

Lifespan Development: A Social-Cultural Perspective

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I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

A handwritten signature in black ink, appearing to read 'Ori Ashman', written over a horizontal dotted line.

(Ori Ashman)

## ABSTRACT

This thesis explores some of the social factors that may affect individuals as they age. A lifespan developmental perspective is employed in investigating the effects of societal aging stereotypes on will-to-live and risk-taking skills. Results suggest negative aging stereotypes may have deleterious effects on the elderly, but not young individuals in terms of will-to-live, but have no effect on risk-taking abilities. Furthermore, a cross-cultural analysis of Americans and Japanese reveals robust differences in self-concept between countries, which in turn partially mediate the effects of culture and age on control strategies. It appears culture and age may play important roles in determining individuals' self-concept, motivation, and regulation of behavior.

The first part of Study 1 examined whether stereotypes of aging contribute to decisions the elderly make about when to die. Elderly and young participants ( $n = 64$ ) were subliminally primed with either negative or positive stereotypes of old age using a computer, and then responded to hypothetical medical situations involving potentially fatal illnesses. Consistent with my prediction, the aged participants primed with negative stereotypes tended to refuse life-prolonging interventions, whereas those primed with positive age stereotypes tended to accept the interventions. This priming effect did not emerge among the young participants for whom the stereotypes were less relevant. The results suggest that socially-transmitted negative stereotypes of aging can weaken elderly will-to-live, or at the very least, willingness to pursue medical intervention.

The second part of Study 1 examined whether the older adults demonstrate similar risk-taking skills to the younger adults, and whether this ability is preserved, even after exposure to age stereotypes. Sixteen young and 16 older participants were

tested on a risk-taking decision task following exposure to subliminal aging stereotypes. In all conditions, both the old and young participants systematically and equivalently increased their willingness to take risks as risk level decreased.

Furthermore, response times were an inverted U shape curve with slower response times recorded at the medium risk level and faster times as risk levels shifted up or down. The findings suggest the ability to make decisions based on risk level is maintained into old age.

Study 2 investigated results reported by a number of studies finding that primary control remains stable in old age, is lower in Asian countries, and that secondary control increases in old age and is higher in Asian countries. I examined whether these patterns may be due to the mediating influence of an interdependent self-concept. In a sample of 557 young and older adults in Japan and the United States, primary and secondary control, age, and interdependence were studied. I found that interdependence partially mediated the influence of culture on secondary control and interdependence partially mediated the influence of age on both primary and secondary control. Findings suggest that interdependence is an important factor that should be considered in trying to understand the determinants of control cross-culturally and developmentally.

## DISCLOSURE

This doctoral thesis emanated from a collection of published papers and conference presentations. As such, preliminary statistical analyses and results have been revised or omitted according to feedback received at conferences and from journal editors. Therefore, only the final results are described here for the sake of brevity and cogency.

Ashman, O., Shiomura, K., & Levy, B. R. (2004, December). *Attributional*

*divergence between Americans and Japanese across the lifespan*. Poster session presented at the Australasian Centre on Ageing, Emerging Researchers in Ageing Conference, University of Queensland, Brisbane.

Ashman, O., Shiomura, K., & Levy, B. R. (2003, September). *Interdependent self*

*and control in old age: A cross-cultural study*. Poster session presented at The Dynamic Processes in Ageing Symposium, Australian National University, Canberra.

Ashman, O. (2002, June). *Society and the self: The effect of socially-transmitted stereotypes on views of aging*. Invited Talk, Shinshu University, Japan.

Ashman, O., Shiomura, K., & Levy, B. R. (2006). Cross-cultural and cross-generational differences in use of control: The missing link of interdependence. *International Journal of Aging & Human Development*, 62, 143-157.

Ashman, O., Dror, I, Levy, B. R., & Houlette, M.A. (2003). Preserved risk taking skills in old age. *North American Journal of Psychology*, 5, 397-407.

Levy, B., Ashman, O., & Dror, I. (1999-2000). To be or not to be: The effects of aging stereotypes on the will to live. *Omega: Journal of Death & Dying*, 40, 409-420.

The first part of Study 1 investigating aging stereotypes and will-to-live is based on published material (Levy, et al., 1999-2000) and my previously submitted Master's thesis (Ashman, 1997). The study described in this doctoral thesis, although utilizing the same dataset as the Master's thesis, differs from the one reported in the Master's thesis as follows: (1) it focuses on will-to-live and stereotypes rather than death and dying, willingness to trust others for decision-making, etc; (2) it includes group comparisons and other statistics not reported in the Master's thesis; (3) different statistical tools were utilized; (4) it found that the old and young can score equally on will-to-live measures, but this was not analyzed or reported in the Master's thesis; (5) literature review focused on aging stereotypes, while the Master's thesis discussed death and dying from a Freudian perspective, legal issues, coping with death, and so on; (6) different references; and (7) different graphs and figures.

Ashman, O. (1997). *The effects of aging stereotypes on decisions regarding advance directives*. Unpublished Master's thesis, Harvard University, Cambridge, MA.

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## **DEDICATION**

To John, Dana, and Bilah - the epitome of successful aging.

## ACKNOWLEDGMENTS

I am writing this section while implementing the final touches to my thesis, and it is proving difficult and challenging. I am at once relieved, elated, and satisfied with bringing nearly a decade of hard work and diligence to a close, as well as anxious at the thought of neglecting to mention someone. This project has been completed over a period of ten years, across three continents, and four universities. There are many individuals who have been instrumental throughout this journey and I can never thank them adequately. It is impossible to recall all the numerous pivotal decisions and moments in which they were involved.

For the better part of the past decade, since my early days at Harvard, Dr. Becca Levy has been my mentor and friend and it was she who got me started in the “business”. She has been a relentless driving force providing me with opportunities, advice, and most importantly, has compelled me to remain focused. Dr. Levy is a true academic exhibiting not only brilliance and verve for the field, but is also generous and unpretentious, always happy to collaborate and help. My degrees and theses are no doubt the result of her teachings and guidance.

The studies in this thesis are a result of collaborative efforts between individuals who are truly passionate about the field and are always prepared to go the extra mile to test a hypothesis. Study two would not have taken place without Kimihiro Shiomura’s efforts. He has opened the door for me in Japan and I have learned many lessons through our cooperation. Dr. Jackie Lerner at Boston College has assisted me in a multitude of ways and I am forever grateful. Thank you too to my supervisors at Murdoch University, Dr. Anne Pedersen and Dr. Iain Walker, who have patiently put up with me through thick and thin.

Many friends are responsible for motivating, encouraging, and supporting me throughout this process, each in their own special way. I wish to thank them all. I would like to specially mention Hazel Spiro for meticulous editing and knocking some sense into me at times of frustration and seeming impasses.

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**PREFACE**

**GLOBAL PERSPECTIVE OF LIFESPAN DEVELOPMENT: CULTURE &  
AGING**

Individuals in developed countries are living longer these days than ever before. In fact, baby-boomers in the USA (those born between 1946-1964) are expected to live longer, healthier, more active lives than any previous generation (Rehabilitation Institute of Chicago, 2003). The so-called “aging of America” is bound to produce profound social, economic, and political effects on society. Although nearly two-thirds of America’s wealth is held by those over the age of 55, the widening age-span has created a wide gap within the senior population. Although many seniors have savings and pensions to rely on, an increasing number of individuals needs now to work longer, save more, and plan more carefully their retirement as public funds (Social Security) are quickly dwindling and an ever-increasing burden is being placed on public health services (Medicare).

As the world’s population ages and people live longer as a result of modern medical and technological enhancements, it has become increasingly important to understand older individuals’ psychological processes and how they are affected by the cultures in which they operate.

The perceived role of the elderly in society and attitudes toward them are constantly shifting. On one hand, many believe such individuals are past their prime, can no longer be productive or contributing members of society, and deplete public funds. Consequently, many people develop negative attitudes or behaviors toward older individuals. On the other hand, the elderly live longer, healthier lives, and

many are still capable of working and teaching their young colleagues a thing or two, thanks to knowledge grounded in years of experience.

These differences in opinion about older adults' abilities may be due, at least in part, to the more complex research question of cognitive abilities' deterioration in old age. While some researchers believe that aging degrades information processing in all cognitive domains (Birren, Woods, & Williams, 1980; Cerella, 1991; Cerella, Poon, & Williams, 1980; Myerson, Hale, Wagstaff, Poon, & Smith, 1990; Salthouse, 1985; Salthouse & Somberg, 1982), others have found that specific aspects of cognition seem to be preserved in old age (Baltes & Staudinger, 1993; Wingfield, Alexander, & Cavigelli, 1994; Dror, Katona, & Mungur, 1998). However, few studies have examined whether socially-transmitted age stereotypes can modify this process.

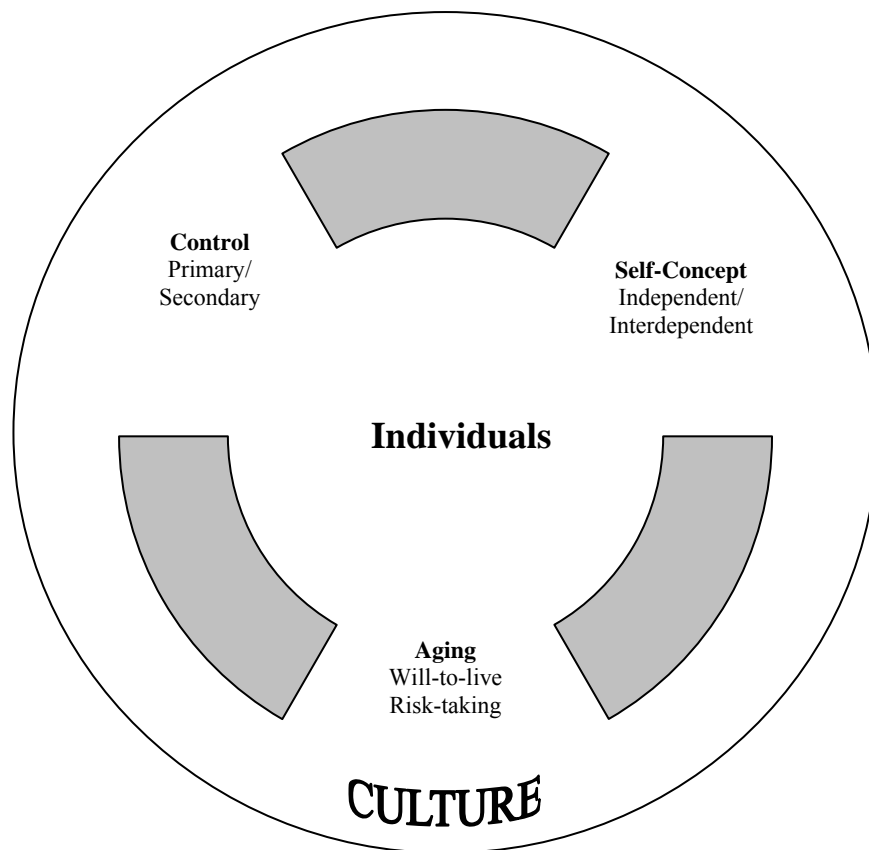
In this thesis, I explore how culture may affect individuals' cognitive and social-psychological processes such as will-to-live, risk-taking decisions, and control striving. More specifically, I was interested in exploring:

- (1) How different cultures view, treat, and affect individuals. One mechanism by which culture may affect its members is stereotypes. Aging is an area particularly susceptible to culturally-transmitted stereotypes. Therefore, examining the effects of positive and negative stereotypes on older vs. younger individuals would enable us to better understand the role such stereotypes play in people's lives.
- (2) How individuals differ not only between but within cultures. This was achieved by conducting research in two distinct cultures, the US and Japan. Related to aging, this process is viewed differently in Asian cultures and may therefore elicit divergent reactions in terms of control regulation (how

individuals adjust themselves in accordance with situations and contexts). Since a sense of control has been shown to increase one's sense of efficacy, cognitive performance, and health, this is of paramount importance to aging research. That is, perhaps this construct can partially explain why individuals in Japan live longer and the aged are more "revered" than in the USA (Palmore, 1975).

To tie together the research projects described herewith, I direct the reader to the diagram below. Individuals living in a culture are inevitably engaged in an ongoing process of various cultural interactions and influences, which in turn shape them, influence their behaviors, feelings, etc. For instance, if one's self-concept is influenced by the culture he or she is living in, then as a result, the adapting individual would regulate his or her behavior in a manner best fitting the parameters society prescribes. In turn, control strategies would be established and regulated in accordance with the self-concept (Gould, 1999; Heckhausen & Schulz, 1995). In later stages of the lifespan, aging processes, both biological and psychological, would be, at the very least, partially mediated by culture. This is a circular notion with no beginning or end and certainly no directionality. Therefore, I did not use arrows pointing in one direction or another to emphasize it is directionless.





The question of how culture may be involved in individual development across the lifespan has been occupying researchers for decades. The significant body of research in the area has led to major shifts in perspectives, in particular, how we view individual development in the social context. For example, in the field of child development, ideas of “child training” have been replaced with “learning environments and culture acquisition” (Roer-Strier & Rosenthal, 2001). These terms denote an acknowledgment of the important role culture and context play in individual development.

What is culture? According to Shweder (1993), it “consists of meanings, conceptions, and interpretive schemes that are activated, constructed...through participation in normative social institutions and practices (p. 417). In fact, culture may be summed up as the total accumulated knowledge and experiences of past generations. Matsumoto (2002) suggests that culture is an organized system of rules

shared by a group and transmitted across generations. These so-called rules or knowledge have undoubtedly substantial influence on the developing individual from birth till death, from child-rearing practices to community customs. The developmental process is dynamic, multi-directional, and ever-changing. That is, society shapes the individual, but the individual shapes society as well.

The ‘lifespan developmental perspective’ describes the ways in which culture influences development, as processes of development inevitably take place in a cultural context. This thesis will discuss how culture influences the development of self-concept; how culture leads to the development of ideas about primary and secondary control; how culture influences the individual by means of stereotyping; and finally, how all these developmental processes affect health, attitudes, and behaviors. The focus of this thesis is on older adults in later stages of development.

The following studies examine the influence of age stereotypes on elderly people’s decision making. Findings suggest that risk-related decision-making ability is preserved in old age, but socially-transmitted aging stereotypes can lower older individuals’ will-to-live. In addition, I investigated the development of control over the lifespan and across cultures. Culture and age are said to be the major factors affecting the balance between primary and secondary control. Primary control refers to attempts at changing the external environment to fit one’s needs, while secondary control attempts to adjust one’s cognitive processes to fit the environment. While previous studies have found that primary control remains constant in old age, some suggest it may actually increase. The findings described in this thesis revealed increased levels of primary and secondary control in old age, supporting the latter view. A significant contribution of this study to the field is the finding that control strategies are mediated by self-concept rather than country of origin or age alone.

More specifically, an interdependent self-concept, believed to be more prevalent in non-Western countries and in older individuals, plays a central role in determining control striving. This suggests that future studies of control should aim at measuring not only cross.-cultural differences, but intra-cultural diversity as well.