

PART

I

PSYCHOLOGY OF MINORITY AGING

Introduction: Psychology— Rising as a Discipline to Meet the Challenges of an Aging, Increasingly Diverse Society

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Although Part I focuses on psychology as a discipline, minority aging research during the last several decades has revealed the need for multidisciplinary and intersectional conceptual and research approaches. As noted elsewhere in this book, increased longevity and reduced fertility is creating a unique demographic transition, especially in advanced industrial countries. Between 2030 and 2050 there will be more individuals over the age of 60 than under 15 years of age (Rowe & Berkman, 2009). This change in the fundamental nature of the age pyramid provides stark evidence, especially in advanced industrial nations, that reduced death by childbirth and infectious diseases, better control of chronic illnesses, and reduced rates of infant mortality are changing our notions of what is possible for the individual lifespan. These demographic changes will create many new challenges for individuals, families, and governments (Robinson, Novelli, Pearson, & Norris, 2007; Rowe & Berkman, 2009). Also significant in the changing age demographics in the United States is the increase in the numbers and types of ethnic and racial minority groups. This increase is due to the same population-level fertility and longevity forces as well as to increased immigration (Antonucci & Jackson, 2010). A significant proportion of individuals from these racial and ethnic minority groups have distinct lifespan histories and life course experiences that unfortunately are associated with early disadvantage, resulting in pronounced inequalities, particularly in later life (Govia, Jackson, & Sellers, 2011; Jackson & Govia, 2009; Jackson, Govia, & Sellers, 2010).

The chapters in this part do not focus on all ethnic or cultural groups. We realize that, to some degree, ethnicity is an important source of diversity and meaning in the lives of all aging individuals, including non-Hispanic whites (Govia et al., 2011). Because of the growing proportions of ethnic and racial minorities among American older adults (Aiken-Morgan, Whitfield, & Paige, this part), however, we focus our attention on ethnic minority groups of color. Their historical relative deprivation, in comparison to non-Hispanic white ethnic elders, differentially shapes the nature of their aging experiences (Jackson, Brown, Antonucci, & Daatland, 2005). Despite such profound differences, there has been a neglect of research on ethnic groups of color (Lincoln, this part). Ethnicity, national origin, and culture, in fact, all

play important roles in aging-related processes (Abdou, this part). In addition, it is increasingly apparent that other social group memberships (e.g., gender and socioeconomic status) also contribute significantly to aging processes. In fact, many of these factors operate in parallel, interact, or intersect with race and ethnicity to influence the aging process (Abdou, this part).

Our previous work has suggested the need for a greater consideration of cross-racial/ethnic and cross-national perspectives in aging research (e.g., Brown, Jackson, & Faison, 2006; Markides, Liang, & Jackson, 1990). We have suggested that the infusion of racial and ethnic content into theory and research designs can have positive effects on the health and well-being of all population groups (Jackson, 2000); this is especially true given the current and predicted rise in the proportions of groups of color, relative to whites, in all age ranges in the United States. We have also suggested the need to disentangle the constructs of minority group, race, ethnicity, and culture (Abdou, this part; Abdou et al., 2010; Abdou, Dominguez, & Myers, 2013; Jackson, Antonucci, & Gibson, 1990; Jackson et al., 2005).

It is evident that contexts—social, material, environmental, and historical—as well as cohort and period influences are vital in studying and understanding aging-related psychological processes among the increasing proportions of groups and individuals of color in the United States. In addition, a life course perspective (i.e., the consideration of historical, cohort, and early experience factors that influence the life situations of individuals over time) provides the necessary framing for viewing human development; this is true for all population groups, and especially for racial and ethnic minorities. For this same reason, the current book on aging includes consideration of birth outcomes and early development as bases for understanding psychological development over the lifespan. Similarly, as we have suggested earlier, the development of more encompassing models of aging is best accomplished by first understanding the ways in which race, ethnicity, and culture contribute to human developmental and aging-related processes. Finally, intersectionality theory and research provides a useful framework for understanding the ways in which social inequalities and status-based advantages contextualize individual lifespan development (Govia et al., 2011). Recent research reveals how the different social identities that individuals hold are implicated in different psychological and health outcomes (e.g., Bowleg, 2008; Cole, 2009; Sen, Iyer, & Mukherjee, 2009; Settles, Navarette, Pagano, Abdou, & Sidanius, 2010; Warner, 2008). In Chapter 2, Abdou explicitly proposes the Culture and Social Identity Health Theory (CSIH) as an encompassing approach for examining the independent and interdependent influences of culture and social identities on development and health. As noted in CSIH, intersectionality theory and research do not presume that social identities are hierarchically ordered, and they also do not assume commonalities in the outcomes of individuals who share specific social identities, such as all African Americans, Latinos, females, or even all elderly (Govia et al., 2011).

One of the principal ways in which intersectionality theory and research can be used to understand how social inequalities contextualize and affect development across the individual lifespan is by considering the subjective identities that arise from specific intergenerational positioning, time periods, and generational cohorts. These subjective identities can be considered social locations that function in much the same way as the identities that are traditionally explored within intersectionality theory (i.e., racial and ethnic group membership, gender, sexuality, and age). Disciplines such as public health, epidemiology, and sociology contribute substantially to the empirical research focused on the role of social inequalities and advantages in how people change, or remain the same, throughout their individual life spans. Suggestions have been made recently to develop theoretical frameworks that anchor race and culture in discussions about biological and social functioning, and how these, in turn, affect health across the lifespan (Govia et al., 2011; Griffin & Jackson, 2010; Jackson & Govia, 2009). Nevertheless, we believe that psychology is a critical linchpin in understanding how individuals and groups actively address the structural and interpersonal barriers to group and individual mobility and progress (Jackson, Govia, & Sellers, 2010). This individual, agency-based viewpoint is an important aspect of a positive psychology perspective on human development and posits that racial and ethnic groups of color are not merely passive recipients of the destructive forces of discrimination, maltreatment, and structural disadvantage; but, instead,

are active agents who interact with family, friends, and religious institutions in positive and productive ways to combat their unequal statuses and live their best lives (Abdou, this part; Chatters, Nguyen, & Taylor, this part; Franklin & Jackson, 1990; Lincoln, this part).

Collectively, the chapters in this part provide an illustration of the complexities involved in studying ethnic and racial influences on psychosocial processes and how they are intimately tied to physical outcomes in later life. Although selective, since no one set of papers can address the entire landscape of this large and complex topic, the chapters in this part provide a broad sampling of recent thinking and research on this important set of issues. Chapters addressing personality development over the life course and serious mental disorders would have added to the coverage of psychology in aging-related processes among ethnic and racial minority groups. Notably, all of the chapters in this part, either explicitly or implicitly, adopt a life course perspective (Antonucci & Jackson, 2010). They emphasize, in particular, a bio-behavioral framework, implicating the critical intersections among genetic, environmental, and social group influences from conception to death, which produce the individual trajectories and risks for psychological and physical morbidity and mortality at different points in the individual life course (Whitfield, 2005).

Abdou's chapter (this part) makes the strong case for a cradle-to-grave conceptualization of aging, as well as for the need for more explicit theory of how culture, race, ethnicity, and other aspects of identity exert their influences on lifespan processes. She concludes that there is greater need for research on social integration, group belongingness, and the role of culture as a positive nonmaterial resource. Lincoln (this part) analyses this theme in a thorough review of social relationships and health and how these connections differ by race and ethnicity. She concludes with a call for more research on the nature and processes of social support, especially on how these processes may differ with complex interactions of culture, race, ethnicity, immigration status, and socioeconomic positioning. Working with related themes, Keith (this part) addresses the explicit role of stress, discrimination, and coping resources among racial and ethnic minorities. Situating her review within the stress process literature, she focuses on discrimination as a mundane, yet potent, stressor that makes a significant contribution to psychological and physical health disparities. She concludes with a call for further research on environmental influences as well as greater attention to how discrimination interacts with other daily stressors in creating observed health disparities among minorities. Aiken-Morgan, Whitfield, and Paige (this part) focus their attention on cognitive aging and especially on the ways in which ethnicity and racial group membership may mediate the nature of cognitive declines. They conclude that there is ample evidence of the importance of cognitive decline among racial and ethnic groups and call for greater attention to variations in the process of mild cognitive impairment and dementia among these groups of color. No section on psychology could be complete without a discussion of religion and spirituality among racial and ethnic minorities. Chatters and colleagues (this part) address the nature and role of spirituality and religion in psychological, social, and physical health among African American, Asian American, and Hispanic/Latino groups. They particularly attend to the complex positive and negative influences of religiosity and spirituality on important life outcomes. They conclude with a call for more nuanced research on this important context of aging in diverse groups, particularly research involving greater attention to the social and psychological contexts of identity, social connections, and relationships.

CONCLUSIONS

In summary, this part focuses on the age, gender, socioeconomic, cultural, and racial and ethnic graded influences on life course development that eventuate in unequal burdens of psychological and physical health morbidity and mortality for certain groups in late life. A key feature of these chapters is that they reveal the appropriateness and need for a life course framework, encompassing the intersections of genetics, intrapersonal characteristics, socialization, and cumulative life experiences and risks on the fundamental nature of lifespan development, especially psychological development.

There are several major issues that need to be addressed in future research in this area. Perhaps, the most pressing is the development of sound theory and theoretically guided empirical studies. For example, the study of social inequalities during the individual life course is called to move from an outcome-oriented perspective to a process-oriented perspective relative to the influence of racial and ethnic group memberships, and to develop and test a series of theory-driven premises and hypotheses. Theoretical frameworks like CSHI may provide critical guidance for moving the field in this direction.

A related issue is that there are few theoretically guided empirical tests of longitudinal and multilevel models of how social inequalities affect individual lifespan development. With a few exceptions, such as studies that attempt to capture the ways in which contexts affect intelligence in infancy and early childhood, there are few studies that integrate an understanding of the role of social inequalities (Antonucci & Jackson, 2010). There are also few theoretically guided empirical tests of intra- and intergenerational processes that are implicit in models of social inequalities in development across the life course. Generational processes are clearly implicated in ideas about the cyclical nature of poverty and health behaviors that are intricately linked with environmental factors and social influence (e.g., Adler & Stewart, 2010; Govia et al., 2011). These processes and dynamics need to be explored even more urgently given the demographic shifts contributing to our coming aging and increasingly diverse society (Rowe & Berkman, 2009). These demographic shifts will fundamentally alter intergenerational dynamics. Consequently, the psychological, social, and health implications of these changed intergenerational relationships need to be investigated (Antonucci & Jackson, 2010).

Another issue is that in-depth examinations of groups within countries are needed. Such examinations will shed light on conundrums that still exist in the health disparities literature, such as why ethnic disparities that disadvantage blacks and other minorities exist for psychological distress and depressive symptoms, but may actually be reversed for more serious mental and psychiatric disorders, such that, unexpectedly, whites are worse off in terms of psychopathology than blacks and other minorities (Jackson, Knight, & Rafferty, 2010). Other issues that these in-depth examinations can highlight include how self- versus other-constructions of racial group membership (i.e., how we self-identify racially versus how others are likely to categorize us) affect experiences of discrimination and other types of stressors as well as broader health outcomes. Finally, more cross-national comparisons are needed to investigate how social inequalities throughout the individual life course function in different national, cultural, and political settings (Govia et al., 2011).

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