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Growing Old in Adopted Lands: The Nexus of Ageing and Acculturation Research

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Growing Old in Adopted Lands: The Nexus of Ageing and Acculturation Research

Abstract

Ageing and migration are overlapping and interconnected social issues. Both ageing and acculturation research have been on the rise for decades, yet the two fields rarely intersect. Gerontological research on ageing migrants is situated outside of acculturation theory and older migrants have been largely overlooked in acculturation research. In this article, I provide an overview of the current state of knowledge on ageing in migrants, focusing on three lines of inquiry: epidemiological perspective on healthy ageing, critical approaches to understanding beliefs and values about what it means to age healthily for migrants, and research examining structural inequalities in older migrants' ageing with a focus on cultural/acculturative processes as risk versus protective factors. Life course theory is presented as a broader framework through which theories of ageing and acculturation may be integrated to capture the nuances of ageing for those living at the intersections of cultures.

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Introduction

Population ageing and migration are two major demographic challenges faced by contemporary societies. These pressures of demographic change challenge cultural norms. Research into both ageing and acculturation has been growing exponentially over the last three decades, but the two fields have developed relatively independently from each other with little cross-over. Although in recent years research on older migrants has been gaining more attention internationally, most of this work has been carried out outside of acculturation theory. Geriatric epidemiology research with older migrants has primarily focussed on exposing health disparities between groups in later life, while research in critical gerontology aims to understand the lived experiences of migrants as they age. Cultural processes commonly emerge as important determinants of ageing in both lines of research. However, there has been little theorizing in gerontology about the relation between acculturation - the changes experienced in behaviours, attitudes, values, and identity as a result of intercultural contact (Berry, 1997, 2009; Schwartz et al., 2010) - and migrants' positive adaptation as they age. More specifically, the question is how acculturation and the migrants' management of intercultural contacts lead to positive adaptation either in terms of their health and psychological wellbeing, their social and cultural skills, or relationships with members of other social group (Berry & Sam, 2016; Ward & Szabó, 2019).

Equally, ageing as a developmental construct and older migrants as an acculturating group have been relatively neglected by acculturation researchers. There is a general agreement in the field that acculturation is both a developmental and a life course process, yet research has mostly been confined to developmental periods earlier in life (such as children, adolescents, emerging adults). When older migrants are included in research, they are often combined with other adult migrants. This is a missed opportunity. Research with older migrants has great potential to illuminate the long-term consequences of acculturation and to help us understand how acculturation operates as a life course process. Drawing on scholarship from mainstream and critical gerontology, life course theory and acculturation, the present article provides an overview of research on ageing in older migrants and provides recommendations for future theory development.

Converging Trends in Migration and Population Ageing

Although demographic shifts in ageing and migration are often considered separately, they are overlapping and interconnected demographic challenges. Older adults (aged 65 and older) comprise 9.3% (out of 7.8 billion people) of the World's population, whereas the share of older migrants is around 12% out of 281 million international migrants, meaning that the international migrant population has a somewhat older age structure. While this figure has been relatively stable globally, the number of older migrants has increased substantially in high- and middle- income countries over the last few decades, with Oceania giving home to

the largest proportion of older migrants (18.2%), followed by Europe (16.2%) and North America (15.7%) (United Nations, 2020a). This increase has been driven by three main trends in the international movement of people. Firstly, there was a noticeable surge in the flow of international migrants during the 1980s and people who immigrated as adults during these years are now aged 65 years or older. International migration further intensified in the 1990s and early 2000s, and many of these migrants are now also approaching retirement age (OECD, 2016; Vidal et al., 2018). Parallel to these trends, there was a significant jump in older adults migrating under family reunification provisions to join their children and grandchildren who decided to immigrate (Carr & Tienda, 2013; OECD, 2017). Finally, in recent decades an unprecedented number of older adults has been forcibly displaced due to conflict or natural disasters (Calvi-Parisetti, 2013; United Nations High Commissioner for Refugees, 2021).

At this point, it is important to note that the terms older migrant and ageing migrant are commonly used to refer to both older adults who migrated earlier in life and aged in the host society and those who aged in their home country but migrated later in life. Although combining these two groups can be meaningful for the purpose of demographic reporting, they may differ substantially in terms of their acculturation and ageing experiences. Consequently, when discussing research specifically focusing on people who migrated as older adults, I will use the term late life migrants. Another common issue with terminology in this field is inconsistencies in the age cut off used to define older people. Most commonly, studies define older persons as those aged 60 or 65 years or older (United Nations, 2020b). At the same time, there has been growing recognition that chronological age may not be the best indicator of ageing and challenges of older age may start earlier, particularly in vulnerable populations, like migrants. As such some studies on ageing in migrant populations have used age thresholds as low as 50 years (e.g., Ladin & Reinhold, 2013a). This, however, can create an additional challenge to studying ageing experiences as samples often capture a wide age range, spanning three to four decades. To acknowledge the heterogeneity of experiences due to modernization, rapid technological changes, and health advancements within this age group, increasingly studies have been differentiating between the young-old (up to 75 years of age) and the old-old (75 years of age and older).

Healthy Ageing in Older Migrants: Epidemiological Approaches

A large proportion of work on ageing and migration has been conducted in epidemiology or population health, which includes investigating the health status of older migrants compared to their age-related native peers in Western contexts (Markides & Rote, 2019). These studies are commonly guided by frameworks of healthy ageing (World Health Organization, 2015), and as such their primary focus is to describe the health characteristics of the older migrant population with the aim to inform health and social policy on how to extend disease-free life and promote maintaining functional capacity, including physical and mental ability, as people age. This line of inquiry has evolved as a natural continuation of research into the epidemiological paradox (also known as the healthy immigrant effect) first observed with

Hispanic migrants in the United States (Markides & Coreil, 1986). It refers to a counterintuitive finding that first generation adult migrants report better health and wellbeing than their age-related peers in the host society (Alegría et al., 2008; Ichou & Wallace, 2019; Kennedy et al., 2015; Ruiz et al., 2013). Recent research suggests that the magnitude of the epidemiological paradox can vary based on migrant status, country of origin, and the host context (Constant et al., 2018; Helgesson et al., 2019; Lu & Ng, 2019; Moullan & Jusot, 2014).

Importantly, this health advantage seems to disappear as migrants get older. It is widely documented in the literature that migrants in Western contexts often arrive at older age in poorer physical and mental health (Bolzman et al., 2004; Elshahat et al., 2022; Hoogendijk et al., 2022; Klokgieters et al., 2018; Ladin & Reinhold, 2013b; Vang et al., 2017a), reduced quality of life (Nesterko et al., 2013; Sand & Gruber, 2018), lower healthy life expectancy (Reus-Pons et al., 2017), and greater morbidity (Pasupuleti et al., 2016). Analysing data from 11 European countries from the Survey on Health, Ageing and Retirement in Europe, Solé-Auró and Crimmins (2008) found no clear evidence for a sustained health advantage in older migrants. The physical health of older migrants was either comparable to that of their native peers or, in many contexts, older migrants reported significantly worse outcomes. Later, Ladin and Reinhold (2013a) extended these analyses to mental health in migrant men and found that older migrant men had an increased risk of depression compared to non-migrant men, and this was consistent across the 11 countries studied. Further, research from the United States points to a double jeopardy based on race and migrant status: Migrants have poorer self-reported health, a higher likelihood of depression and more functional limitations in older age, with Black and Hispanic older migrants showing increased vulnerabilities compared to their White counterparts (Lum & Vanderaa, 2010). While not all population studies find health disparities based on migrant status in older age (Gushulak et al., 2011; Newbold & Filice, 2006), findings generally suggest a converging trend between the health of native and migrant populations (Biddle et al., 2007; Hamilton & Hagos, 2021; Jatrana et al., 2014; Vang et al., 2017b).

The diminishing of health advantage is commonly attributed to acculturation. Population health research, however, takes a unidimensional approach to acculturation, conceptualizing it as increased conformity or assimilation to the host society. In turn, acculturation is measured with single item indicators, such as length of residence, citizenship status, language proficiency, and age at migration (e.g., Ladin & Reinhold, 2013a; Lum & Vanderaa, 2010), or using proxies, such as health behaviours. For example, Antecol and Bedard (2006) took similarity in Body Mass Index between migrants and their US-born peers as an indicator of “negative acculturation”, suggesting that migrants experienced deteriorating health over time because they adopted unhealthy behaviours from the mainstream American culture. It is a simplistic and largely atheoretical view of acculturation; it does not take into account changes in heritage cultural processes and ignores cultural factors as potentially protective resources. Without a theoretical foundation and relying on single item and proxy measures to assess a multidimensional construct, it is difficult to make conclusions about the impact of acculturative processes on health over time (Ward, Milfont, et al., 2017).

Healthy Ageing from Older Migrants' Perspectives: Critical Approaches

Challenging mainstream and biomedical approaches that focus on health outcomes, critical research exploring older migrants' views on what it means to age healthily provides important insights into how cultural values and beliefs interact with ageing. Studies consistently show that while older migrants value health and independence, healthy ageing goes beyond maintaining physical, mental, and social functioning and it incorporates cultural processes and beliefs. For many migrants, family wellbeing and intergenerational connections are an integral part of ageing well (Beyene et al., 2002; Chian Teh et al., 2020; Noubicier & Charpentier, 2013), and as such healthy ageing is defined in terms of collective as opposed to individual health and wellbeing.

Torres (1999, 2001, 2007) proposed a culturally relevant theoretical framework that takes into account cultural values related ageing. Studying how Iranian older migrants in Sweden understood successful ageing pre- and post-migration, she found that when participants perceived incongruence between their cultural values to ageing and the values typically held in the host society, they were likely to shift their understandings and adopt values of the host culture. There were, however, differences based on whether this change was phrased as a practical decision to 'fit in' versus a process of internalizing a new value orientation over time. Importantly, not all migrants who perceived incompatibility in cultural values reported a change in their orientation to ageing. Late life migrants tended to resist change and maintain their heritage culture orientation. Although Torres's (2001) research was not explicitly situated in acculturation theory, her work shows how cultural understandings and values migrants associate with what it means to age well acculturate over time. The changes in cultural orientations reported in Torres's research resonate with acculturation strategies of integration, assimilation, and separation.

Changing views about what ageing well means for migrants can also be understood in terms of stereotype accommodation (Stanciu, 2022; Stanciu & Vauclair, 2018). Stereotype accommodation refers to the process of integrating beliefs of the host country about a particular phenomenon (in this case what healthy ageing means) with heritage cultural beliefs concerning the same phenomenon. Importantly, older migrants recognize that their experiences are shaped by multiple sets of cultural values, norms, and expectations of what it means to age well (Chian Teh et al., 2020; Conkova & Lindenberg, 2020; Liu & Hong, 2020). For example, in Hui Chian Teh et al.'s (2020) study in Australia, late life Chinese migrants expressed needing to balance mainstream cultural expectations of independence against their cultural value of interdependence. In practical terms, this meant living in a state of contradiction, where there is a simultaneous expectation to delay relying on support from children and a desire for filial piety. Healthy ageing for migrants requires making sense of and adapting to sometimes conflicting cultural value systems.

Migrants Growing Old: A Life Course Approach

Research discussed in the earlier sections primarily focussed on understanding ageing experiences and outcomes of migrants in older age. Life course perspectives shift the focus from describing what healthy ageing looks like in later life to understanding how migrants travel towards older age. The primary goal is to identify social and contextual factors that shape migrants' ageing trajectories with an emphasis on systems of disadvantage. Theories of both acculturation and ageing often put the sole responsibility for achieving positive outcomes on the individual, largely ignoring social and institutional factors that contribute to specific outcomes (Szabó, 2022). They fail to acknowledge unequal life-course trajectories across individuals and groups, and how these trajectories influence people's capacity to achieve the lifestyle that is valued by their cultures (Stephens et al., 2022). Yet, even migrants themselves recognize that how well they age cannot be separated from their life course experiences (Kulla et al., 2008; Silveira & Allebeck, 2001).

Life course experiences of (dis)advantage

Life course theories explain worsening health in migrant populations in terms of accumulation of disadvantage (Dannefer, 2003). The theory of accumulation of disadvantage posits that differences in health between cohorts of people can be attributed to systemic differences in access to resources over the life course. Migrants are more likely to experience adversities, such as migration-related stress, discrimination, economic insecurity, social exclusion, food and housing insecurity, exclusion from education and the labour market, or lack of access to health care (Arora et al., 2018; Kiropoulos et al., 2004; Lambrechts, 2020; Simón et al., 2014; Stanciole & Huber, 2009; Ward, Szabo, et al., 2017; Ward & Szabó, 2019), all of which can impact health and wellbeing negatively. These effects accumulate over the life course, gradually weakening the health advantage of migrants as they age (de Oca et al., 2011; Ferraro & Shippee, 2009).

Previous research on double and triple jeopardy points to the importance of considering interacting and intersecting systems of disadvantage (Ferrer et al., 2017). Being a migrant of a particular age, race, ethnicity, gender, class, religion, and sexuality has implications for accessing resources at different points of life course that impact health and wellbeing. Intersectionality theory, however, suggests that these social categories of difference are not simply additive but hierarchically organized. Applying an intersectional lens to ageing and migration allows us to uncover how particular systems of disadvantage and oppression organize individual life courses (Anthias, 2013; Brotman et al., 2020). In turn, principles of life course theory can help us understand how individual life trajectories are shaped by these intersecting systems (Elder, 1998, Ferrer et al., 2017).

Firstly, human lives and historical times are intertwined. Immigration laws dictate who can immigrate and social policies at a given point in time set boundaries around how people acculturate, who can access healthcare and the social conditions of older people in society (Berardi et al., 2022; Mladovsky et al., 2012; Walker, 2018; Ward et al., 2018). Secondly, the timing of life events matters. When during the life course important transitions happen

can have distinctive impacts on health and wellbeing. For example, age at immigration is an important determinant of both ageing and acculturation trajectories (Cobb et al., 2021; Gubernskaya, 2015; Lanari et al., 2018). Thirdly, people live interconnected lives. Individual outcomes are strongly influenced by relationships and social networks. Transnational connections, in particular, play a significant role in migrants' ageing trajectories (Roosen et al., 2021). Lastly, people have agency over their own lives. They respond to and interact with structures of disadvantage in various ways, and the choices they make and the strategies they use can promote resilience or exacerbate vulnerability.

Resilience or vulnerability: The role of acculturative processes

Whether migrants' ageing follows a trajectory of vulnerability or resilience depends on interactions between risk and protective factors throughout the life course. Some of these are individual level determinants, such as differences in psychological resources (Diwan et al., 2004; Klokgieters et al., 2018; Szabó et al., 2020), while others are social determinants of health, such as education and housing (Philipp & Ho, 2010; Phlix et al., 2023). Increasingly, however, research has been focusing on identifying cultural and acculturative processes that foster or hinder positive ageing trajectories among migrants (Gallo et al., 2009). Social participation has been commonly found as a protective influence. Being part of social groups and participating in heritage and host cultural activities have been associated with better health and wellbeing outcomes for ageing migrants (Dane et al., 2020; Haslam et al., 2020; Jetten et al., 2018; Liu et al., 2021). Through participation in activities, migrants create social networks which provide the social support needed for good quality of life (Szabó et al., 2023). Having access to social support provides a pathway to sustained health, wellbeing and resilience as migrants age (Ladin & Reinhold, 2013a; Szabó et al., 2020).

Ultimately, social and cultural connectedness enable migrants to develop a sense of belonging as they age (Li et al., 2014). For example, in a study with older Chinese migrants in Australia, Liu et al. (2019) found that while place of residence gave a sense of the geographic location of home, the feeling of "being at home" came from belonging built through social and family relationships and adherence to heritage cultural traditions. Sense of belonging is multi-layered and can be derived from attachment to one's ethno-cultural group (ethnocultural belonging), the wider society (national belonging) or the country of origin (translational belonging) (van Oudenhoven & Ward, 2013). Klok et al. (2017) have supplemented Berry's (1980) bidimensional model with a third dimension describing a desire for transnational belonging. Analysing data from older Turkish and Moroccan migrants in the Netherlands, they found that a strong sense of belonging to either the larger society or one's ethnocultural group within the host society was protective against loneliness. Transnational belonging, on the other hand, was a risk factor: It was associated with increased feelings of loneliness and homesickness. Life history interviews with the same population, however, suggest a potential reversed causality, whereby transnationalism as a strategy is adopted by migrants to combat isolation and loneliness experienced in the host country. Specifically, migrants who felt living in between two worlds were more likely to report seeking connections

with their home countries and engage in a transnational lifestyle in search for belonging. Importantly, this feeling of in-betweenness grew stronger with age.

Belonging is central to people's acculturation narratives because it affords a sense of identity (Palladino, 2019). Being excluded from the national identity can give rise to identity conflict, thus putting migrants on more vulnerable ageing trajectories. Interviewing ageing migrants from the Middle East and Africa living in Denmark, Nielsen et al. (2017) found that most participants valued having Danish citizenship over their health and financial stability. Those without citizenship reported a lost identity as well as feeling powerless and isolated. In contrast, investigating the acculturation pathways of older migrants in Australia, Liu et al. (2020) highlighted that a context of acceptance fosters bicultural identification independent of acculturation orientations. Overall, these findings underscore the importance of creating social conditions that enable migrants to develop a sense of connection within the host society, if we want to promote positive ageing outcomes for migrant populations.

Conclusions and Recommendations for Future Directions

Migrants' ability to age in the way they desire is influenced by a combination of factors. Individual differences, such as in psychological resources, clearly play a role. Equally, the context of migration matters. This includes negative context of reception, migration policies, and the experiences people encounter throughout their life course. For example, experiencing xenophobia and racism can put people on different trajectories compared with experiencing tolerance, acceptance and inclusion. How well people age is strongly influenced by cultural processes as well as intercultural and intergroup experiences. To understand what it is like to age as a migrant, we need to take into account migrants' experiences as they travel towards old age. Consequently, theories of ageing and acculturation need to be integrated with life course perspectives to adequately capture the nuances of ageing for those living at the intersections of cultures. A life course perspective is compatible with the premise of acculturation theory. They share a temporal focus and a recognition that adaptation – whether it is defined in social, cultural, psychological, or health domains – depends on interactions between risk and protective factors. In addition, life course theory provides an equity lens by situating the experiences of individuals, families, communities, and generations both within social structures and life courses.

The principles of life course theory offer a useful guidepost for future research on ageing among migrants. While acculturation research has made headways in identifying cultural, psychological, and interpersonal factors that promote or undermine adaptation, a lot more could be done to better understand the linkages between historical times and migrant life courses. The broader socio-cultural and political contexts in which people age and acculturate matter. Migrants of today will have different life course experiences compared to the migrants of the 1980s and 1990s. Similarly, there is scope for deeper exploration regarding the timing of important life events. Moving beyond simply assessing age at immigration, research could consider how significant life events (such as marriage, divorce, having children, death of relatives in the home country) may change life trajectories

in distinctive ways depending on when these events happen. For example, having a relationship breakdown earlier in life or at the early stages of acculturation may be more likely to prompt return migration compared to having a divorce later in life and after living in the host country for a substantial period of time.

While old age is an ideal developmental stage to investigate the long-term psychological, social, cultural and health impacts of acculturative processes, a life course approach to acculturation shines the light on the formative life-course experiences and culturally meaningful life transitions that provide the foundation for ageing in migrant communities. The implications of these processes, however, tell us much more than what it means to grow old as a migrant. They provide a new way of seeing and understanding acculturation and development, which has broad applicability.

Useful Resources

For recent statistics about migration, visit the migration data portal. You can find data based on age, gender, and other characteristics of difference:

<https://www.migrationdataportal.org/themes/older-persons-and-migration>

Watch Dr. Megha Amrith talk about her innovative ethnographic research on the ageing experiences of migrants in understudied contexts:

<https://www.youtube.com/watch?v=1vxSXi0F20g>

Ageing Equal is a Europe-wide campaign to raise awareness of unequal life course trajectories across groups in society, including migrants:

<https://ageing-equal.org/ageism-and-migration/>

WHO report on the health of older refugees and migrants:

https://www.euro.who.int/_data/assets/pdf_file/0003/386562/elderly-eng.pdf

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