

Comparing definitions of successful ageing: The case of Anglo- and Chinese-Australians

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Abstract

Research into the concept of successful ageing, or ageing well, within the context of migration has become significant in cross-cultural gerontology and psychology. Given that attributes of successful ageing had been identified in published Western literature, it has been argued that these attributes commonly reflect Western perceptions. This study examined the 20 attributes identified by Phelan, Anderson, LaCroix & Larson (2004) as important to successful ageing, comparing the views of older adults with researchers' definitions. The sample consisted of 152 Anglo-Australians and 116 Chinese-Australians: English speaking ($n = 68$) and Chinese speaking ($n = 48$). Anglo-Australians and Chinese-Australians rated 13 and 14 of the 20 successful ageing attributes as important, respectively. Results also revealed that Anglo- and Chinese-Australians differed significantly on four successful ageing attributes. For Chinese speaking Chinese-Australians, heredity was rated as important to successful ageing compared to their English speaking and Anglo-Australian counterparts. The research contributes to greater understanding of the way in which people from different backgrounds view quality of life so as to better support positive ageing in minority groups.

Keywords: Psychology; Cross-culture; Chinese-Australians; Successful ageing

Introduction

A well-known model of successful ageing pertains to Rowe and Kahn's (1997) concepts of 'usual ageing' and 'successful ageing'. Their initial conceptualisation of usual ageing associated the ageing process as static and is frequently related to decline in functional, physiological and cognitive abilities, that is, disease-related decline in functioning as well as deterioration in social and cognitive functioning with age (Rowe & Kahn, 1997). Successful ageing, on the other hand, entailed few functional limitations that accompany old age (Rowe & Kahn, 1997). Their expanded model, based on findings from the MacArthur Study of Successful Aging, identified three factors for successful ageing: optimal physical and cognitive functioning,

absence of disability and disease, and engagement with life (Rowe & Kahn, 1997). These factors have been commonly used by researchers in their operational definitions and as predictors of successful ageing (Depp & Jeste, 2006). However, Rowe and Kahn's criterion-based model suggests that particular standards need to be fulfilled in order to age successfully (Bowling & Dieppe, 2005) and disability and disease imply failure in the ageing process (Glass, 2003). However, Bowling and Dieppe (2005) found that people actually perceived themselves to be ageing successfully in spite of health problems. As Hsu (2007) has noted, a multidimensional approach to research on successful ageing has been limited. Researchers tended to focus on one particular component of health, for example, either the physical, functional, psychological or social dimensions of health (Phelan, Anderson, LaCroix, & Larson, 2004).

As Matsubayashi, Ishine, Wada and Okumiya (2006) have noted, "beliefs of aging individuals about the meaning and relevance of "successful aging" have not been systematically documented" (p. 1308). Research on attributes of successful ageing reveals what people perceive as important in later life and is useful to the development of measures of successful ageing (Phelan, Anderson, LaCroix, & Larson, 2004). Moreover, knowledge of perceptions and beliefs of older adults would facilitate a more patient-centred care approach by health care providers and programs aimed at improving the health of older adults (Phelan et al., 2004).

Theoretical definitions of successful ageing have largely been determined by researchers and there is limited research on the perceptions of ageing individuals themselves (Bowling & Dieppe, 2005). Definitions of successful ageing that have been developed by investigators should therefore be compared to those of older people themselves so that relevance of such definitions is established (Phelan & Larson, 2002).

Phelan et al. (2004) compared older adults' perceptions of successful ageing with twenty attributes of successful ageing identified from published studies on ageing between 1961 and 2001. Attributes, for

example “Remaining in good health until close to the time of my death”, “Being able to cope with the challenges of my later years”, and “Having friends and family who are there for me” were analysed according to the proportion of participants (i.e., over 75%) rated each statement as ‘important’ to successful ageing.

Phelan et al. (2004) compared two distinct cultural groups, ‘Japanese-Americans’ ($n = 717$, $M = 78.3$, $SD = 4.3$) and ‘White-Americans’ ($n = 1173$, $M = 79.7$, $SD = 5.5$), and found that both groups rated the same attributes (i.e., 13 out of the 20 attributes) as ‘important’ to successful ageing, as listed in Table 1. In addition, the White-American group had one other item (i.e., item 19 ‘continuing to learn new things’) rated as important by over 75% of respondents. These 13 attributes in common reflected various dimensions including physical (items 2 and 18), functional (item

11), psychological (items 3, 7, 8, 9, 10, 16, 17, 20), and social (items 5 and 6) aspects of successful ageing (Phelan et al., 2004), which further confirmed the notion that older adults’ perceptions of successful ageing are more multifaceted and complex compared to the viewpoints that have been presented in previous studies (Phelan et al., 2004). Moreover, because the attributes of successful ageing had been identified from Western literature, it has been argued that they reflect Western perceptions, for example, the meaning of ‘success’ is usually associated with individual achievements (Torres, 1999). The concept of successful ageing, therefore, has not only been confined to researchers’ definitions, but it has also been confined to definitions provided by Western researchers (Tan, Ward, & Ziaian, 2010).

Table 1.

Comparison of perceptions of successful ageing of the current study and past studies

| Item | Percentage of participants who rated the item as important | | | | | | |
|---|--|-------|--------|-------|----------------------|-------|----------------------------|
| | Current study | | | | Phelan et al. (2004) | | Matsubayashi et al. (2006) |
| | ES CA | CS CA | All-CA | AA | JA | WA | J |
| <i>n</i> | 68 | 48 | 116 | 152 | 717 | 1173 | 5207 |
| Mean age | 61.4 | 69.5 | 64.7 | 67.1 | 78.3 | 79.7 | 75.7 |
| (<i>SD</i>) | (7.0) | (8.1) | (8.4) | (8.6) | (4.3) | (5.5) | (7.1) |
| 1. Living a very long time. | 27 | 59 | 40 | 29 | 27 | 29 | 48 |
| 2. Remaining in good health... [^] | 97 | 94 | 96 | 97 | 93 | 95 | 91 |
| 3. Feeling satisfied with my life... [^] | 87 | 85 | 86 | 89 | 78 | 84 | 81 |
| 4. Having the kind of genes (heredity)... | 57 | 75 | 64 | 66 | 60 | 70 | 83 |
| 5. Having friends and family... ^{^*} | 77 | 91 | 83 | 91 | 86 | 90 | 83 |
| 6. Staying involved... [^] | 82 | 89 | 85 | 93 | 77 | 88 | 63 |
| 7. Being able to make choices... ^{^**} | 87 | 81 | 85 | 96 | 85 | 92 | 72 |
| 8. Being able to meet all of my needs... [^] | 84 | 67 | 77 | 85 | 81 | 92 | 59 |
| 9. Not feeling lonely... [^] | 82 | 78 | 81 | 85 | 75 | 84 | 69 |
| 10. Adjusting to changes... [^] | 81 | 78 | 80 | 86 | 76 | 83 | 76 |
| 11. Being able to take care of myself... [^] | 93 | 91 | 92 | 91 | 93 | 95 | 87 |
| 12. Having a sense of peace... [#] | 71 | 94 | 80 | 73 | 72 | 75 | 74 |
| 13. Feeling that I have been able to influence others... | 54 | 60 | 57 | 66 | 55 | 67 | 45 |
| 14. Having no regrets... | 65 | 76 | 69 | 59 | 61 | 67 | 69 |
| 15. Being able to work in paid or volunteer activities... | 52 | 61 | 55 | 69 | 43 | 50 | 47 |
| 16. Feeling good... [^] | 88 | 87 | 88 | 85 | 79 | 85 | 70 |
| 17. Being able to cope... ^{^***} | 81 | 68 | 76 | 95 | 84 | 93 | 64 |
| 18. Remaining free of chronic disease... [^] | 91 | 92 | 91 | 85 | 91 | 90 | 81 |
| 19. Continuing to learn... [*] | 68 | 72 | 70 | 74 | 62 | 79 | 58 |
| 20. Being able to act according to my own inner standards... [^] | 88 | 77 | 84 | 89 | 81 | 92 | 65 |

Note: ES CA = English speaking Chinese-Australians, CS CA = Chinese speaking Chinese-Australians, All CA = English speaking and Chinese speaking combined, AA = Anglo-Australian, CA = Chinese-Australian, JA = Japanese-American, WA = White American, and J = Japanese; [^] 75% or more participants from both groups (‘All CA’ and ‘AA’) rated as important; [#] 75% or more participants from one group rated as important; Chi-square significance level: ^{*} $p < .05$; ^{**} $p < .01$; ^{***} $p < .001$.

Matsubayashi, Ishine, Wada, and Okumiyu (2006) examined Phelan et al.'s (2004) 20 attributes of successful ageing from the perspectives of 5,207 community-dwelling older adults (Mean age = 75.7 years, $SD = 7.1$) living in Japan. Over 75% of Japanese participants rated seven out of the 20 attributes as 'important' to successful ageing, compared to Phelan et al.'s (2004) study whereby Japanese Americans and White Americans rated 13 and 14 of the 20 attributes as important to successful ageing, respectively (Matsubayashi et al., 2006). This means that older people in Japan rated one-third of the successful ageing attributes that have been identified in the published literature compared to Japanese Americans and White Americans, rating almost two-thirds of the attributes as important to successful ageing. The seven attributes that were rated as important to the Japanese were also rated as important by their Japanese American and White American counterparts, except for item 4 (having the kind of genes [heredity] that help me age well) (Matsubayashi et al., 2006).

Australia's population is not only getting older but its older population has also become more diversified in terms of country of origin and ethnicity (Australian Bureau of Statistics, 2006). According to Lawson, Barbaro, and Goulding (2003) it is projected that there will be a significant 66% increase in the size of overseas-born older people in Australia within the next 15 years. In particular, it is anticipated that the older Chinese population will become part of the top five largest groups of overseas-born Australians in the next 10 years, followed by Vietnamese older people by 2026 and those from the Philippines, Malaysia, Sri Lanka and Lebanon will also broadly characterise the older population of Australia (Bryant, 2002). Thus, older people from Asian cultural backgrounds will eventually replace the current trend of older people from European backgrounds (Andrews, 2002).

The current study is part of a larger research project that looked at successful ageing, filial piety and acculturation of ageing Chinese- and Anglo-Australians. This paper presents results from the quantitative phase of the research that examined the 20 attributes that had been identified by Phelan et al. (2004) as important to successful ageing. Given that attributes of successful ageing had been identified in published Western literature, the aim of the present research is to contribute to the cross-cultural understanding of successful ageing by comparing the views of Chinese- and Anglo-Australians and through the inclusion of a sample of Chinese speaking participants who are ageing in Australia.

Method

Participants

Eligibility criteria for the present study included community dwelling adults who are living in Australia,

able to fully comprehend and complete the study requirements, and of either Chinese-Australian or Anglo-Australian background.

The sample group consisted of 152 Anglo-Australians (56.7%) and 116 Chinese-Australians (43.3%). There were two subgroups within the Chinese-Australian group: the English speaking ($n = 68$) and Chinese speaking ($n = 48$) subgroups. Anglo-Australians were slightly older than their Chinese-Australian counterparts. Mann-Whitney U tests showed that there was a significant difference in age between Anglo-Australians ($M = 67.14$, $SD = 8.55$) and Chinese-Australians ($M = 64.73$, $SD = 8.41$); $U = 7157$, $z = -2.32$, $p < .05$, $r = .14$. Within the two Chinese subgroups, Chinese-speaking participants were older ($M = 69.54$, $SD = 8.06$) than English-speaking participants ($M = 61.42$, $SD = 6.96$); $U = 633.5$, $z = -5.31$, $p < .001$, $r = .49$. Overall, majority (77%) of the participants were married or in defacto relationships, 12% were widowed, 10% divorced and less than 2% were either single or never married. Participants had up to six children. Half of the sample indicated that they live with their spouse or partner. More than half (58.1%) of the Anglo-Australian sample indicated that they are living with their spouse or partner compared to almost 40% of Chinese-Australians. Of the Chinese-Australian sample, 43% lived with their 'spouse/partner and other family members' compared to only 12.8% of Anglo-Australians. Almost a quarter of Anglo-Australians live alone compared to almost 10% of Chinese-Australians. Almost half of the sample was not employed. Sixteen percent of Anglo-Australians compared to 31% of Chinese-Australians were engaged in full-time employment. Almost a quarter of the Anglo-Australian group was engaged in voluntary work compared to only 6.5% of the Chinese-Australian group.

Overall, the current sample was an educated group. Thirty-nine percent of Anglo-Australians and 51% of Chinese-Australians had completed tertiary education, 13.5% of Anglo-Australians and 10% of Chinese-Australians had college education, and over a third had secondary schooling. A large majority of participants from both groups were not working. A third of Chinese-Australians were working full-time compared to 16% of Anglo-Australians. Participants generally rated their overall health status as 'good' to 'excellent'.

In the present sample, Chinese-Australians had arrived in Australia between 1951 and 2007, between the ages of 15 to 71 years. Their length of residence ranged from 2 to 70 years. The average age of arrival of Chinese-Australians was 44.2 years ($SD = 15.80$, range 15 to 71 years) and average length of residency was 20.7 years ($SD = 12.66$, range 2 to 70 years). It should be noted participants include migrants and those born in Australia who identify themselves as Chinese-Australians. The majority of Chinese-Australians had come under the skilled migration (40%) and family migration stream (35.7%), and most had either immigrated as young families (with young children)

(32.3%) or to be with their adult children already living in Australia (32.3%). Overall, a large majority of Chinese-Australian participants had come from Malaysia (37.2%), Hong Kong (32.1%) and other countries in Asia, including China (21.8%).

Materials

Participants were given an information sheet, a consent form, a battery of questionnaires including a Background Questionnaire and the Successful Ageing Questionnaire (Phelan et al., 2004). Chinese participants were given the choice of completing the research package in Chinese or in English. Questionnaires had been translated and back-translated. Back-translation involved checking and confirming terms, definitions and meanings.

The Successful Ageing Questionnaire (Phelan et al., 2004) assesses the views of older people in relation to what they perceive successful ageing (or ageing well) to be. These successful ageing attributes were then adapted into 20 statements, for example items included "Remaining in good health until close to the time of my death", "Being able to cope with the challenges of my later years", and "Having friends and family who are there for me". According to Phelan et al. (2004), the questionnaire has a multidimensional focus in that it had identified the physical, functional, psychological and social dimensions of successful ageing. For example, items 2 and 18 pertained to physical health, item 11 related to functioning, items 5 and 6 pertained to social health and eight items (items 3, 7, 8, 9, 10, 16, 17, and 20) referred to psychological health including attitudes toward autonomy, control and coping. Statements were measured on a five point Likert scale according to how important each of these statements were (1 = 'extremely important'; 5 = 'not at all important'). Response categories for each of the successful ageing attributes were subsequently collapsed from five to three categories of responses ('important', 'neutral', or 'not important') (Matsubayashi et al., 2006; Phelan et al., 2004). The distribution of responses for each group was ascertained. Items rated as 'important' to successful ageing by 75% or more participants were determined (Matsubayashi et al., 2006; Phelan et al., 2004). It is noted Phelan et al. (2004) did not report Cronbach's alpha for the 20 items. For the present study, Cronbach's alpha coefficient for the 20 items was .87, with a mean inter-item correlation of .28.

Data collection procedures

Research packages were distributed throughout Australia, namely, Victoria, South Australia and New South Wales, to individuals, community leaders and volunteers for distribution (e.g., through their own contacts). Several strategies were used when recruiting participants including email, letters, posters, and ethnic radio programs. Invitations to participate were sent out to various community groups and organisations, for

example, Community Welfare Services, Migrant Resource Centres and Neighbourhood Houses and Learning Centres. Those who were interested in participating contacted the researcher who then sent out the research package to them.

The questionnaires took approximately 40 minutes to complete and were returned to the researcher via reply-paid envelopes. Participants were assured confidentiality and anonymity. The research had been approved by the School of Psychology Ethics Subcommittee, University of Adelaide.

Results and Discussion

In this study, Chinese-Australians are first discussed as one group in general. Given that attributes of successful ageing had been identified in published Western literature, this study also examines the views of Chinese speaking Chinese-Australians.

Successful ageing attributes were analysed according to the proportion of participants who rated each statement as 'important' to successful ageing. Table 1 shows the number of participants who answered 'important' on each of the 20 attributes of successful ageing among English speaking Chinese-Australians, Chinese speaking Chinese-Australians and Anglo-Australians. For comparative purposes, Table 1 also shows results reported in previous studies (i.e., Matsubayashi et al., 2006; Phelan et al., 2004).

As shown in Table 1, 75% or more Anglo-Australians rated 13 attributes as important to successful ageing. The same attributes were also rated as important by at least 75% of all Chinese-Australians (both Chinese speaking and English speaking subgroups combined). In addition, 80% of Chinese-Australians rated 'having a sense of peace' (item 12), as important to successful ageing. Therefore, Anglo-Australians and Chinese-Australians rated 13 and 14 out of the 20 successful ageing attributes as important, respectively.

Results indicate that both Chinese and Anglo-Australians rated physical health and functioning (e.g., items 2 and 11), absence of disability and disease (e.g., item 18) and staying engaged (e.g., item 6) as important aspects of successful ageing, which reflects Rowe and Kahn's (1997) three factors for successful ageing. However, successful ageing was not limited to Rowe and Kahn's model. Successful ageing also entailed, among other things, adjusting to changes, being able to make choices and having friends and family. As Tan, Ward, and Ziaian (2010) has observed in their qualitative study, Anglo-Australians regarded acceptance as an important part of successful ageing in order to adapt to old age changes. Tan et al. (2010) also found that both Chinese- and Anglo-Australians valued an active lifestyle and relationship with friends and family. One Anglo-Australian participant also spoke about having an active relationship with God (Tan et al., 2010).

Chi-square test for independence (with Pearson Chi-Square) revealed significant associations between

Anglo- and Chinese-Australians on four successful ageing attributes, as shown in Table 1. The difference in proportion of Anglo-Australians (91%) who rated item 5 ('Having friends and family who are there for me') as important to successful ageing compared to the proportion of Chinese-Australians (83%) is significant, $\chi^2(2, N = 266) = 7.67, p < .05$. Family relationships emerged as particularly important when it comes to successful ageing. With regard to the family, individualism implies that the relationship between the self and others is independent and separate (Cross & Gore, 2003), and therefore less emphasis on kinship ties and familial responsibilities (Pyke, 1999). In comparison, the collectivistic worldview, which has also been termed as 'familism', is focused on kinship relation and family responsibilities (Pyke & Bengston, 1996). In this case, the views of Anglo-Australians did not appear to reflect the individualistic worldview. While a high proportion of Chinese-Australians also rated this item as important, it is important to note that the statement is general and does not consider the role of the family in relation to elder care and familial responsibilities. For example, in collectivist cultures, eldercare is seen as a family affair (Hoftstede, 2001) and one that is such that the aged should be looked after (Sung, 1997).

In relation to item 7 ('Being able to make choices'), the difference in proportion of Anglo-Australians (96%) who rated as important to successful ageing compared to the proportion of Chinese-Australians (85%) is significant, $\chi^2(2, N = 263) = 11.74, p < .01$. As Tan et al. (2010) noted, being able to make choices entail a sense of control and maintains one's level of independence. Also, the difference in proportion of Anglo-Australians (95%) who rated item 17 ('Being able to cope') as important to successful ageing compared to the proportion of Chinese-Australians (76%) is significant, $\chi^2(2, N = 266) = 20.35, p < .001$. As Tan et al. (2010) has observed, Anglo-Australians considered successful ageing as the ability to have a positive attitude and accept life's limitations. Gabriel and Bowling (2004) also found that the attitude of acceptance helps one manage the constraints of old age.

And finally, the difference in proportion of Anglo-Australians (74%) who rated item 19 ('Continuing to learn new things') as important to successful ageing compared to the proportion of Chinese-Australians (70%) is significant, $\chi^2(2, N = 266) = 5.89, p < .05$. For this group of Anglo-Australians, the ability to continue to learn new things is considered important as it entails a sense of personal growth and engagement, which exemplifies Rowe and Kahn's (1997) factor of 'engagement with life' in their successful ageing model.

Whilst it is not the focus of the present study, it is interesting to note particular views of the Chinese speaking subgroup on successful ageing. As shown in Table 1, 75% of Chinese speaking Chinese-Australians rated item 4 ('Having the kind of genes (heredity)') as important to successful ageing compared to their

English speaking and Anglo-Australian counterparts. Interestingly, 83% of Japanese older adults in Matsubayashi et al.'s (2006) study also rated item 4 as important to successful ageing, compared to their Japanese American and White American counterparts, as reported in Phelan et al.'s (2004) study. In this case, it would appear that Chinese speaking Chinese-Australians and Japanese believed that successful ageing is determined by genetics. Whilst it has been increasingly argued that successful ageing ought not to be determined by genetic markers (Vaillant, 2002, as cited in Bowling & Dieppe, 2005), perceptions of genetic influences on successful ageing may well affect the way in which these groups access health services (Bowling & Dieppe, 2005).

When compared to the other groups, a small percentage of Chinese speaking Chinese-Australians and Matsubayashi et al.'s (2006) Japanese participants rated items 8 ('Being able to meet all of my needs') and 17 ('Being able to cope') as important to successful ageing. It would appear that non-English speaking participants tend to rate certain items lower than their English speaking counterparts. As Matsubayashi et al. (2006) observed, differences in the ratings of the items may be the result of differences in values between cultures given that the successful ageing attributes were identified from published Western literature. The meanings of successful ageing among older adults are therefore much more diverse (McCann Mortimer, Ward & Winefield, 2008).

Conclusion

The present study looked at perceptions of successful ageing in the Australian context by examining the 20 attributes that had been identified by Phelan et al. (2004) as important to successful ageing. Results of the current study were similar to Phelan et al.'s study of Japanese Americans and White Americans. Both studies reported similar results in that almost two-thirds of the 20 successful ageing attributes were rated as important.

The three factors for successful ageing: physical health and functioning, absence of disability and disease, and staying engaged, as identified by Rowe and Kahn (1997) were also rated as important aspects of successful ageing by the present sample of Chinese and Anglo-Australians. Successful ageing, however, also entailed other psychological and social dimensions including one's adjustment to changes, being able to make choices and having friends and family. This study also found significant associations between Anglo-and Chinese-Australians on four successful ageing attributes. For Chinese speaking Chinese-Australians, heredity was rated as important to successful ageing. Differences in the ratings of the items may be attributable to differences in values between cultures given that the successful ageing attributes were taken from Western literature (Matsubayashi et al., 2006). Thus, participants' perceptions of successful ageing

include other dimensions than Rowe and Kahn's (1997) model of successful ageing.

There are several limitations to the present study. The present study employed an instrument based on a Western model, whereby the instrument was translated and back-translated. Results ought to be interpreted with caution. It is noted the average age of participants in Phelan et al.'s (2004) study was 78 and 80 years, whereas the average age of participants in the current study was 65 and 67. Moreover, the present instrument contained an uneven amount of items for each topic (e.g., two items were on physical health, one item was on functioning, two items on social health and eight items on psychological health).

Future studies would benefit from an instrument that contains culturally relevant and specific items, the inclusion of an equal amount of items in the successful ageing questionnaire and the inclusion of the views of a wider population. For example, the views of institutionalised adults (e.g., those who live in nursing homes) and recent and non-English speaking immigrants.

Adding to the strength of this study is the inclusion of Chinese speaking participants, thereby giving further insight into the views of the Chinese community in Australia. The research contributes to greater understanding of the way in which people from different backgrounds view successful ageing so as to better support positive ageing in minority groups as they age abroad.

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