

Cross-Cultural Activities for Social Healing and Healthy Aging among Elderlies

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Abstract

This study explores the positive effect of cross-cultural activities on social healing and healthy aging. While the life expectancy has increased, the healthy years of older adults have yet decreased. Among elderlies especially those who experienced war-related adversities in their early ages, have limited access to positive cross-cultural activities. The theories of social-connectedness suggest that both perceived social support and objective connectedness to the society promote healthy aging. It is necessary to develop a culturally contextualized approach for their healthy aging while considering individual traits. The present study tries to contextualize the post-adversity and resilience in social network observed among Jeju legacy. With that contextual identification, promoting cross-cultural competence among elderlies is expected to yield positive gain in their aging process. The organized transcultural activities for Korean American elderlies in the U.S. exemplify how cross-cultural interactions promote inclusive social interaction and social healing at grass-root levels.

Key words :

Cross-Cultural Activities, Healthy Aging, Social Healing, Resilience, Social Network.

The 21st century is unquestionably depicted as an aging society in the middle of increasing aspiration for globalization. That is at least the case for the affluent democratic societies on the global North. While the life expectancy in all OECD member countries has increased, healthy years of older adults have yet decreased. Frail aging has been notable in some countries like U.S. and Korea than any other countries. Notably, war-time generation elderlies, who had been exposed to collective trauma in the global conflicts, are less fortunate to access positive cross-cultural activities than their own offspring millennials. Thus, theory of healthy aging requests theoretical re-conceptualization of historical components which often require social healing of the victimized as a prerequisite. Empirically, it is worthy to investigate how collective trauma can be mitigated by resilience nurtured in social network; and how the cultural heritage facilitated the process of healthy aging.

This article has three sections: the first section argues that our current situation of aging and healing requests a critical review on ahistorical approach. Any history-blind approaches can only be ad hoc and ineffective. Second section explains how social connectedness attributes to a cultural identity in a way that the identity promotes peace and healthy aging across generations and national borders. Just as medical sociology's standpoint suggests reconsidering social determinants of health outcome, characteristics of the community regarding geopolitics and cultural heritage help to explain frail aging populations and a future alternative. Final section reviews practical examples of theoretical arguments on healthy aging that were drawn from several notable community-based organizations initiated by Jeju cultural legacy.

Healthy Aging and Social Healing in Context: Generation of Massive Adversity

What are the most challenging social problems related to the current elderlies? In an aging society, problems appear as a general decline in the quality of life due to chronic illness and functional decay among the aged population. Expected life expectancy has been extended but we experienced a decline in the quality of life due to illness and poverty of the elderly. The statistics of the last seven years illustrate that there is a decreasing tendency in healthy aging (Figure 1).¹ Statistical data from the Korea's National

Statistical Office and the Organization for Economic Cooperation and Development (OECD) prove that South Korea is rapidly aging among the members of the OECD. According to the Korea National Statistical Office's life statistics analysis, the expected lifespan for a girl born in year 2016 is estimated as 85 years, consisting of 65 years of healthy years and 20 sick years. We can predict, for a male counterpart, 15 sick years following the healthy lifespan of 65 years. The Korean society has an increasing number of elderly populations who would experience frail aging.

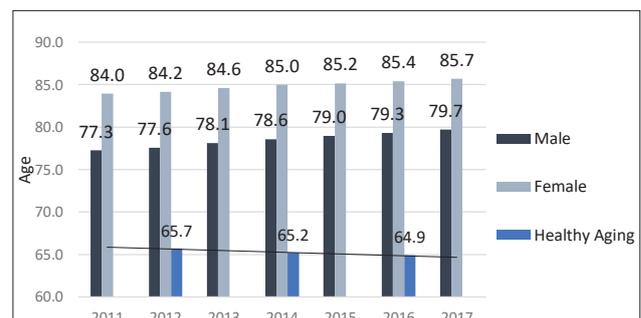


Figure 1. Life Expectancy in Korea, 2011–2017

The increasing rate of frail aging leads to a phenomenology question: Is the macro tendency generation specific? What type of past experiences is expected to construct frail or healthy aging? Healthy aging is defined as the process of aging, in which mental and physical serious diseases are absent. The term, healthy aging includes practical implications to take opportunities for the crisis of aging society. The idiosyncratic feature of this war-experienced generation requests examining the necessity of social healing in a broader context than individualized domain. Social healing refers to the process of recovering from the historical trauma that people collectively experienced and it also accompanies practical ethics of making social healing as a preliminary condition to prevent future potential social conflict. These two concepts imply a series of progressive and continuous activities rather than static or stagnant. Although these two concepts are seemingly far apart from each other on the surface, they are practically intertwined conceptual constructs for a group of people who share collective trauma. When social healing and healthy aging goes hand in hand through inter-city and inter-personal exchange of cultural heritage, the consequence of such cultural exchanges contributes to prevention of both health risk and global conflict. Those are observed from the residents of Jeju Island and the life style of

1) Source: Statistics Korea. http://www.index.go.kr/potal/main/EachDtlPageDetail.do?idx_cd=2758. Data downloaded on August 1, 2019

Jeju Diaspora in a globalized context as confirming evidence. For instance, East Rock Institute (henceforth ERI) in New Haven², Connecticut, Penn Asian Senior Services Institute (henceforth PASSi)³ and Global Aging Network Korea (henceforth GAN-Korea)⁴ are practical applications with spatially and temporally diverse projects operating in local communities. Some have long-term activities exceeding 60 years and others newly started as a collaborative project. They commonly took a cross-cultural approach at grass-root level with shared interest in promoting peaceful aging and community wellbeing despite adversities that the elderlies have faced. The major locomotive of such organized activities has been Jeju legacy, i.e. the culture of voluntary support system.

Cross-cultural Activities as a Means of Social-Connectedness

Researches on health and social behavior have identified that social isolation causes health risks among elderlies (National Institutes on Aging 2019). Social isolation takes multiple forms such as older adults living alone, having a small social network, seldom participating social activities and feeling loneliness. Both objective disconnectedness and perceived loneliness negatively affect physical and mental health of those elderies while perceived isolation is more closely tied to meantal health outcomes (Cornwell and Waite 2009). It is not an exaggeration that social connectedness is essential for healthy aging. The question becomes how and whom do we connect elderlies to their bigger community where they secure sense of belonging and maintain connectedness. Cross-cultural activities appear most promising tool to achieve the desirable type of connectedness for two reasons: We are living in the era of globalization where social interactions are ever more increasingly diversified in terms of race/ethnicity, nationality, religion and culture. Second, our current elderlies –that is out topic for healthy aging -- are the ones who experienced collective trauma in the midst of militant global conflict and tensions. These unique populations will be greatly benefitted by cross-

cultural social interactions. Those activities are more likely to promote multi-cultural competence and to prompt resilient factors that have been embodied in their life experiences.

Cultural Competence and Psychosocial Functioning:

The situation in the United States is similar with Korean society. Furthermore, in the United States, the racial diversity has continued to increase. This can be either a potential dispute in the future, or rather it can be extended to a more liberal society to accept diversity. Although there is a possibility that the group's conflicts caused by elderly poverty and the regional disparity of expected life span, natural disasters and massive accidents, hate crime against a specific group, etc., but the social community will enjoy the different cultural affluence. It means that there are times when opportunities to be able to be provided. As shown in this article, the two parallel phenomena, the aging and the increasing number of racial/ethnic groups that possess cultural diversity, are now well-known in this way, thus the elderly with cultural characteristics suggests that the necessity of a welfare plan adapted to the population continues to emerge. Care for healing, recovery and coexistence through public and private cooperation is required.

We can seek out an alternative desirable for social needs emerging in this context through several theories of social science. First, there is research on cultural sociology theory to increase self-confidence in transcultural competency. Likewise, transcultural competence can give confidence to older population groups at the intersection of aging and social healing. Secondly, according to social emotional choice theory, positive stimulation effectively acts on general treatment and healthy aging, extending the healthy expected life span. Third, recognition of cultural diversity prevents conflict and tension in the future global society.

Although there is no consensus about definition of healthy aging and explanatory models, a couple of major models of healthy aging is very relevant to what this study takes on. Psychosocial models put an emphasis on the achievement of self-efficacy (or a sense of control over life), effective strategies for coping, adaptation and self-worth and goals. Meanwhile, social functioning model focuses on social activities, social participation and social interactions (Bowling et al 2006). Both self-efficacy

2) <http://eastrockinstitute.org/>

3) <https://www.passi.us/index.php/us/>

4) <https://globalageing.org/>

and social functioning are arguably enhanced by promoting cross-cultural competence. Research shows that elderlies prefer personal independence had more sustained personal autonomy as an indicator of successful aging (Ford et al 2000).

From a different angle – health care provider's standpoint –, Evans and colleagues examined the influences of race, socioeconomic status, sex, and age on barriers to participation in study of health-related outcomes. Although the findings show no significant difference across race and age groups, the development of cultural competence equally appeared a crucial strategy for the elimination of racial/ethnic health disparities as well as the positive health care outcomes among elderlies (Evans et. Al. 2010).

Socialization of elderlies alleviate psychological depression. Previous studies have found that the socialization of seniors has led to reductions in depression symptoms, boosted self-esteem, and improvement in overall mood, amongst many other benefits (Robinson et al., 2019). Senior centers serve as a gateway to the communities' aging network, connecting older adults to vital community services that can help them stay healthy and independent. For instance, more than 60% of senior centers are designated focal points for delivery of the Older Americans Act service which allows older adults to access multiple services in one place. (Wroblewski 2019). Senior centers offer a wide variety of programs and services such as, meal and nutrition programs, health and wellness programs, transportation services, volunteer and civic engagement opportunities, social and recreational activities, educational and arts programs and intergenerational programs. Importantly, cross-cultural activities for seniors improve their social connectedness. Senior centers and/or assisted senior living arrangements, that is equipped with cross-cultural activities, are expected to show improvements in levels of depression, overall satisfaction in life, and self-esteem.

Resilience in Historical, political and cultural environment

It is noteworthy to consider resilience as the outcome of dynamic process of social and psychological adaptation and transformation. Most importantly, resilience can be found at the level of individuals, families, communities or even larger

social systems. It is clearly manifested as positive outcomes when people confronting historical and current adversity. Thus, individualistic models that dominate psychology, are limited in understanding the role of community relationships such as extended families or wider social networks in conferring resilience (Ungar 2011). Understanding of collectively experienced social support is as equally important as the understanding of collective adversity or trauma. The dynamic system may give resilience to individuals, communities and the even bigger communities (Folke, Biggs, Norström, Reyers & Rockström 2016). That way we take more dynamic, systematic and social-ecological view of resilience as well as adversity to theorize a process of healthy aging where resilience weighs in.

The stressors faced by ethnic/racial minority communities are similar to those faced by others in situations of social adversity. In Canada, as in other settler societies, Indigenous people suffer from poor physical and mental health compared to the general population (Adelson 2005, Marmot 2007). Researches show that there are social determinants of health specific to populations experienced collective trauma. The impact of colonization resulted in organized efforts to displace, exclude or destroy such marginalized communities. The effects of residential schools and other methods devised to suppress heritage cultures through forced assimilation. Those forced assimilation practices break intergenerational relationship, yield injuries of attachment, and confused models of parenting in the family domain. On the other hand, people collectively face ongoing experiences of racism and discrimination, usually associated with the negative stereotyping of marginalized people (Alfred 2009, Carson, Dunbar, Chenhall & Bailie 2007, de Leeuw, Greenwood & Cameron 2010). All these factors interact in ways that reflect political and economic processes of marginalization that produced a pattern of structural inequality. At an individual level, it further adds more loneliness among elderlies via social disintegration.

However, each of these social determinants of health leads to potential sources or strategies for resilience. Some can come from traditional knowledge, values and practices of their own original communities; and others can be achieved by responding new challenges (Richmond, Ross & Egeland 2007, Stout & Kipling 2003, Whitbeck, Chen,

Hoyt & Adams 2004). Just as Canadian Indigenous people created a common cause through the language of human rights, people in Jeju Island in the time of extreme political persecution by Japanese colonialism developed a community resources to protect each other. Jeju Island is currently serving for a host site housing the global aging network and promoted peace education movement. The process of debriefing its own collective adversity in their past has laid a foundation of compassion across national borders and multiple cultures. Social integration of elderlies enhances social interaction of the society on the whole (O'Rourke, Collins, and Sidani 2018). Further, social facilitation is effective in managing loneliness (Gardiner, Geldenhuys & Gott 2018). This is because it incorporates resilient factors such as community participation, adaptability, and productive engagement.

Community Based Transnational Activities: ERI, PASSi and Global Aging Initiatives

In corroborating the theories and empirical studies addressed above, it is important to understand aging population and society in historical context. For aging groups who experienced collective and/or individual trauma such as natural disaster, extreme poverty, massacre, political instability as social minority, practical measures can be done by opening the path of curative healing. Healing is accessed in a way that provides a cross-cultural experience to match regional interests at the grassroot level. Activities of the ERI (Connecticut, USA) to promote understanding about Korean culture have been extended over the past six decades. Also, the activities of the PASSi established in Pennsylvania (PA, USA), and GAN (global aging network)- Korea committee launched in Jeju show good examples that confirm the listed hypotheses above. These activities generally share the elements of Jeju cultural identity (as the founders have Jeju identity either as diaspora or residents), purpose of multilateral networking, and responding to the needs of the region. Mostly, cultural exchanges that promote intergenerational relations and peace will be important key words that encompass these activities. For example, the effect of 'teaching Korea' which includes activity of ERI has been successful. Providing cultural experiences to various local residents through workshops by providing materials

regarding Korea to classroom teachers, University faculty members and retired faculties in senior living community. These activities encourage local residents in the US unwittingly accept minority cultures. It can be naturally expected that their next generation offspring will have a culturally balanced and inclusive world view. PASSi, on the other hand, meets the needs of Asian minority elderly people with language barriers and cultural barriers while actively contributing to the regional economy by creating job opportunities in the senior service industry. This not only creates a favorable social environment for Korean minorities within the United States but also recognizes the importance of minority culture to the mainstream America. In addition, the global aging network, GAN-Korea is trying to cooperate transnationally on behalf of the aging generation who shared the experience of collective violence due to the geopolitics of their location, just as Jeju. It is in searching for more effective measures to meet the two remarkable social needs of promoting peace education and healthy aging. In accordance with the characteristics of these aged populations, it is theoretically and practically valid that we need to provide world society with appropriate access to the cross-cultural welfare and intergenerational peace education. The way we deliver such opportunities has to be the ways in which local residents naturally incorporate the values for their daily lives through hands-on experience as a local community member.

Conclusion

As elderlies with collective adversity have been aged, they have been further vulnerable and drawn into changing historical circumstances of the period. Although they have positively contributed to historical change, laid the foundation of economic development, and sacrificed their lives for offspring's education, their frail aging has been less thoroughly cared nor examined. Part of the problem has been the lack of social connectedness on behalf of the 'war generation'. In reality, it is only in the early twenty-first century that relatively frequent migration and mobility were extended to the majority of the historically marginalized population. Older adults are indeed increasingly engaged with cross-cultural activities in the early twenty-first century, but in

this they are responding to the mood of the times and the economic opportunities of the period, just like everyone else. The analytical point of this study attempts to find a gateway to conceptualize 'generational habitus' as a strategic approach to social healing and healthy aging in the globalization era. Such community psychology and alternative for social healing need to be redefined in historical context. Future research will need to pay attention to how to provide strong evidence that frail aging of elderlies who have collective adversity has been primarily driven by a generational habitus and historically defined collective psychology.

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