$F = 27.54$ ; $df = 3$ and $2034$ ; $p < 0.000$ ; $R^2 = 0.04$		
<i>(E) Religion/spirituality</i>		
Chinese involvement	0.15	6.89***
Speak Mandarin at home	0.09	4.38***
$F = 35.24$ ; $df = 2$ and $2089$ ; $p < 0.000$ ; $R^2 = 0.03$		

\*  $p < 0.01$ , \*\*  $p < 0.001$ , \*\*\*  $p < 0.000$ .

indeed considerably less than for the scale as a whole, where 21% of the variance was explained. The variance explained ranges from 3% for spirituality to 8% for social relationships. Those with better perceived financial adequacy, and with more energy are more likely to report that family relationships have improved since age 55. In addition, several cultural variables are significant predictors. Those who have immigrated under the family reunion policy, those with greater involvement in traditional Chinese culture, those who make homeland visits, and those who engage in ancestor worship also report that family relationships have improved.

The predictors of better social relationships (not including family) and community participation are almost identical to one another but differ from improved family relationships. For both, those who are younger age and with less functional disability report improvements on both fronts. Those reporting homeland visits and more involvement in traditional Chinese culture all report improvements in social relationships and community participation. Those with better financial adequacy report improved social relationships but not community participation. Importantly, homeland visits is reported for all three.

Turning to attitude toward life and religion/spirituality in both cases the more involvement in traditional Chinese culture, the more likely these areas have improved. Otherwise the predictors of these two domains differ. For attitude towards life, better financial adequacy and younger age are related to an improved attitude whereas those who speak Mandarin at home are more likely to report that the area of religion and spirituality has improved.

## CONCLUSIONS

The fact that younger age is significantly related to the overall scale, as well as some of the particular domains examined (social relationships, community participation, and attitude toward life) suggests that seniors can and do value life, often perceive change, and this is different for different ages. The need for meaning may be constant throughout life but what it is that makes life meaningful can change and age, at least in the data reported here, is a significant predictor of how some of those



domains are perceived to change in older age. Financial adequacy is also important for several areas: overall perceptions that life is better in old age and specifically family relationships, other social relationships, and attitude toward life.

Health, not surprisingly, is also a significant predictor, especially for the overall scale where less functional disability and more energy are related to reporting that life as a whole has improved since age 55. More energy is also predictive of improvements in family relationships. Better functioning is predictive of improvements in social relationships and community participation. Health is unrelated to either attitude toward life or to spirituality. The emergence of the health variables as significant predictors supports the view that declines in health are related to a less positive attitude of life in old age (Thompson et al., 1990), but the differential findings suggest it is more important for some areas than for others.

Of particular interest in this paper is the role of traditional Chinese culture in positive views of aging once older or in other words, their life satisfaction. Chinese involvement is a significant predictor of the overall scale as well as the specific domains of social relationships, community participation, attitude towards life, and spirituality (that is, for everything examined here except family relationships). Homeland visits is also predictive of many of the dependent variables examined here including the overall scale, family relationships, social relationships, and community participation. However, it was not a significant predictor for attitude toward life or spirituality. Family reunion immigration was related to the overall scale, and family relationships. Ancestor worship was related only to whether or not family relationships had improved. Speaking Mandarin at home was related only to whether or not spirituality had improved. In other words, differential aspects of traditional culture contribute to a positive experience in old age depending on the domain examined. In terms of the totality of several domains it appears to be involvement in traditional culture and homeland visits that are important.

This paper addressed a neglected question within the gerontological research on well-being among seniors. It asked whether among sub-cultural groups in the West, and in particular among Canadian Chinese seniors, involvement within their traditional

homeland culture was related to their life-satisfaction and whether the typical predictors of life satisfaction (health, SES, and social support) were still important when taking involvement in traditional culture into account. While there is a fair body of evidence to suggest these typical predictors are important among overseas Chinese, no previous research also included involvement in traditional culture. There is other research that suggests Chinese seniors do maintain some involvement within traditional Chinese culture and that their lives represent a blending of both their traditional and their host cultures. How this affects their life satisfaction has not previously been explored.

Especially given that traditional Chinese culture provides a much more positive role for seniors than does western society, it was expected that involvement within this traditional culture would be related to a more positive experience in old age. The data reported here suggests that this is indeed the case. However, importantly, it suggests that it is actual involvement in the culture rather than adherence to beliefs that is important. The findings furthermore suggest that different aspects of cultural involvement are differentially related depending on the domain examined. While the importance of involvement in traditional culture emerged for Chinese seniors living in Canada, the standard predictors of life satisfaction, particularly health and SES remained important as well. Noticeably, social support did not emerge as predictive of life satisfaction. Relatedly, we could not devise a measure of living arrangements which was related, nor were any of the measures of interactions with family members including children and differentially sons and daughters related. It might be that the area of family relationships is so important to all of them that it does not differentiate in terms of happiness.

The data do not support a particular role for family and in particular for children or for sons in the experience of a positive old age for Canadian Chinese seniors (but immigration for family reunion may indicate the importance of social support). Nor do the data support a particular role for what might be termed ethnic Chinese beliefs or an ethnocentric exclusionary adherence to Chinese culture. The data reported here therefore suggest that, should individuals for example be interested in supporting Chinese seniors and third age learning, they would be most effective if

they taught and facilitated access to traditional involvement in culture without promoting ethnocentric beliefs about that culture.

This is of course but one study conducted using a particular methodology. It does however suggest the need for much more research both on Chinese seniors but also on other sub-cultural groups. Their traditional culture would appear to be an important factor in a positive experience in old age. An array of methodologies, including in-depth qualitative approaches as well as generalizable studies would shed more light on this area.

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