ANTHROPOLOGICAL PERSPECTIVES ON AGING

“What is one of the good things about being an old person?” --Pat Draper, Anthropologist

“There is nothing good about being old. An old person can just sit and think about death. If you have a child who takes care of you and feeds you, you have a life.” --!Kung informant, western Botswana.

Old-age is often considered to be a unique biological characteristic of modern humans. Physical anthropologists tell us that like most other mammals our distant ancestors rarely if ever lived beyond their reproductive years. One evolutionary explanation for old age holds that females who lived longer but whose fertility was curtailed in later adult life were more successful at rearing their last born children, and may have contributed to the reproductive success of their earlier children.

Today, however, many of us live in societies that are grappling with the "problems" of the elderly, and in which the elderly seem increasingly divorced from the productivity and success of everyday life. How similar or different are the lives of elders in modern, complex society as opposed to the lives of elders in more traditional, simple societies? Are there more elderly in our society than in others? Are the elderly in other societies happier or better cared for than in America? How old is "old"? What defines an old person? a "middle-aged" person? Is old age a "good" time of life? Are elders respected, or given special status? Why or why not? What kinds of circumstances make for a happy old age or an unhappy one? These and other questions have given rise to a new cross-cultural study of aging, being carried out in seven different locations.

THE CROSS-CULTURAL STUDY

Central to anthropology is a cross-cultural perspective which asks the question, "How does the human experience differ from one society or cultural tradition to another?" As many times as this comparative question has been asked, researchers have had to grapple with the problem of what aspects of experience to compare across societies. For example, in the U.S. older people value independence. They and their younger kin go to great lengths to arrange for the financial and residential
independence of older people from younger kin. However, in many traditional societies independence of the generations is neither valued nor a practical goal. Therefore, a cross-cultural study of how elders achieve independence in old age would be ill advised. The Project A. G. E., described more fully below, attempted to avoid such pitfalls by investigating the meanings attached to old age by members of each of several selected communities.

Project A.G.E. (Age, generation, and experience) is a long-term, cross-cultural study of aging funded by the National Institutes of Health through the National Institute on Aging, and directed by C. Fry (Loyola Univ. of Chicago) and J. Keith (Swarthmore College). This research project was designed to minimize the opportunity for western or American assumptions about successful aging to be imposed on respondents in other culturally distinct communities. The study involves seven different anthropologists and locations in five cultures: !Kung villages of Northwestern Botswana (Draper); Herero agro-pastoralist villages of Botswana (Harpending); four neighborhoods in Hong Kong (C. Ikels); Blessington, Ireland, a suburb of Dublin (J. Dickerson--Putman); Clifden, Ireland, an isolated seaside town in County Galway, Ireland (A. Glascock); Swarthmore PA, a suburb of Philadelphia (J. Keith); and Momence IL, a small rural community situated a two hour drive from Chicago (C. Fry).

The seven communities were deliberately chosen to maximize diversity in the sociocultural variables: size, social complexity, economy, mobility, scale and technology, all thought to influence both the sense of well-being of the elderly and their participation in society.

The focus of the project is not simply to study "aging" but to understand how culture shapes the structuring of social roles across the lifespan. All researchers but one had previously carried out fieldwork as participant observers in the culture under study. Each researcher spent at least one year in the research site. Before any formal interviewing was done for Project A.G.E., each researcher spent several weeks in the community eliciting information about the vocabulary and semantics of age terminology, so that the basic interview questions could be framed in terms comprehensible to the respondents. The plan called for 200 interviews at each location; 150 subjects evenly divided by sex and (adult) age category, and an additional fifty from the two oldest age groups. Questions about aging were phrased in such a way that differences in people's attitudes about aging (both within and between cultures) could emerge.

Questions in five different categories concerned:

1) terminology and differentiation ("What do you call people of different ages, and how are they different? What are the best and worst aspects of each? What age group are you in?")

2) transitions between age groups ("What happened to you to change you from your former age group to your present one? How will you know when you have moved into the next age group?")

3) feelings about age transitions ("Do you like your present age? How do you feel about entering the next age group?"")

4) evaluative questions about the age groups ("In what age groups do you know the most or least people? What age group are you most comfortable with? What are the best and worst ages to be?")

5) past and future questions ("Are you better off now than you were 10 years ago? What do you imagine about your life five years from now?")

PROBLEMS OF RESEARCH AMONG THE !KUNG

These and related questions were readily answered and yielded abundant interesting data in the two American sites, in Hong Kong, in the urbanized Irish community (Blessington) and among the Herero. In contrast, the more rural Irish (Clifden) and the !Kung were alternately puzzled, irritated, and amused by the age questions. Many grew visibly anxious at not being able to provide answers. Since both the Irish and the !Kung are famous (at least in anthropological circles) for their talkativeness, this result in two independent
communities was puzzling. The informants knew the researchers well and appeared comfortable with them, and great care had been taken to phrase the questions in the local idiom. Moreover, aging and senescence were familiar to every informant. What, then, accounts for the relative failure of this approach in these two sites?

What informants in these two communities share is a low "salience" of aging categories. That is, although age terminology may exist, people do not categorize or identify particular people by their age, nor do they readily generalize on the basis of age. For example, a !Kung informant was asked, "What do you call people of different ages?"

Respondent: "Oh, they have all kinds of names. There's John, Sue, Jane, George...."

PD (Pat Draper): "No, I mean, when people have different ages, how do you distinguish among them?"

Respondent: "Well, that's easy. Come on over here and I'll point them out to you. See, there's Jane and Sue is over there. John isn't here now but George...."

In this society, personality, residence, sex, health are more important than age in distinguishing individuals. From start to finish, interviews with the !Kung were like pulling teeth.

PD: "So, you say that for women you would use four age terms...young, ...middle-aged, ...elder, ... and aged. ...For example, let's start with the young women. What is it about the young women that makes them alike? What do they have in common?"

Respondent: "What do you mean alike? They're nothing alike! I've already told you that. Some of them are hard workers, others are lazy, some of them have children, others have no children. What makes you think they are alike? They are all different."

Throughout the study, informants failed to identify age as the key part of the questions.

PD: "If you were at your village one day, and there wasn't anyone to talk to, and you were sort of lonely, wishing for conversation, what age person would you most like/not like to have visit you?"

Respondent 1: "Why would I be alone at the village? If I were alone, I wouldn't want anyone to visit me."

Respondent 2: "Well, I would prefer that someone I knew would visit me."

Respondent 3: "I don't like to be visited by a Herero."

Respondent 4: "Anyone who visits me is welcome. I don't refuse anyone! Children, old people, young adults, they are all welcome. If I have tobacco we will sit together and smoke and talk."

Questions about how many acquaintances an informant had in each age group were unanswerable by !Kung informants who had no indigenous system of counting above three, and rarely use "foreign" number systems except for counting cows. The questions about past and future were defeated by the strong theme of empiricism and practicality in !Kung world view.

PD: "If you could be any age you wanted to be, what age would you be?"

Respondent: "It is not possible to change your age. How would that happen?"

Questions designed to elicit cultural norms or individual feelings about moving from one age to another were also unsuccessful.

PD: "...what happens, for example, in a woman's life to move her along?"

Respondent: "Age, just age."

PD: "Is there nothing else you can tell me about what happens that makes the difference between, say, a middle-aged woman and an elder woman?"

Respondent: "Well, you see, it is the seasons. First it is winter and dry, then the rains come and then that season is past and then the winter comes along again. That is how it happens that you get older. Now do you understand?"

In addition to these problems, the short question and answer format of individual interviews violated the normal rules of discourse among the !Kung. In their conversational style several people
participate in turn, each speaking for several minutes. Nevertheless, a small number of informants (far below the 200 target sample) did become interested in the issues and provide interesting and informative data on this topic (see below).

PROBLEMS OF RESEARCH IN RURAL IRELAND

Like many communities in rural Ireland, the population of Clifden has been dramatically affected by emigration. If children are excluded, over 25% of the adult population is over 65, in contrast to 19.1% of the adult population of Swarthmore, another study site. In addition to questions of the type posed to the !Kung, residents of Clifden were asked to sort a series of cards on which were written a brief description, e.g. "a widow who lives in a nursing home, with married children and grandchildren." Age was not mentioned on the cards and respondents were asked to sort the cards into age categories and were asked questions about their categories. Over half of the respondents could not complete this task, since, as in the !Kung example, people rarely think of each other in age categories, and generalization based on age has a low "salience". One Irish woman began to ask questions about a card which described a hypothetical person as "A married woman, daughter takes care of her and her husband, has great-grandchildren."

Respondent: "Ah, about what age was she when she married? If she married quite young, she wouldn't be that old."

AG: "I can't say, you have to use what is on the card."

Respondent: "Well then, was her first child a daughter?"

AG: "I don't know, she is not a real person."

Respondent: "How old was her daughter when she married?"

AG: "I can't say, all I know about her is what is on the card."

Respondent: "Ah now, it wouldn't be possible for me to say who this person is without knowing something about her."

Respondents had little trouble naming "women living on Bridge Street," but experienced considerable difficulty in naming "older women living in Clifden." Questions about "How does your health compare to other people of your age" were answered in many cases by responses such as "I couldn't say, really. Everyone's different and there's no way to say just one thing." In addition, as among the !Kung, the standard questionnaire format violated the normal rules of discourse, which among the rural Irish is indirect and allusive. For example, the local people communicated in various behavioral ways the irritation they felt with the probing nature of the card sort: they moved away from the table, looked away, crossed their arms, changed the tone of their voice. All these behaviors disappeared when the card sort and the interview were finished.

Despite methodological problems, such as the evident absence of a universal age category of "old" and the difficulty people in many societies experience in being asked to categorize people into age classes, the study has yielded interesting results.

AMERICA'S ELDERLY ARE NOT UNIQUE

In the US, society's treatment of the elderly and the problems of eldercare are prominent issues for politicians, community organizers, public health workers, authors and TV producers, religious leaders and even the courts. We often imagine that the problems of our society are unique, that we have more elders than ever before, that they are lonelier, more childless, more single and therefore more dependent on strangers than in other societies. The study, however, suggests that the proportion of individuals over 60 (19% in Swarthmore, 30% in Momence) in the American study sites is not greater than in some of the other sites. In Clifden, Ireland, for example, more than a quarter of the adult population is over 65, and the proportion of elderly among !Kung and Herero adults is slightly larger than in Swarthmore.

Nor are Americans less likely to have children. In America we often hear that declining birth rates coupled with greater

(continued on p. 13)
longevity have produced increasing numbers of old people with only one or no surviving child to provide care in their parents' old age. Yet, here as well, Americans are not extreme. About 90% of the elderly men in the Swarthmore study and 82% of the elderly women had at least one child, in sharp contrast to the !Kung, among whom about 30% of the elderly were childless, although in the latter case, a number of parents had outlived their children--only 12-13% had never had a child. A similar pattern was observed among the Herero, 25% of elderly women were childless, but about half of these women had borne children who later died. In rural Ireland, more children survive but fewer adults have children. While only about 12% of elderly women were childless, fully 63% of elderly men had no offspring.

Americans also tend to think that the feminization of old age, and the tendency for older women, in particular, to be unmarried or widowed is an artifact of demography and is universal. The A.G.E. study suggests that customs and values surrounding marriage have a greater effect than demography on the household composition of the elderly. Elderly people of both sexes in Swarthmore were as likely to be married as were the !Kung. For example, about one-quarter of the women and a smaller percentage of the men in each group were widowed. The !Kung value companionship in marriage and will remarry after the death of a spouse. Among the Herero, on the other hand, while three-quarters of the elderly men are married, three-quarters of the elderly women are single, widowed, or separated. In this society, marriage sanctified by the exchange of cattle, is generally contracted between older men, who have the most cattle, and young girls. Only 6% of the women never married, but widows do not remarry, and, in any case, do not look to their husbands for care or companionship. In Clifden, Ireland, in contrast, only about a quarter of elderly men and women are married. While over half of the elderly women are widowed, almost half of the elderly men (44%) in this community have never married. This phenomenon has been variously attributed to emigration and the absence of economic opportunity in a culture where men are expected to support wives and children. Unemployment among men is currently 35% and about three out of every five adults have lived overseas for at least one year.

It has been argued that the US is such a mobile society that even if older people do have children, they rarely live close enough to be helpful. Among the !Kung, the Herero, and in Clifden, a large proportion (77% to 85%) of the elderly who had children had at least one living nearby. This proportion was somewhat smaller in Swarthmore, but of the Swarthmore elderly with children, about 60% had at least one child living in Swarthmore or within one hour's travel time. While child mobility is greater in the American sample than among the !Kung or Herero, it is even greater in the Irish sample. Many of the children of Clifden residents have emigrated and live abroad. The study found that 90% of the older people with children had at least one child overseas.

**WHO CARES FOR THE ELDERLY?**

In all the study sites, families, loosely defined, provide the majority of eldercare, whether this is limited to economic assistance (provisioning) or extends to help with daily tasks. Yet both the definition of responsibility for eldercare and the type of care expected differ markedly from site to site. In the US, elders expect to be financially independent, even when they need help with daily tasks. In rural Ireland, where so many of the elderly, particularly men, are unmarried or childless or whose children live far away, and where economic assistance is provided by the state, daily or occasional help with living tasks is often provided by collateral relatives such as siblings, nieces and nephews, or simply by close neighbors. About one-quarter of the Clifden elderly have no close relatives at all in Clifden, and about a third of older men have only one close relative in the community, usually an older sibling. A third of the elderly in this community live alone. Among the !Kung, who have no government help or stored capital, food and other economic assistance, as well as help with daily tasks, is expected from adult children but may also be provided by other close relatives living together in a small village. The presence of two or more adult
children was correlated with an increase in the life expectancy of elderly mothers, but not of elderly fathers. Young children are not expected to care for the elderly on a regular basis. Because of remarriage, spouses are more available for care among the !Kung than among the Herero or Irish.

If demography accounts for all the differences in eldercare, why aren't the elderly Herero, with their high rate of childlessness and large number of old unmarried women, in trouble? Instead, the proportion of elderly Herero in the adult population, in general, and among women, in particular, is slightly higher than among the !Kung. Each Herero belongs to a cattle-holding lineage group, whose members are responsible for the economic well-being of its members. In addition, much as Americans and other societies derive great self-esteem from the care given to their children, a Herero draws more of his or her self-esteem from the care given to parents and older relatives. Since many elders are childless or have children away at school, young children are loaned or even fostered out to elders for the express purpose of providing care. Approximately 40% of all Herero children are reared by foster parents.

What happens when an elderly individual becomes frail and unable to care for himself or herself? In rural Ireland, behaviors that would signal end of independent living in America—leaving the stove on, forgetting to turn on the heat, inability to drive, falling down the stairs, not recognizing friends and family—do not endanger the person or others to the same extent as in America. Houses do not have second stories, most older people do not drive in any case, and shopping can be done on foot. Neighbors and the community's visiting nurses make sure that the chimney has smoke coming out of it on a cold day. An old man who does not really recognize his surroundings might be escorted to and from the pub, where he will spend the day in a warm corner. Inappropriate behavior is explained as "he's a bit mental, you know."

ARE THE ELDERLY HAPPY?

One of the striking contrasts is the degree to which elderly Americans described themselves as happy, while the younger members of the American population were more negative in their self-evaluations. Americans place great emphasis on economic independence, and the elderly have this to a greater extent than the young and middle-aged. The elderly Irish of Clifden were also very happy with their lives, in part because they have a degree of economic security in the government dole, in part because they have access to good, almost free, low-tech health care. Two doctors and several visiting nurses make sure that every sick or frail individual is seen on a daily basis if necessary. The Clifden elderly also remember that life was much harder in this community 40 to 60 years ago, when they were young. The !Kung elderly, in contrast, rated their quality of life low, but only slightly less than the self-ratings of the middle-aged. Old Herero were at the opposite end of the scale in describing their age in the most pessimistic terms of any age group, despite what an outsider might see as a very high level of social support. In a somewhat rosy view of an imagined past in which old age was happily spent in the bosom of one's family, we tend to forget that modern society has mitigated many of the real discomforts of the elderly. The good to excellent level of social support routinely available in the two African sites cannot begin to compensate for the absence of furniture, mattresses, running water, central heat, antibiotics, eyeglasses, Tylenol and false teeth.

A source of unhappiness in the American communities but less so in Ireland or among the Herero or !Kung, was the degree to which American elderhood is marked by abrupt transitions, such as retirement or change of residence in order to be in a more manageable house or nearer to a child. Elders in the other societies more often continued their adult patterns of work, residence and social interaction into elderhood. The abrupt transitions that mark elderhood in America, and which are less pronounced in a rural community like Momence, are in part a corollary of the economic independence and wealth of elders. If private housing were uncommon and economic interdependence the norm, elders would find it easier to get help without compromising their cultural values.

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THE A.G.E. PROJECT

The comparison of aging in seven locations has demonstrated that the living conditions, concerns, and even the definition of the elderly are strongly conditioned by cultural values and societal variables. Very different networks have been developed for caregiving in each society. The relatively high status of elderhood in some societies (e.g. in China, or among the Herero, where the elders nominally control the ownership and disposition of lineage cattle) does not appear to be correlated with happiness among the elderly. Though elders in more traditional societies are more likely to remain situated in supportive families and familiar communities, they feel keenly the physical losses of aging under circumstances where there are few cushions or prostheses to ease their discomforts. Indeed there is a fine irony in the finding that traditional and modern societies satisfy different and mutually exclusive goals of the elderly: social connectedness in traditional societies and freedom from physical discomfort in more modern societies.

This article is based on the following publications:

Draper, P. and Buchanan, A. "If you have a Child you have a Life: Demographic and Cultural Perspectives on Fathering in Old Age in !Kung society" (AAA meetings paper, to appear in The Father-Child Relationship: Developmental, Symbolic and Evolutionary Perspectives. Edited by B. Hewlett. NY: Aldine de Gruyter, 1989.

Draper P., and Glascock, A. P. "Can you ask it? Getting answers to questions about age in different cultures." (unpublished manuscript)


Draper, P. and Keith, J. "Cultural Contexts of Care: Family Caregiving for Elderly in America and Africa." Journal of Aging Studies. (accepted for publication)


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