Suggestions for Achieving a Symbiosis in an Aging Society (2)
Adaptive Acceptance of Aging in Eastern Cultures

Tomoko Tanaka* and Kaoru Yoshida**

1. Adaptive acceptance

Symbiosis in an aging society is not only a Japanese social task but a task faced all over the world now. Younger people and more and more elderly people are living together in the same society. Such a situation produces new problems, for example, interpersonal relationships between the elderly and others (Tanaka, Hyodo, and Tanaka, 2003). Social cognition related to “agism” a prejudiced view of aging, may impede communication and interpersonal relationships. We need to define aging and the elderly and find new concept of aging that doesn’t include agism. If we discover the positive sides of aging and learn to regard it as a natural phenomenon, agism might decrease. We would like to search for a natural and positive view of aging in our societies.

We have conducted research on “adaptive acceptance” of aging by the elderly. You may wonder, “Why not challenge yourself to live young instead accepting aging? Is this acceptance different from simply giving up?” I believe that Eastern thinking does not regard acceptance as simply giving up. These are clearly different ideas. Acceptance is not failure but rather wisdom. We can view the situation from different perspectives. As kind of cognitive techniques, the concept of acceptance would work as an attitude and framework for positive and active adaptation. I think such a cognitive style is affected by the Eastern cultural mindset, which is based on an Eastern cultural and philosophical background, including Buddhism.

Typically when people get old, they may say, “I hope to stay young forever. I will fight my aging. I will give myself a chance to be young. I don’t want to just give up.” I think Western societies tend to emphasize the value of challenging oneself more than Eastern societies. Actually we can delay the onset of aging if we keep to health-conscious behaviors. A challenging spirit works in such cases.

However, aging is basically unavoidable. If we are luckily alive for a long number of years, we have to face this reality for a longer time. Japan is the most aging country throughout the world. Elderly life has become much longer than we ever expected before. Is it possible to exert a challenging spirit forever? If we

* Professor, Faculty of Letters, Okayama University, ** Graduate School of Humanities and Social Sciences, Okayama University
can’t challenge ourselves as before, what should we do instead?

Since we think aging is stressful, we call the distress of aging “aging stress”. This stressor is unavoidable. It is based on cumulative changes in the biological, psychological and social dimensions. Its changing process is not predictable, so it is difficult to control precisely. Furthermore, it continues get worse and is never relieved perfectly. It seems to be a difficult kind of stress.

Stress studies have suggested repertories of various coping strategies, and an adequate choice of them is supposed to lead to better stress reduction. From a psychological viewpoint, we believe so. Therefore, we need to find new coping strategies for aging stress besides challenging oneself to stay young. This is one of our research questions.

Furthermore, the elderly needs not only a coping strategy for aging stress but also a way of finding happiness in old age. Challenging oneself and staying young may not be the only way to be happy in old age. Is there any other suitable way to find happiness? This is another research question for us.

We think we should not persist in unrealistic hopes that simply reject aging. We would like to know how to look at the matter of aging and how to live with the elderly age for many years after they get old. We are now trying to find a more realistic and suitable approach to the cognition of aging. Such a new view of aging is expected to work as a coping strategy for real aging stress and as a guide to finding happiness in real aged life.

Accordingly, we started research on such suitable cognition of aging. We conducted qualitative research, which is known to be effective in creating new hypotheses in this area.

2. Japanese adaptive elderly

We empirically observed that some Japanese elderly seemed to live with happiness and a kind of harmonious feeling about their aging, even if they have some deficiency or health problem due to aging. We conducted an interview survey on adaptive Japanese elderly (Yoshida and Tanaka, 2002, 2003). We tried to learn the ways of finding peace of mind and happiness in old age from them. It is based on the idea of positive psychology, I think. We didn’t search for reasons behind maladaptive but behind adaptive behavior.

We selected 10 informants whose ages are from 65 to 85 years old (Table 1). Their average age is 72.5 and SD is 5.52. Their PGC morale scale is 13.7 and SD is 2.50, which shows that they are sufficiently adaptive in their old age.

We used a semi-structured interview method. We asked their cognition of their aging, happiness, and how they achieve happiness in their old age. We used a few questions as cues and let them talk freely. For example we asked, “Do you think of yourself as an old person?” “In what kind of situation do you feel that
Table 1. Informants

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Sex</th>
<th>Living</th>
<th>Health</th>
<th>Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>67</td>
<td>male</td>
<td>with wife</td>
<td>no medical treatment</td>
<td>no</td>
</tr>
<tr>
<td>2</td>
<td>70</td>
<td>female</td>
<td>alone</td>
<td>no medical treatment</td>
<td>yes</td>
</tr>
<tr>
<td>3</td>
<td>76</td>
<td>female</td>
<td>with husband</td>
<td>outpatient</td>
<td>no</td>
</tr>
<tr>
<td>4</td>
<td>70</td>
<td>male</td>
<td>with wife</td>
<td>no medical treatment</td>
<td>no</td>
</tr>
<tr>
<td>5</td>
<td>69</td>
<td>male</td>
<td>with wife and son’s family</td>
<td>no medical treatment</td>
<td>no</td>
</tr>
<tr>
<td>6</td>
<td>76</td>
<td>female</td>
<td>alone</td>
<td>outpatient</td>
<td>no</td>
</tr>
<tr>
<td>7</td>
<td>74</td>
<td>male</td>
<td>with wife and son’s family</td>
<td>no medical treatment</td>
<td>no</td>
</tr>
<tr>
<td>8</td>
<td>67</td>
<td>male</td>
<td>with wife and daughter</td>
<td>no medical treatment</td>
<td>yes</td>
</tr>
<tr>
<td>9</td>
<td>85</td>
<td>male</td>
<td>with wife (near to children)</td>
<td>no medical treatment</td>
<td>yes</td>
</tr>
<tr>
<td>10</td>
<td>70</td>
<td>male</td>
<td>with wife (near to children)</td>
<td>outpatient</td>
<td>yes</td>
</tr>
</tbody>
</table>

you get old?” “In what kind of situation do you feel happy?” “What do you think you need to do to live happily in your old life?”

We used the KJ method for analysis, which is a way to find categories of concepts through the statements of informants. We write each episode on a card. A few graduate students and we gather two, three or more similar cards together to make small card groups. Next, we put similar small card groups together and make larger groups, which mean larger category units. They repeat this procedure. The smaller or larger card groups thus indicate category units. Finally, we try to give category names to all units.

3. Cognition for acceptance of aging

As a result, we found the following three cognitive styles that seem to make them accept their aging more easily. 1) Common: They think aging is not only for him/herself but common to everybody. It is not a special and unique matter but just an ordinary change for old people. 2) Natural: They interpret aging as unavoidable and natural change. They are ready for it, as it is the nature of things. They admire it. 3) Remainder: They recognize the aging phenomenon is happening to them. However, they do not think that their capabilities have become worthless. They focus on their remaining potential. They positively evaluate their abilities compared to the standards of same-aged people. They thus use a relative evaluation system in this process. They think aging has a limited effect on them. They try to reduce the importance of the problems caused by aging.

When elderly people have some weakness caused by their aging, they use one of the following three types of cognition, which seems to work for coping with the related distress. 1) Coexistence: They are aware of their decline and they are careful to accommodate the situation. They don’t try excessive activity. They do as much as they naturally can do. 2) Disregard: They recognize their weakness but they don’t pay very much attention to it. They like to do whatever they want. They don’t want their activity level affected
by their physical level. They are afraid that they would lose their energy if they controlled their activity because of their physical condition. They want to keep up their usual tasks. They try to keep their energy. Psychological aging like less energy is more negative than physiological aging for them. 3) Changing : They think they should investigate new ways of life that are suitable for old age. They are actively and positively planning to change themselves and their lifestyle.

These elderly people are calm and peaceful. We think that they showed active acceptance of their aging. They recognize their changes even negative ones. And they decide what to do about their weakness. Their cognition seems to work as a kind of coping mechanism for aging. We assume that such cognition leads to their adjustment to old-aged life. They are flexible and positive. They recognize their aging but try not to be controlled by aging. They don’t ignore but adaptively accept their aging.

4. Cognition for happiness of elderly

They have their own happiness. We found the following three kinds of cognition expressed when they feel happiness, and they use one or more of these three. 1) Satisfaction : They are satisfied with their current environment, health, and economic situation. They are even thankful for their lot, even if it’s not perfect. They don’t have excessive hope or engage in too much fighting. They maintain a natural lifestyle for themselves. 2) Subjectivity : They hope to act subjectively, for example they like to spend time on hobbies they freely selected or their favorite activities. They believe what they want or like and their own criteria or world view are important. 3) Affinity : They regard good relationships with family members as very important. The growth of grandchildren is also important. They keep good friends. Interpersonal relationships are valuable for them.

In order to create happiness, we found that they use the following three kinds of cognitive style. 1) Personalization of criteria : They say that the evaluation of things is up to themselves. How to think and how to feel are important. They recognize that positive and negative interpretations of a situation are changeable and they have their own switches for this. 2) Downward modification of needs : They don’t hope for too much and they settle their needs at a realistic level. They can be satisfied with their current life. They don’t need to complain. Such a stance doesn’t lead to frustration. Since they can assess their current as satisfactory, they can feel thankful for their current life. 3) Not thinking about the impossible : They stop thinking about uncontrollable things and what is already finished. These things are not changeable, so they are not worthy to think. 4) Taking things as they are : They think our lives have both good and bad things. This way of the world is expected and natural for them. They just accept it.
5. Role of cognition for symbiosis with aging

They create their own happiness from their situation, which is not always perfect. This still doesn’t mean that they give up. They control and adjust their cognition, I think. One of the informants said, “The basis of happiness is myself. I find it and I feel it. Nobody gives it to you.”

The stress transactional model of Lazarus and Folkman (1984) showed the role and importance of cognition for stress. In addition, we would like to say cognition is important not only for stress coping but also for happiness production. When we use a cognitive style effectively enough, we enjoy happiness in our old age.

It seems possible that, despite various loses due to aging, we can still be happy. We named this cognitive style “adaptive acceptance”. We could use it for health promotion for people in old age as a coping strategy and also for mature-age people as preparation. We have the ability to make ourselves happy, and health education can support us in using this ability. We could use the technique of cognitive therapy for this purpose. Not only to avoid illness but also to attain a happy life in old age, even with various problems. These goals pose important question to us in the aging society, I think.

When I attend a seasonal memorial ceremony for ancestors at a temple, where we are registered as members, Buddhist priests teach that we shouldn’t hope for too much and that we should be satisfied with our current life. I think our informants have also heard such instructions in our social-cultural context.

I suppose that Eastern people are more familiar with such cognitive ways of acceptance. Acceptance is one of the most important concepts in Buddhism. I hope it can work as a suggested strategy for Westerners. It just might work in a slightly different social context.

References


Tanaka, T., Tanaka, K. and Hyodo, Y. 2003 Suggestions for achieving symbiosis in the aging society: Interpersonal relationships and QOL of the Japanese elderly and family caregivers in a cultural context. Studies in Cultural Symbiotics (by Graduate School of Humanities and Social Sciences, Okayama University), 2, 125–130


Note

This article is based on the presentation, “Adaptive Acceptance of Aging in Eastern culture” by Tomoko Tanaka, at the invited symposium “Health Psychology and Health Promotion”, in 28th International Congress of Psychology, 12 / Aug / 2004, at Beijing.