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Cultural frames, qualities of life, and the aging self.

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**Abstract**

We used the Self-concept Enhancement Tactician model to explore whether older Norwegians and Canadians would tactically self-enhance on qualities considered significant within their cultures in their self-perceptions of aging. Qualities were measured using the WHOQOL-BREF and WHOQOL-OLD. Self-perceptions of aging were measured by the Attitudes to Aging Questionnaire. The study is a secondary analysis of data collected in a larger study; 393 older Norwegians and 202 older Canadians were included. The Norwegian and Canadian group self-enhanced their perceptions of psychosocial loss based on harmonious social relationships and being part of a larger social group. For self-perceptions of physical change, both groups self-enhanced on being self-sufficient and being part of a larger social group. Our findings suggest that Norwegians and Canadians are not highly individualistic people and also provide evidence of a bicultural self-perception of aging. Nurses should consider how cultural and individual perspectives affect the care priorities of older people.

**Keywords**: self-perceptions of aging, culture, Canada, Norway, group comparisons

Appraisals of aging are cognitive representations of the individual’s evaluation of his or her life situation in terms of actual versus intended course of personal development (Brandstadter & Renner, 1990). These appraisals pertain to physical and social losses and gains in the past and present, and continual psychological growth (Laidlaw, Power, Schmidt, & the WHOQOL-OLD Group,2007). Growing older is a personal experience (Steverink, Westerhof, Bode, & Dittman-Kohli, 2001), one best understood through the individual’s assessment of their own position in the life course (Furstenberg, 2002). Studying older age through age categories or treating age as a covariate tells us very little; rather, older age is a life stage during which individuals hold important perceptions of what it is like to be growing older (Levy, Slade, & Kasl, 2002). In this study, we explore self-perceptions of aging of older Norwegians and Canadians in relation to loss, change, and growth. Norwegians and Canadians have been described as highly individualistic people (Allik & Realo, 2004; Oysermann, Koon, & Kemmell, 2002; Triandis, 2001). However there are no studies relating this cultural frame of reference to aging itself. We used Sedikides, Gaertner, and Toguchi’s (2003) Self-concept Enhancement Tactician model (SCENT) as a guiding framework; it outlines the psychological processes that link older people’s culture to their self-perceptions of aging.

**Conceptual Framework**

Within the SCENT model (Sedikides et al., 2003), cultural systems are conceived of as norms, ideals, and values that shape individuals’ perceptions of themselves in terms of their own development. Cultural systems influence individual’s perceptions of themselves through self-ways; self-ways are cultural mandates framing what it means to be an appropriate, good, moral, and accepted member of a culture. Self-ways dictate how an individual ought to live out his/her life and thus how he/she ought to treat others and what to strive for to meet cultural expectations. People are highly skilled in recognizing self-ways appropriate to their culture and strive to live their lives accordingly. Individualistic cultures value agency or a personal concern with personal effectiveness and social dominance (Sedikides et al. 2003). Thus an individualist would, for example, strive to be self-sufficient and free from social constraints. Self-sufficient individuals would be effective at and thus be able to fulfil their own roles and responsibilities. Collectivist cultures value communion or a personal concern with social connectedness and personal integration (Sedikides al., 2003). Thus, a collectivist would, for example, strive to maintain harmonious social relationships and be part of a larger social group. These goals reflect attributes or qualities referred to by Sedikides et al.’s (2003) in their self-enhancement work.

The self-enhancement motive is universal (Sedikides et al., 2003). Everyone is motivated to be an appropriate, good, moral and accepted member of a culture and thus live out their lives in culturally appropriate ways. Individuals internalize culturally appropriate attributes or qualities and evaluate themselves unconditionally and positively based on these cultural appropriations (Sedikides et al., 2003). How individuals perceive themselves in terms of their own development is linked to the norms, ideals, and beliefs that are considered important and thus significant within their culture. Individuals thus tend to self-enhance along attributes or qualities that are considered important within their culture (Sedikides et al., 2003). Self-sufficiency and freedom from social constraints would be most significant to individualists’ perceptions of their own development. For collectivists, maintaining harmonious social relationships and being part of a larger social group would carry the most weight. Although individualists may strive to maintain harmonious relationships, this would not be given the same priority as self-sufficiency.

In this study, we explored the perceptions of older Norwegian and older Canadians regarding their own aging. We questioned whether older Norwegians and Canadians are highly individualistic people.

**Are Norwegians and Canadians individualistic people?**

Among young adults, Oysermann et al. (2002) found Norwegians and Canadians exhibited individualistic preferences indicative of a “western cultural frame” (p. 28). Among adults (with a mean age of 42 years), Allik and Realo (2004) reported relatively high rankings for Canada and Norway (80 and 69, respectively) on individualism in contrast to countries such as China and Brazil (20 and 38, respectively) where there was a tendency to favour the goals and well-being of others. Canada and Norway also reported high levels of organizational membership and interpersonal trust, in keeping with collectivism. Earlier conceptions of collectivism have led to the widespread belief that “individualism can only exist at the expense of social relationships” (Schimmack et al., 2005, p. 27). Brewer and Chen (2007) also point to the tendency toward dualistic thinking in cultural studies when distinct Western versus Eastern Asian countries are compared. However, among some distinct cultures, there is evidence to support a more relativist cultural frame of reference.

Kolstad and Horpestad (2009) found that Norwegians tended to value interdependence as much as independence while Chileans valued their independence more (albeit in a study of younger adults). In Hori and Cusack’s study (2004), older Canadians reported valuing personal freedom, enriching their own personality and development more than did their Japanese counterparts. Nonetheless, older Canadians were also significantly less likely to equate older age with having less contact with others or social activity. Yamada and Singelis (1999) refer to well-developed patterns of both interdependence and independence as a bicultural self-construal. Lu and Yang (2006) also speak of a bicultural self or an attitude favouring the coexistence of an independent and interdependent self. Kolstad and Horpestad (2009) draw our attention to a composite self-perception based on a combination of individualist and collectivist qualities. The beliefs and values considered important in Norwegian and Canadian society also raise questions regarding whether there are mixed cultural frames of reference.

Likhet, a set of social norms guiding how Norwegians ought to present themselves and interact with others, suggests that no one Norwegian ought to be made to feel more deserving or important; this speaks to seeking ‘sameness’ and ‘same results’ in the conduct of everyday matters (Eriksen, 1993; Gullestad, 1991; Kvidal, 2012). Warner-Soderhølm (2012) found that, in comparison to Sweden, Denmark, and Finland, Norway ranked highest in the valuing of all citizens’ social security, treating others with compassion, and group collectivism or cohesiveness with family and community. In Norway, family traditions and connections are considered to be core elements of peoples’ social identity (Strand, 2007). There is an explicit emphasis on social cooperation in Norwegian society (Stortinget, 2012). Hierarchical relationships are largely unwanted and often met with suspicion (Kvidal, 2011; Warner-Soderhølm, 2012). Norwegians also tend to confirm their own worth and uniqueness by being socially accessible (Gullestad, 1991; Kvidal, 2012; Warner-Soderhølm, 2012). The freedom of livelihood ensures that all Norwegians have the opportunity to uniquely contribute to Norwegian society (Stortinget, 2012). Nonetheless, promoting one’s own successes ought to be done with careful modesty (Kvidal, 2012). The widespread tendency to foreground the individual’s worth and uniqueness while maintaining a coexisting strong emphasis on social closeness and community has long been referred to as egalitarian-individualism (Gullestad, 1991). These findings hint at harmonious social relationships and being part of a larger social group as self-enhancing for older Norwegians versus self-sufficiency and being free from social constraints.

Canada’s Constitution asserts that each individual is entitled to freedom of thought, belief, opinion, and has the right to assemble and associate freely (Department of Justice, 2013a). However, social civility is valued; personal choices and preferences ought not to harm others or restrict their rights and freedoms (MacKinnon, 2004). Canada’s Human Rights Act (Department of Justice, 2013b) also emphasizes that each individual ought to have the opportunity to make the life that he/she wishes to have, without hindrance or discrimination. Being able to fulfil family responsibilities and roles is considered important but is no less important than fulfilling one’s own goals (MacKinnon, 2004). There is also a core belief is that every individual has the basic right to fully and equitably participate in all aspects of society (Department of Justice, 2013c). Value is placed on citizens being able to make active contributions to improve their own lives and the overall economy (MacKinnon, 2004). These core beliefs and values more closely align with what Gullestad (1991) refers to as an individualistic notion of equality or an equal opportunity to be different versus Norwegian equality which is viewed as one of being and doing the same. The individual’s worth and uniqueness is in the foreground and coexists with a seemingly lesser emphasis on social closeness and community than in Norwegian society. These findings hint that older Canadians are likely to value their self-sufficiency and freedom over maintaining harmonious social relationships and being part of a larger social group.

**Purpose**

Our purpose was to explore how older people from Norway and Canada viewed aging through a cultural lens. Specifically, using the SCENT model (Sedikides et al., 2003), we asked: would the older Norwegians and Canadians taking part in this study tactically self-enhance on various attributes or qualities considered significant within their cultures? That is, would attributes or qualities on which our older Norwegians and Canadian participants tactically self-enhance have the most significant positive bearing upon their perceptions of their own development? Self-perceptions of development in this case pertained to older Norewegians’ and Canadians’ self-perceptions of aging. Consistent with the SCENT model and hints from the cultural literature, we hypothesized that: (**H1**) Older Canadians, not older Norwegians, would tactically self-enhance on self-sufficiency and being free from social constraints. (**H2**) Older Norwegians, not older Canadians, would tactically self-enhance on harmonious relationships and being part of a larger social group. Our hypotheses required us to make group comparisons of self-enhancement strategies.

A better understanding of the cultural frames of older adults can help nurses provide culturally appropriate care (Leininger, 2011). The findings of this study can augment our understanding of nursing care priorities to enhance the older adult’s perception of their position in the life course in the context of their culture and value systems. Understanding individual attitudes and values can assist nurses plan culturally appropriate care. To our knowledge, this is the first study where linkages between qualities deemed important to an older person’s culture and perceptions of their own aging are explored.

**Methods**

**Study Design**

The data for this study were collected in 2004 as part of a larger study of quality of life of older adults funded by the European Commission, conducted in collaboration with the World Health Organization (Power, Quinn, Schmidt, and the WHOQOL-OLD Group*,* 2005); 23 countries were included in the original project. Inclusion criteria for both countries were: 60 or more years of age, English or Norwegian speaking, resident of Canada or Norway, no illness likely to cause death within the next six months, and no significant cognitive impairment. Data were also collected relating to qualities of life, self-reported health, attitudes toward aging, and socio-demographic characteristics (including gender, age, marital status, and educational level).

**Data collection Procedures in Canada and Norway**

In the Canadian Field Trial study, letters were sent to 1000 eligible randomly selected people, stratified by age (60 - 70, 71 - 80 and 81+) from the databases of the British Columbia Ministry of Health Client Registry. Older adults who responded to a letter of invitation to participate were sent questionnaires by mail. The response rate to the letters was 42%; of those who responded, 60% agreed to complete the questionnaire. The return of study packages for participants was 80.4% (*n*=202).

In the Norwegian Field Trial study, two cohorts took part. The largest consisted of a randomly selected stratified sample of older adults from 20 dispersed communities drawn by allocated proportional design by Statistics Norway. Of the 802 elders invited to participate, 401 returned questionnaires by mail; 393 participants were included in the analysis (the 8 others had missing data).

**Measurements**

***The Self-Perception of Aging***.Self-perceptions of aging were measured using the Attitudes to Ageing Questionnaire (AAQ; Laidlaw, Power, Schmidt, & the WHOQOL-OLD Group, 2007). The AAQ consists of 24 items relating to three domains: psychosocial loss, physical change; and psychological growth. Psychosocial loss is about whether respondents equate old age with them being lonely, depressed, and having loss, whether they are currently feeling disengaged from society and excluded from things, and as they get older, are losing their physical independence, and having difficulty making friends and talking about their feelings. Respondents are also asked about physical changes (their aging ease, feeling old, identity not being defined by age, energy and health at present given their age, physical health problems not holding them back, and exercise regularity and importance). The psychological growth that comes with aging is about better coping and self-acceptance, believing one’s life has made a difference, seeing aging as a privilege and as pleasant, giving of and being a good example to others, and felt wisdom. Both classical and modern psychometric methods (Structural Equation Modelling and Item Response Theory) were used to establish the reliability and validity of the instrument (Laidlaw et al., 2007). All AAQ items are based on self-report with ratings ranging from 1 to 5, where 1 reflects strongly disagree or not at all true, and 5 reflects strongly agree or extremely true. Internal consistencies for the Norwegian group were: psychosocial loss α= .73, physical change α= .75, and α=.73 for psychological growth, and for the Canadian group, α= .77, .79, and .70, respectively.

***Qualities Valued by Individualistic Societies****.* The SCENT model proposes that individualists value personal effectiveness or self-sufficiency and social dominance or being free from social constraints. We captured such qualities using the WHOQOL-BREF and WHOQOL-OLD. The WHOQOL-BREF is a short version of the WHOQOL-100 designed to measure generic QOL across cultures (WHOQOL Group, 1998a; WHOQOL Group, 1998b; WHO, 1997). Responses to each item reflect perceptions over the last two weeks and are scored on a 5-point Likert scale. Higher scores indicate higher QOL. The WHOQOL–OLD is a 24-item 6-facet module intended to be used in conjunction with the WHOQOL–BREF (Power, Quinn, Schmidt, & the WHOQOL-OLD Group, 2005). Each facet contains 4 items scored on a 5 point Likert scale; higher scores indicate higher QOL. As was the case with the AAQ, the WHOQOL-BREF and WHOQOL-OLD were developed using culturally sensitive methods across 20 countries world-wide by way of focus groups, Delphi exercises, and forward and backward translation to ensure that there was consistency in the content and meaning of items and response categories across countries (Laidlaw et al., 2007).

‘Self-sufficiency’ was measured using the BREF physical domain (Norway α=.81, Canada α=.81). The BREF physical items pertain to, for example, being independently mobile and able to work, and engaging in activities of daily living while not relying on external aides. The physical domain focuses on effectiveness in terms of being physically able to fulfil one’s own roles and responsibilities. ‘Being free from social constraints’ was captured using the autonomy domain of the WHOQOL-OLD (Norway α=.77, Canada α=.79). The autonomy domain focuses on being able to do what one likes, making one’s own decisions, and having one’s freedom respected. The autonomy domain is about having freedom and thus no constraints from others.

***Qualities Valued by Collectivist Societies****.* The SCENT model proposes that collectivists value social connectedness and personal integration; they strive for harmonious social relationships and being part of a larger social group. ‘Harmonious social relationships’ were measured using the the social domain (Norway α=.54, Canada α=.67) of the WHOQOL-BREF and reflected the perceived quality of relationships with a life partner, friends, and others in general. With respect to ‘being part of a larger group’, we used the WHOQOL-OLD Social Participation (Norway α=.81, Canada α=.85) facet. This facet captures opportunities for participating in one’s community and in meaningful social activities, using one’s time to take part in social activities, and being satisfied with one’s level of social activity. The lower coefficient in the BREF social domain that we had observed has also been reported in international WHOQOL Group findings, and other studies of middle-aged and older adults (Kalfoss, Low, & Molzahn, 2007). Lower alpha values for the social domain may be partly due to the diverse range of areas addressed in this domain (Yao, Chung, Yu, & Wang, 2002).

**Analysis**

We generated descriptive statistics of older Norwegians’ versus Canadians’ ratings of their self-sufficiency, freedom from social constraints, harmonious social relationships and being part of a larger group. In a multiple analysis of variance or MANOVA (Norussis, 2000), we controlled for age, marital status and education because of the variability in our study samples. Control variables (age, marital status, and education) were entered as covariates. Country of origin was treated as a fixed factor for group comparison. Although gender was not the focus of this study, Daatland (2007) found that Norwegian women 40 to 80 years of age were more satisfied with their age and less concerned about being considered elderly than were Norwegian men. In Hurd’s (2002) study, older Canadian women exhibited more negativity toward bodily aging than did older Canadian men. Hence, we felt it prudent to treat gender as a fixed factor. While not among older Norwegians or Canadians per se, perceived health has strongly predicted older peoples’ self-perceptions of aging (see, for example, Demakakos, Gjonca, & Nazroo, 2007; Schafer & Shippee, 2010). Hence, we also controlled for health status.

We used AMOS 20.0 (Arbuckle, 2011) to identify differences in the significance of individualistic (self-sufficiency and being free from social constraints) and collectivist (harmonious social relationships and being part of a larger social group) attributes or qualities among the Norwegian versus Canadian group. Qualities yielding critical ratio of differences (*CR*) statistics less than 1.96 were considered group-invariant and constrained to be equal between the Canadian and Norwegian study samples in a cumulative manner; all others were freely estimated (Byrne, 2001). Because we observed significant group differences in the mean scores of all four qualities in the MANOVA (see Table 1), we also constrained to be equal variances and inter-correlations yielding critical difference ratios of less than 1.96 (Byrne, 2001).

Given that there were more older Norwegian participants in this study, in addition to the Model Chi-square (*X*2) statistic and root mean square error of approximation (*RMSEA*; cut-off=.05), we used the adjusted goodness-of-fit (*AGFI*; cut-off=.95), and comparative fit (*CFI*; cut-off=.95) indices to further examine goodness-of-fit (Byrne, 2001; Arbuckle, 2011).

**Results**

**Characteristics of Sample**

The mean age of the 202 participants in Canada was 72.3 years (*SD* = 8.0; range of 60-95); 54% were female. Approximately two-thirds were married or partnered; 3% were never married, and 30% were separated, divorced or widowed. Slightly more than half had post-secondary education. About 43% reported living at home unsupported and few (2.2%) resided in nursing homes and residential care facilities. Norwegian participants were older (*M*=75.63; *SD* =+/- 8.0; range of 60-91 years); 71.8% were female and 28.2% were male. Just over half were married or partnered (54.4%); 8% were never married, and 36.8% separated, widowed or divorced. Just under one-third of the Norwegian sample had post-secondary education. Approximately 88.4% lived at home unsupported and 3.7% lived in residential care. Similar proportions of Norwegians and Canadians considered themselves healthy versus unhealthy (81.7% versus 84.7%).

In the MANOVA (see Table 1), the Canadian group had higher mean scores on self-sufficiency (*F*=24.68, *df*=1, *p*=.000) and being free from social constraints (*F*=25.14, *df*=1, *p*=.000). Mean scores were higher for the Canadian group for harmonious social relationships (*F*=10.96, *df*=1, *p*=.021) and being part of larger group (*F*=21.94, *df=*1, *p=*.000) as well. Our AMOS analysis focuses on loss and change because country also had a significant main effect on the self-perception of psychosocial loss and on physical change, albeit much less pronounced (see Table 1). Presumably these significant between-group differences in loss and change per se were, at least in part, owing to there being differences in the significance of the four qualities we were investigating. Our two hypotheses focus specifically on group differences. In our AMOS analysis, we also accounted for women perceiving themselves to be more self-sufficient than did men (*F*=4.44, *df*=1, *p*=.035) in the MANOVA.

P-values in relation to psychosocial loss are shown in Figure 1. Self-sufficiency was not significant in the Norwegian group (*p*=.232); this was not the case for their Canadian counterparts (*p=*.009). Being free from social constraints (*p*=.039), and harmonious social relationships and being part of a larger social group (*p=*.000) were equally significant to both groups. As shown in Figure 2, self-sufficiency (*p=*.000), autonomy (*p=*.016), and being part of a larger social group (*p=*.000) were equally significant to self-perceptions of physical change in both groups. Harmonious social relationships were not significant (*p=*.405) to either group.

**Discussion**

Using the SCENT model (Sedikides et al., 2003), we assessed the propensity of older Norwegians and Canadians to self-enhance on various attributes or qualities considered important within their cultures. The SCENT model is not specific to older people but does outline the psychological processes by which an individual’s culture can be linked to his or perceptions of development. In keeping with the cultural literature, we expected that older Canadians would self-enhance and thus perceive their own aging more positively based on their self-sufficiency and freedom from social constraints. Older Norwegians were expected to self-enhance on harmonious social relationships and being part of a larger social group.

No such study has previously been undertaken. Hence, we discuss our findings in relation to the literature on beliefs and values considered core to Norwegian and Canadian society. This literature reflects cultural beliefs and values generally held at the country level and thus do not reflect diversity in individual level perceptions. Nonetheless, what is valued or of significance in a particular culture, in all likelihood, affects cognitive representations (Markus & Kitiyama, 1991), interpretations (House et al., 1999) and attitudes toward (Kolstad, 2007) a significant life experience such as aging of many people.

Cultural values may explain why the Norwegian group significantly perceived psychosocial loss more prominently in terms of harmonious social relationships and being part of a larger social group. The significance of harmonious social relationships and being part of a larger social group to self-perceptions of loss speaks to the explicit emphasis on social cooperation (Stortinget, 2012), and fostering cohesive with family and community groups (Warner-Soderholm, 2012). Family are also considered core elements of Norwegians’ social identity (Strand, 2007). Older Norwegians’ social relationships have been linked to other psychological outcomes. Having little social contact with family and friends (Hauge & Kirkevold, 2010) and not keeping up social relations in general (Kirkevold, Moyle, Wilkinson, Meyer, & Hauge, 2012) have been found to be related to loneliness mental distress (Thoresen & Solem, 2005) and little sense of belonging (Slettebø, 2008). Older Norwegians’ self-acceptance has also been linked to lack of involvement in society (Kalfoss, Low, & Molzahn, 2010).

In keeping with the SCENT model (Sedikides et al., 2003), being free from social constraints carried far less weight among the Norwegian group than harmonious social relationships and being part of a larger social group. The significance of this quality may be partly owing to Norwegians’ tendency to be socially accessible (Gullestad, 1991; Kvidal, 2012; Warner-Soderhølm, 2012). When Norwegians are socially accessible to others, they have carefully decided who will be let into their social circle. This culturally acceptable screening behaviour ensures that Norwegians’ social circles are made up of like-others. Hierarchical relationships are largely unwanted and often met with suspicion in Norwegian society (Kvidal, 2012; Warner-Soderhølm, 2012).

These differing patterns of significance in the psychosocial loss model for the Norwegian group are akin to egalitarian-individualism (see Gullestad, 1991). This mixed cultural frame of reference arose out of a long-standing tension between valuing the individual’s own worth and uniqueness and the stronger co-existing emphasis on social closeness and community in Norwegian society (Gullestad, 1991; Kvidal, 2012). Perhaps this is why the Norwegian group self-enhanced on harmonious relationships and being part of a larger group rather than on being free from social constraints. Self-sufficiency was not significant to the Norwegian group's self-perceptions of loss. Self-sufficiency seems contrary to the Likhet-based norm that Norwegians should not dwell on themselves nor should they be made to feel more deserving or important than any other (Eriksen, 1993; Gullestad, 1991; Kvidal, 2012). Perhaps the Norwegian group considered it culturally inappropriate to dwell on being physically able to fulfil their own roles and responsibilities. These patterns of significance empirically support the SCENT model (Sedikides et al., 2003).

Unexpectedly, the Canadian group also self-enhanced on harmonious social relationships given that this quality was highly significance to their self-perceptions of psychosocial loss. The Canadian group also reported more harmonious relationships than did the Norwegian group. Perhaps this is because people in individualistic cultures are inherently free to develop satisfying relationships of their own choosing (Allik & Realo, 2004; Schimmack et al., 2005). As was the case with the Norwegian group, harmonious social relationships figured more prominently than did being free from social constraints; so, too, did being part of a larger social group. However, as MacKinnon (2004) points out, Canadians also value social civility and are inclined to believe that personal choices and preferences are important but should not be effected at others’ expense. Individualistic societies place great emphasis upon having an equal opportunity to be different (Gullestad, 1991). In Canadian society, explicit emphasis is placed upon the individual being able to make a life that he or she wishes to make without hindrances of any kind (Department of Justice, 2013b). Canadians are also inclined to see fulfilling their own roles and responsibilities as important as fulfilling family roles and responsibilities (MacKinnon, 2004). These individualistic values might explain why self-sufficiency was significant to self-perceptions of loss among the Canadian group alone. However, it is unclear why self-sufficiency also figured less prominently than did harmonious social relationships or being part of a larger group in the Canadian group’s self-perceptions of loss.

Being part of a larger social group was as significant to the Canadian group as it was to the Norwegians. This finding aligns with the core beliefs in Canada that every individual has the basic right to fully and equitably participate in all aspects of society (Department of Justice, 2013c) and that all citizens should be making active contributions to improve their own lives and the overall economy (MacKinnon, 2004). In a nationally representative study, social participation in community groups has been found to enhance older Canadians’ satisfaction across multiple domains of life (Low, Keating, & Gao, 2010). The Constitution in Norway (Stortinget, 2012) and Canada (Department of Justice, 2013a) both emphasize the freedom of livelihood. At the time our study data was collected (see Power et al., 2005), comparable proportions of persons between the ages of 65 to 70 were still participating in work-related activities in the community despite the higher normal retirement age in Norway (67 versus 65 in Canada) (OECD, 2005a; OECD, 2005b).

Despite the equal significance of being part of a larger social group across the two study samples, scores on this quality were significantly higher in the Canadian group. McCrae (2001) attributes the greater propensity for social networks outside of their immediate social circle of individualists to extraversion. Agreeableness, a trait more in keeping with Norwegian social practices, has also been found to explain attitudes to aging in older age among German seniors (Moor, Zimprich, Schmitt, & Kliegel, 2006). Using a measure such as the Revised NEO Personality Inventory (McCrae, 2001) would help us determine if the between-group scores on being part of larger social group that we had observed are rooted in these two personality traits.

Shimmack et al. (2005) also point out that people residing in individualistic cultures tend to fare better on psychological outcomes because the explicit emphasis on independence and freedom of choice permits them to pursue a life consistent with their own values. Others conceive of independence and autonomy as prerequisites for establishing quality social relationships with others, including ties within one’s community (Allik & Realo, 2004). In this study, being self-sufficient and free from social constraints was significant to the Canadian group’s self-perception of psychosocial loss. Perhaps, then, the more positive self-perceptions of psychosocial loss among the Canadian group relate to the joint significance of self-sufficiency and being free from social constraints to them alone. Nonetheless, our findings relating to psychosocial loss indicate that the Canadian group self-enhanced on the very same qualities as the Norwegian group: harmonious social relationships and being part of a larger social group.

In the physical change domain, self-sufficiency, being free from social constraints, and being part of a larger social group were equally significant to both groups. These findings support the low partial eta value for country in the physical change MANOVA. Hurd (2002) found frustration and loss regarding physical abilities instilled greater negativity toward bodily aging in older Canadian women. We found this to be the case in terms of self-sufficiency among men and women alike in both groups. Sneed and Whitbourne (1991) theorize that limitations in one’s physical functioning and health are cues to recognizing the aging process and make people negative and doubtful about their own aging. To the Canadian group, being self-sufficient was more significant than being free from social constraints to their self-perceptions of physical change. This unexpected finding may be explained by the observation that being free from social constraints is more sustainable with age than is being self-sufficient, particularly given the wide span of ages of people included in this study. In other words, a particular quality could have had a stronger influence at the individual level because it is likely to vary more at that level of analysis (see Schimmack et al., 2002). We found that the variance estimate for being free from social constraints was fractional in comparison to self-sufficiency across both groups (*CR*=16.98). Perhaps this is why self-sufficiency mattered to the Norwegian group’s self-perceptions of physical change even after controlling for their health status.

In the physical change domain, our findings on being part of a larger social group corroborate those of others. For example, older Canadians taking part in group social activities tend to appraise their own physical functioning in a more positive light (Kloseck, Crilly, & Mannell 2006). Participating in social organizations has been linked to self-rated health among Norwegians of all ages (Gele & Harslof, 2010). That harmonious social relationships were of no significance to physical change could be partly due to the continual presence and support from close relationships being far less related to the older person’s physical abilities (Steverink, Lindenberg, & Slaets, 2005). Satisfying close ties may offer unconditional positive physical regard. In two Canadian studies, this appears to be the case; informal supports from family, neighbours and friends increased with health detriments (Penning, 2002; Rosenthal, Martin-Matthews, & Keefe, 2007). In Norway, the informal sector contributes substantially to elder care, particularly to older-olds (Daatland & Herlofson, 2004; Romøren, 2001) and in response to comprised physical functioning (Lowenstein & Daatland, 2006).

The findings of this study are not generalizable beyond the two studied samples because the samples may not be representative of the populations. We chose qualities from the WHOQOL instruments that we believed best represented qualities valued in individualistic and collectivist societies; nonetheless, our measures are proxy measures. Future research could include other measures of individualism and collectivism (Brewer & Chen. 2007; Oyserman et al., 2002). Realo, Koido, Ceulemans, and Allik’s (2002) Three-Component Individualism Scale and the 4-domain Individualism Collectivism Scale (IC-S; see Schimmack et al., 2005 for a detailed review) show promise. So too does Lu and Yang’s (2006) Bicultural Self measure. However these measures are not yet validated in older adult populations.

In relation to provision of nursing care, knowledge of country-wide beliefs and values are a helpful general guide for identifying culturally appropriate care priorities. However, as Leininger (2011) points out, there can be variations in what has meaning or value at the individual level. While assumptions about individualist and collectivist cultures may lead us to make assumptions about beliefs of patients, it is interesting to note that perceptions that Canadian and Norwegian societies are largely individualist may not hold true for all older adults in these countries, and perhaps for other selected populations. For example, self-sufficiency was an important predictor of psychosocial loss for Canadian but not Norwegian older adults. Being part of a larger social group was significant for both psychosocial loss and physical change in both Norwegian and Canadian older adults studied. Nevertheless, regardless of group beliefs and norms, discussion with individual people in our care regarding their beliefs and attitudes is most likely to result in quality patient-centered care for that unique individual. Assessment that incorporates exploration of attitudes to aging from an individualist and collectivist frame could be helpful in program planning, to design programs and services (such as those that develop social networks) for older adults.

In summary, our findings on the Norwegian group alone with respect to psychosocial loss are consistent with the SCENT model (Sedikides et al., 2003). This group self-enhanced on harmonious social relationships and being part of a larger social group. The lesser significance of being free from social constraints and the null effect of self-sufficiency further support this conclusion. These patterns of significance are also consistent with a mixed cultural frame of reference known as egalitarian-individualism (Gullestad, 1991). Among the Canadian group, self-sufficiency and freedom from social constraints significantly influenced their perceptions of psychosocial loss. However, as with their Norwegian counterparts, the Canadian group self-enhanced on harmonious social relationships and being part of larger social group.

With respect to physical change, both groups self-enhanced on being self-sufficient and being part of a larger social group. For two reported individualistic societies, qualities valued in individualistic and collectivist societies were most significant in the self-perception of physical change. Our physical change model supports a mixed frame of reference across both groups, suggesting a bicultural (Lu & Yang, 2006; Yamada & Singelis, 1999) or composite (Kolstad & Horpestad, 2009) self in relation to aging.

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Table 1. Self-perceptions of aging and qualities valued in individualistica and collectivist

 societiesb.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Main effectsF, df | Partial eta (%) | Comparisonpower | Mean’s testcMean (Standard error) |
| Psychosocial Loss |  |  |  |  |
| Gender | 1.72, 1ns | .00 | .26 | F=30.99 (.24); M=31.75 (.34)ns |
| Country  | 195.92, 1\*\*\* | 25.5 | 1.00 | C=35.51 (.34); N=29.04 (.24)\*\*\* |
|  |  |  |  |  |
| Physical Change |  |  |  |  |
|  Gender | .17, 1ns | .00 | .07 | F=26.72 (.28); M=27.89 (.39)ns |
|  Country | 4.89, 1 \*\* | .01 | .60 | C=28.13 (.40); N=26.59 (.28)\*\* |
|  |  |  |  |  |
| Psychological Growth |  |  |  |  |
|  Gender | 2.92, 1ns | .00 | .40 | F=28.97 (.24); M=28.35(.34)ns |
|  Country | 2.04, 1a | .00 | .30 | C=29.02 (.35); N=28.62 (.24)ns |
|  |  |  |  |  |
| Self-sufficiencya |  |  |  |  |
|  Gender | 4.44, 1\* | .01 | .56 | F=69.43 (.88); M=72.49 (1.1)\* |
|  Country | 24.68, 1\*\*\* | 4.3 | 1.00 | C=74.55 (1.1); N=67.37 (.87)\*\*\* |
|  |  |  |  |  |
| Being free from Social Constraintsa |  |  |  |  |
|  Gender | .63, 1ns | .002 | .12 | F=15.58 (.16); M=15.37 (.20)ns |
|  Country | 25.14, 1\*\*\* | 4.4 | 1.00 | C=16.13 (.20); N=14.82 (.16)\*\*\* |
|  |  |  |  |  |
| Harmonious Social Relationshipsb |  |  |  |  |
|  Gender | 2.32, 1ns | .00 | .33 | F=72.14 (.75); M=70.09 (1.08)ns |
|  Country | 10.96, 1\* | 3.8 | .99 | C=73.39 (1.1); N=70.14 (.83)\* |
|  |  |  |  |  |
| Being Part of a Larger Social Groupb |  |  |  |  |
|  Gender | .88, 1ns | .00 | .15 | F=26.99 (.24); M=26.62 (.30)ns |
|  Country | 21.94, 1\*\*\* | 3.5 | 1.00 | C=27.72 (.31); N=25.88 (.23)\*\*\* |
|  |  |  |  |  |
|  |  |  |  |  |

*Note*s. c Scheffe’s test used for means comparisons when equal variances assumed; Game-Howell used

 when unequal variances not assumed.

 F=female, M=male; C= Canadian group, N=Norwegian group.

 Females (n=391), Males (n=204); Canadian group (n=202), Norwegian group (n=393)

 ns=Not statistically significant, \*\*p<.01, \*\*\*p<.001.

 Control variables: age, education, marital status, and health status.



