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# The Experience of Aging and Perceptions of “Aging Well” Among Older Migrants in the Netherlands

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## Abstract

**Background and Objectives:** In this study, we examine the experience of aging and subjective views of what it means to age well among older adults with a migrant background in the Netherlands. We embed the study within the successful aging debate and tackle two of its most persistent critiques: the failure to adequately include subjective views in the definition of aging well and the failure to recognize that the process of aging is culturally determined.

**Research Design and Methods:** The research draws on qualitative data collected through eight focus-group discussions with the six largest migrant groups in the Netherlands, namely Indo-Dutch and Moluccans, and migrants with Western, Surinamese, Antillean, Turkish, and Moroccan background.

**Results:** The study findings show that in general older migrants experience aging more positively than commonly assumed. Nevertheless, some negative aspects of aging were also mentioned. These together with fears about the future underpin participants’ perceptions about aging well. Key aspects of successful aging include remaining healthy, independent, and engaged. Differences between and within groups exist in the meaning given to these concepts and the extent to which other specific aging-related wishes were mentioned. These differences are rooted in participants’ experiences of the migration event, employment history, and their current socioeconomic conditions.

**Discussion and Implications:** We conclude that the life course perspective is essential in understanding migrants’ aging process and their views on successful aging, and suggest that policies and interventions which promote disease prevention and tackle social exclusion will be beneficial for older adults with a migration background.

**Keywords:** Immigrants, Successful aging, Intra-cultural differences, Health, Social life

Aging well has for centuries been a fundamental desire in virtually all societies, but it is in the unescapable reality of recent population aging that it has received its prime attention (Torres, 2001). With the introduction of concepts such as “Productive Aging” (Butler & Gleason, 1985), “Successful Aging” (Baltes & Baltes, 1990; Rowe & Kahn, 1987), “Healthy Aging” (World Health Organization (WHO), 1990), and “Active Aging” (WHO, 2002), paradigms shifted from aging as a process of decline and disengagement to a process of remaining vital, active, and

productive (Zaidi & Howse, 2017). The concepts of healthy aging and productive aging revolve around a single dimension—health and productivity, respectively, whereas the concepts of successful aging (SA) and active aging are multidimensional and largely overlapping as they integrate health-related and social aspects. Active aging is largely focused on enhancing engagement through policy (López-López & Sánchez, 2019) and is arguably less relevant for our research purposes. As we prefer to stay close to people’s views and hence approach aging well in an

open, holistic, and multidimensional way, we choose SA as a guiding paradigm.

The concept of SA has underpinned thousands of articles, thereby contributing widely to our understanding of aging well. In this work, we elaborate on the meaning of aging well or aging successfully (following Jopp et al. (2015) henceforth used interchangeably) by tapping into the perceptions of older adults with a migration background living in the Netherlands. We use the concept of SA as a guiding framework at various research stages. In one of the most used definitions in a research context—Rowe and Kahn's model for the MacArthur's studies of aging—SA is thought to encompass three principal components: low risk of disease and disease-related disability, maintenance of high mental and physical function, and continued engagement with life (Rowe & Kahn, 1997, 2015). Fueled by critics voicing the need for a more social and subjective approach and more attention to individual perceptions (Strawbridge, Wallhagen, & Cohen, 2002), later definitions of SA include sociopsychological aspects such as life satisfaction and psychological resources including personal growth (Bülow & Söderqvist, 2014). A few inquiries also dealt with older adults' views of SA, suggesting that aspects such as having a sense of purpose, financial security, learning new things, and physical appearance matter in addition to being active, engaged, and healthy (Bowling & Dieppe, 2005; Huijg, van Delden, Ouderaa, Van Der, Westendorp, & Slaets, 2017).

Elaborating on prior studies on subjective views of SA, in this study we address a lasting critique of the SA model: its "Western bias" (Rowe & Kahn, 2015, p.593) or the failure to recognize that the process of aging is culturally determined (Torres, 1999). We examine how older migrants in the Netherlands experience aging and what aging successfully means to them. Defining aging well by taking into account subjective experiences of older age and aging rather than drawing merely on chronological age is essential if we are to advance our understanding of the aging process. Today's aging population is increasingly heterogeneous in terms of health, economic conditions, and lifestyles, resulting in various experiences (Bordone, Arpino, & Rosina, 2019), which in their turn have implications as to how SA is understood.

To the best of our knowledge, hitherto a handful of studies examined the experience of aging among migrants and intra-cultural variations of SA both internationally and in the Netherlands. Studies afield focus more often on the meaning of SA, whereas prior research in the Netherlands deals exclusively with migrants' experience of aging and health and care issues. These latter studies largely concern two migrant groups in the Netherlands—Turkish and Moroccan older people—and show that they experience both the physical and social aspects of aging at a relatively young chronological age, around 50 years old (Omlo, Wolfers, & Stam, 2016). Furthermore, findings suggest that older migrants experience aging more negatively than their

native counterparts (Bode, Drossaert, & Dijkstra, 2007; Cramm & Nieboer, 2017; Meyboom & Eekelen, 1999). Negative perceptions are linked with physical decline (Bode et al., 2007; Cramm & Nieboer, 2017), financial problems (Omlo et al., 2016), language barriers, distrust in the Dutch social system, and unfulfilled care expectations (Meyboom & Eekelen, 1999; Omlo et al., 2016). The few positive experiences mentioned in these studies relate to satisfaction with social relations, free time, and rest (Bode et al., 2007; Omlo et al., 2016). Very few studies, if any, pay attention to the diversity between and within migrant groups.

Unlike the Dutch experience, international studies show a more diverse picture of the meaning and factors of SA across migrant groups and geographical locations. Beyene, Becker, and Mayen (2002) showed that Latino older adults in the United States experience aging mainly positively and that these experiences are linked with the existence of close family relations and the fulfillment of culturally embedded expectations of family responsibility. Tan (2010) compared Anglo- and Chinese-Australians showing that they are similar in that they perceive health as key to aging well. Yet, they also differ in that Anglo-Australians lay emphasis on constructs such as aging gracefully and acceptance whereas Chinese-Australians highlight financial security and active lifestyle as important constructs of SA. Confirming Tan's findings for Hispanic older adults in the United States, Angel (2009) in his study on barriers to SA finds that social class matters in addition to cultural factors. Finally, Torres (2001, 2006) showed that within the group of Iranian migrants in Sweden a great variety exists in the meaning given to aging well and that this variety is largely dependent on the experience of the event of migration and values established in the origin context.

A number of theoretical accounts on aging and culture have appeared, proposing various ways for the inclusion of culture into the study of the meaning of SA (for an overview see Torres, 1999). The life course perspective strikes us as a particularly valuable approach to the study of aging migrants. It recognizes biological and sociocultural factors as prerequisite for success and highlights the importance of the ability to adapt to (new) social structures (Bülow & Söderqvist, 2014). It also acknowledges that migration is a distinctive life course event which affects the migrants' life in various ways, which in turn may reflect on their experiences and perceptions of aging (well). As one of the key principles of the life course perspective poses: early experiences set the stage for later outcomes. The life course perspective is also useful in that its principles of life span, time and space, timing, and linked lives offer a framework for understanding disparities in the aging process within the group of older migrants, allowing attention for intra-cultural variations (Treas & Gubernskaya, 2016). Prior research on older migrants has almost exclusively focused on comparing them with nonmigrants, thereby presenting a picture of *the* vulnerable older migrant with a lower socioeconomic status (i.e., lower education and income),

worse health, and restricted societal embeddedness (Zubair & Norris, 2015). Although such comparisons are informative, the diversity within the group of older migrants warrants against such generalizations. In this work, we explore and compare the aging process of the six largest migrant groups in the Netherlands. Herewith, we do not only provide new insights into the experience of aging and subjective views on SA, but we are also able to formulate policy recommendations which contribute to the well-being in later life for all groups of the population, that is we strive for inclusive social policy solutions.

## Methods

This research is embedded in an interpretive paradigm, meaning that we make sense of the concept of SA in terms of the *meanings* people give to it, following an open, explorative approach (Hennink, Hutter, & Bailey, 2010). The study draws on qualitative data collected by means of focus groups in 2018 (the research is approved by the ethical committee of the Leiden University Medical Center). As we sought maximum diversity in older migrants' experiences and perceptions, we conducted eight focus groups with members of the six largest migrant groups in the Netherlands (Central Bureau of Statistics, 2018), namely Indo-Dutch and Moluccans (as of 2018 about 3.0% of the total population aged 55+) and migrants with Western (including English, Belgian, Hungarian, and Danish background, 7.0%), Surinamese (Creoles, 1.5%), Antillean (0.5%), Turkish (men and women separately, 0.9%), and Moroccan background (men and women separately, 0.9%). We opted for focus groups because they provide group- rather than individual-specific in-depth knowledge, allowing us to more easily, accurately, and efficiently (time-wise and financially) translate the research into practice and policy recommendations. Moreover, through a group discussion participants can identify a range of issues, reveal nuances and differences, and identify community norms, views, and behaviors (Hennink et al., 2010).

The participants were recruited via different channels such as mailing lists of organizations dealing with (older)

migrants, key informants, and the moderators of the discussions. The moderators had the same ethnic background (and gender for the Turkish and Moroccan groups) as the participants, which ensured rapport and facilitated relaxed conversation with no language barriers. The background of the moderators and key informants played an especially important role in the organization of the focus-group discussions with older adults with Moroccan and Turkish background. These groups showed highest levels of distrust and unwillingness to participate in the research because of fear of being reported to official authorities such as the tax office.

The average duration of the focus-group discussions was 2 hr. The discussions with older adults with Moroccan and Western background were tape-recorded (due to restricted permissions and technical issues) whereas all other discussions were video-recorded. Subsequently they were transcribed and if necessary translated into Dutch by certified translation agencies. Translations into English were performed by the first author of the manuscript. During the focus groups at least two researchers (including one or both authors) observed and took notes. The purpose of the field notes was to document the most important points of the discussions, the atmosphere, and the interaction between the participants.

The number of participants varied from 4 in the focus-group discussion with older adults with an Antillean background to 10 older adults with a Moroccan background (Table 1). All informants reported to live in the Netherlands for 30 or more years, but they varied significantly in their migration history, language proficiency, occupation, and education. The group of Western migrants stood out with their long migration histories and high levels of education. Except for one participant, who moved to the Netherlands as a child, all participants had lived and worked in at least one other European country prior to their arrival in the Netherlands. The Surinamese, Antillean, Indo-Dutch and Moluccan older adults came to the Netherlands as "post-colonial migrants" prior to or shortly after the independence of their origin countries. They, like the Western migrants, spoke Dutch well, were relatively well educated and had worked or were still working. The male

**Table 1.** Overview of Focus Groups

	Number of participants	Number of women	Age range of participants	Language	Location
Western	7	2	66–88	Dutch/English	Leiden
Indo-Dutch and Moluccans	6	4	67–80	Dutch/Moluccan Indonesian	The Hague
Surinamese	5	3	63–71	Dutch	Amsterdam
Antilleans	4	3	60–68	Dutch	Amsterdam
Turkish men	9	0	56–69	Turkish	Amsterdam
Turkish women	8	8	54–68	Turkish	Amsterdam
Moroccan men	10	0	60–76	Arabic	Amsterdam
Moroccan women	10	10	55–76	Arabic	Amsterdam

participants with Turkish and Moroccan background came as “guest workers” whereas the female participants were part of the subsequent family reunification stage. Most Turkish men were low educated whereas most Moroccan men were illiterate (with the exception of one Moroccan man with a bachelor degree) and at the time of the research retired after a period of low-skilled employment (with the exception of one Turkish man who was still working). They spoke little to no Dutch and thus could be considered representative of the average guest worker in the Netherlands (Schellingerhout, 2004). One difference is important to note, however: the majority of Turkish older adults in Netherlands are Sunnis whereas our participants had an Alevi background. The female participants with Moroccan background were also rather representative of the first generation guest worker migrants, in that they had no education, were mainly housewives or had worked shortly in the cleaning sector and did not speak Dutch. The Turkish women on the other hand were highly educated, often still working and spoke relatively well Dutch. These women, now in their late 50s and beginning 60s, do not belong to the so-called first generation—the wives of the guest workers—but to a generation that represents their children born in Turkey and raised in the Netherlands. Finally, despite some small variations in perceived health, most informants did not report severe health issues and were living independently.

We used the same focus-group guide for all groups; although a few questions were worded differently to accommodate the cultural and linguistic background of the participants. The guide included a number of open questions subsumed under the following themes: becoming older, daily activities, social contacts, living environment, and own initiative and responsibility. The discussion within each theme was opened either with a question asking to describe the current situation or with a request to list associations which pop up when hearing, for example, aging or own initiative. Subsequently, the moderator guided the participants through a discussion which elucidated the (different) meaning(s) of the associations and experiences, ensuring a sufficient number of examples from the daily life of the participants. In addition to questions asking about the current experiences and perceptions of the participants, questions dealing with the ideal situation over 20 years were posed. Discussions were left sufficiently open to permit the participants to navigate the content of the conversation and highlight subthemes important to them. This means that some topics such as the role of government and professional care were discussed more extensively by some groups of older migrants (i.e., Turkish men) than by others. In order to ensure consistency and comparability, all moderators were briefed as to how to lead the discussion and were also provided with the same introduction of the research (including information about privacy and an informed consent).

The data analysis followed Krueger’s framework (Krueger, 1994; Rabiee, 2004). Krueger’s framework

consists of a number of distinct, yet highly interconnected steps, namely (a) familiarization with the data, (b) identifying a thematic framework or coding, (c) managing the data (i.e., indexing and charting), and (d) interpretation or mapping existing links between codes, thereby creating and giving meaning to concepts (for a detailed description of these steps, see Rabiee, 2004). To avoid researcher’s bias which may occur during the interpretive data analysis, multiple researchers, and students were involved. The first author coded the segments by means of deductive codes (i.e., following the theoretical framework on SA) and inductive codes (i.e., stemming from participants’ narratives) including in vivo codes (using participants own words as codes). A student coded additionally the focus-group discussions with older adults with Surinamese background and Indo-Dutch and Moluccans. Both efforts arrived at similar codes and concepts. The second author was engaged in all of the remaining steps and contributed to the process of creating and giving meaning to concepts. In a discussion between both authors, these concepts were organized in three themes, which we use to structure the results section. These themes include *a notion of success* (feeling young and life satisfaction), *wishing to remain healthy, independent and engaged* (key aspects of SA), and *specific aspects of SA* (e.g., rest, traveling, learning new things, and physical appearance).

## Results

### A Notion of Success

Despite the background differences between the older participants in this research, most of them revealed experiences and perceptions which, according to objective conceptualizations of SA (Rowe & Kahn, 2015), define them as rather successful. Two key concepts warrant mentioning in this regard: *feeling young* and *life satisfaction*. The feeling of “still being young” or “not yet old” was widespread among the participants and seems to be fueled by older adults’ ability to do things independently. In fact, the participants in all groups rather unanimously defined old age as a phase of life which is marked not by chronological age but by the moment when one becomes mentally and/or physically sick and inactive. In the words of a 68-year-old man with a Western background:

I agree with Mary [fictive name] that a person is old when they cannot do things or their mental health is declining, then they are difficult to approach. Then they cannot interact normally with others and that is when you can say that someone is old.

Another example comes from a 68-year-old Antillean man:

I simply still feel 20. Yes, and I do things that a young person also does. I do not really see myself as an old person. And I hope that I can keep this feeling until I am 100.

The feeling of still being young is furthermore kept alive by beloved ones, most often grandchildren. Being around children and grandchildren was highly appreciated by all participants and viewed as an energy regenerator and a source of joy.

Overall, participants revealed rather high levels of life satisfaction, especially when it comes to their living environment—both in its physical and social manifestation—and social services (i.e., health care quality). A 70-year-old man with a Surinamese background for instance said:

I like to grow older. It's not like that . . . uhm . . . I see some people who would like to have a pound off here and there. But I feel happy and I am satisfied with who I am. I enjoy playing football with my [ex-]colleagues on Monday. Now and then I also volunteer.

In discussion, two Moroccan men explained furthermore that in the Netherlands the “doctor is better”, “it is safe”, and “it is a free country where nothing is a must”. One of them, however, also detailed that: “We lack inner peace [ . . . ] but life here [in the Netherlands] is comfortable”.

As the aforementioned quote suggests, there are not only positive aspects of growing older in the Netherlands. A number of difficulties were also discussed to a varying degree between and within the groups. For example, the majority of Moroccan informants were concerned with financial problems and unfulfilled filial expectations, whereas some Antillean and Western older adults discussed old age prejudice and how this dictates what they ought to and ought not to do. The participants with Western background lamented furthermore their scarce social life and mentioned feelings of loneliness. The Turkish older adults were more than others concerned with future care arrangements and the role of the government in this regard whereas the Surinamese participants, Indo-Dutch, and Moluccans shared to be highly concerned with their slowly decaying health using the expression HPDP—“hier pijn daar pijn” (pain here, pain there)—to describe their current health situation. In fact, slowly decaying health and insecurities about future care arrangements were mentioned to a varying degree by virtually all participants and seemed to underpin one of the three fundamental concepts defining a good old age—to remain healthy.

### Wishing to Remain Healthy, Independent and Engaged

The informants revealed three fundamental wishes, which fulfillment is believed to ensure good old days: to remain healthy, independent, and engaged for as long as possible. In line with the SA paradigm (Bülow & Söderqvist, 2014), these aspects of aging well were perceived as closely interwoven and a precondition for all other virtues of life. For example, remaining healthy permits being independent and serves as the necessary condition to spend time with

beloved ones and enjoy the free time which old age has brought about.

Yes, my four children are most important. I live healthy because I would like to live long together with my children. By the way, I have two grandchildren. And I would like to get to know my great-greatchildren. Therefore I focus on my health. It [health] comes first. (Woman with a Surinamese background, 71 years old.)

As mentioned earlier, the wish to remain healthy was often mentioned in relation to participants' slowly decaying health or fear of future deterioration. The fear of health decline was furthermore strongly associated with becoming dependent and future care arrangements; put simply, almost all participants expressed their insecurities as to who will be caring for them when in need. A 63-year-old man with Turkish background said:

The fear here is that the government is changing too much with regard to elderly and the future. [ . . . ] What awaits us when we are older and cannot do things on our own anymore? We simply do not know this.

The discussions around this question suggested that, on the one hand, there is the possibility of professional health care which the participants would rather avoid if possible and on the other hand accept if they had no other option and were to burden their children. The group of Turkish women and some Turkish men revealed for example to accept the latter option: one in which their children have their own life, work, and family, and would rather not burden them. The women showed a clear preference for an arrangement in which they can live together with their friends and care for each other whereas the men showed readiness to move to a nursing home if necessary. A few Turkish men expected, however, that their children will care for them no matter what, as it has been done for generations in Turkey. The group of Moroccan men and women were most critical of the possibility to rely on professional health care—that is to age in a nursing home—and suggested that should that anyhow happen, they would prefer a special nursing home for Muslim people. Similar to other migrant groups, older adults with Moroccan origin wish to remain independent for as long as possible and not to burden their children with demanding care responsibilities, yet unlike others they seem to not only accept but also prefer a certain level of reliance on their children. This preference is deeply embedded in a culturally determined norm of reciprocity—they cared for their children and now their children should care for them.

Next to remaining healthy and independent, most informants in this study seemed to value being engaged, this means to remain social and active. In what way and to what degree one wants to be social and active varies between and within groups, however, and seems to be closely interwoven with participants' migration and employment histories. For example, the majority of European older

adults were highly educated with “well-paid jobs,” and as a result had at their disposal a network of (ex-)colleagues. They saw organized volunteer work as a way to maintain existing contacts and contribute to society. Yet, due to their long migration histories, they had only superficial contact with their families and friends in the origin context and international friends scattered across multiple European countries. Describing their local social network as a “circle of acquaintances”, they longed for close relationships which expand beyond the nuclear family (partner and children). The group of older adults with Moroccan background similarly revealed to lack close contacts, for some because of low-quality relationship with their children, for others because of language barriers, for third because of lack of organized meeting places. With the exception of one man who was highly educated and spoke Dutch, the following quote from a 60-year-old participant is exemplary:

I do not really have contacts. You meet people, you chat. But I do not look for them and vice versa.  
Moderator: And your neighbors?  
We inquire about each other. They ring if they need something. When they are travelling, we keep an eye on their mail and the other way around. That is all.

Unlike Moroccan men, most Moroccan women said to be satisfied with their social life, which takes place mainly in the neighborhood. Before they had to take care of their children—this used to be their purpose in life they described—but now the children are grown up and living independently, and they have plenty of time to spend with friends and neighbors. A 64-year-old woman explains:

[In the neighbourhood] You have your Moroccan friends. It is as if we live in Morocco, really. We meet at the community center, in the mosque. It is even better than in Morocco.

Yet, for other Moroccan women life after the children have left the parental home turned less positive and they described this as “sitting alone at home to do nothing”. Overall, the Moroccan and Turkish older adults shared that they less often formally volunteer and expressed that they lack meeting places resembling those in the origin context. Turkish men suggested, for example, that a good old age comes about with a “café-culture”, which entails sitting together in a coffee house with a “tesbih” (prayer beads), playing cards, and rummikub (a board game). This creates space to meet friends who are not only close confidants but also an important source of instrumental help such as for transportation and sorting out (online) paper work. The Indo-Dutch informants highlighted a similar coffee house setup where they could “omong kosong” (speak nonsense) and play “gapplek” (a card game), but they also emphasized the importance of their extended family in the Netherlands. The Moluccan informants on the other hand proudly spoke about their community and the importance of being there for

each other. After explaining how Moluccans were received in the Netherlands in camps and later accommodated in special Moluccan neighborhoods, a 70-year-old Moluccan woman continued to explain about the community they have created here in the Netherlands:

You know how it works with us. If there is a “malam penghiburan” (consolation service for a deceased person), it will be cooked for you. On this evening, the ladies from the women’s association come and ask whether they should cook for the family of the deceased for the consolation service and for the funeral. Then we indicate whether we want this or not. Yes, I am proud of our community.

### Specific Aspects of SA

Next to the aforementioned key aspects defining aging well, the participants revealed some specific wishes. One of the most extensively debated topics was the need for *rest*, conceptualized as peace of mind, especially among the Moroccan men who wish not to worry and reduce feelings of anxiety about the future and the livelihood of their relatives. These experiences seem to leave little energy and motivation for social participation, a situation contrasting with ideas and current (policy) demands for active aging which focus on societal engagement and productivity (Dizon, Wiles, & Peiris-John, 2019). With the exception of one highly educated man who shared not to experience any problems at the moment, all Moroccan participants said to be troubled and “to live between the past and the present”. They often distinguished between “before” when they were young and had jobs, money, cars, and children and “now” when they are faced with financial problems, unfulfilled filial expectations, and language barriers. Most participants continued to explain that they had already all they could wish for, now they only need rest. In their own words:

At this moment, we have no contacts anymore. We have worries. When you talk to others, it is always about problems [the group laughs]. Then you find out that these other people have even bigger problems. At this age, we want only rest and to be well. Just like the man who has no problems [pointing to the highly educated participant]. We would like a life without worries.

The Indo-Dutch and Turkish women also spoke about rest as a precondition for a good old age. The Indo-Dutch described the need for rest as stemming from their physical tiredness which comes about with age, whereas the Turkish women emphasized the wish for rest as part of a spiritual experience, including the possibility to be in nature and to travel. The possibility to travel to new places and to the origin context was another topic discussed in length by quite a few participants. The women with Turkish background and some of the men with Moroccan background clearly

indicated that a good old age should come with the possibility to see new places. A Turkish woman said:

I am now 58 and plan to work until I am 67, if possible.  
I don't see myself working forever. I have other goals:  
I would like to travel across the world. If I die without having seen the world, I will die with regret. And because I am busy with this, I have no time to think about my age.

Others, that is, some Antilleans and Indo-Dutch participants, focused on traveling back to the origin context where warm and sunny weather awaits them. Yet, without an exception, the participants did say to realize that their countries of origin changed since they had departed and often restricted their returns to a (long) holiday.

Finally, although not discussed extensively when speaking about aging well, the informants with Western background did mention the importance of learning new things as a means for personal growth, whereas the participants with Antillean background stressed physical appearance. A 68-year-old woman who was still working full time said it as follows:

I find it important that I look good as I get older. I often see a lot of older people and I think, Jesus, how old are they? Their entire face is in wrinkles. I hope I will not look like that in 10 years. Therefore I apply it [the anti-wrinkle cream] every day.

## Discussion and Implications

In this study, we examined the experience of aging and perceptions of what it means to age well among older adults with a migration background in the Netherlands. In so doing, we tackled two of the most persistent critiques of the SA paradigm: the failure to adequately acknowledge subjective views in the definition of aging well (Strawbridge et al., 2002) and the failure to recognize that the process of aging is culturally determined (Rowe & Kahn, 2015; Torres, 1999). The research draws on qualitative data collected by means of eight focus groups with the six largest migrant groups in the Netherlands. Our participants were diverse not only in their ethnic background but also in their migration and employment histories, education, and Dutch language proficiency. They also shared similarities however: they perceived themselves as *relatively* healthy and were living independently.

An important finding of this study is that these similarities underpin one of the most important defining aspects of aging well. Regardless of their background all participants wanted to remain healthy for as long as possible, because good health will permit them to remain independent and socially engaged. Being healthy and engaged keeps them young and this feeling, they say, matters more than their chronological age. They also revealed to be satisfied with their lives in the Netherlands

in terms of their living arrangements—in both its physical and social manifestation—and health care quality. These results allow us to draw two key conclusions. First, in line with the theoretical model of SA (Kleineidam et al., 2019; Rowe & Kahn, 2015) and prior empirical research (Angel, 2009; Beyene et al., 2002; Tan, 2010; Torres, 2001), we demonstrate that the meaning of aging well is multidimensional and that older migrants in the Netherlands can be and feel relatively successful in one or more dimensions. However, as our research is explorative and qualitative in nature, we cannot detail (a) the degree to which older migrants are successfully aging and (b) the extent to which different dimension matter in the aging process. Future quantitative research and studies focusing more comprehensively on one or two migrant groups are essential in this regard. Moreover, additional understanding of the process of aging well can be gained by comparing relatively healthy older migrants with migrants with severe health problems.

Our second conclusion revolves around the finding that aging as an older migrant might not be so different from aging as a nonmigrant. Although we do not collect data on nonmigrants older adults, prior studies on SA in the Netherlands (Huijg et al., 2017) and public opinions of Dutch citizens (Den Ridder, Van Houwelingen, Kooiker, & Dekker, 2019) provide convincing evidence that health, being active and engaged, and future insecurities about care arrangements take priority in Dutch people's lives. Given these group similarities, it is essential to highlight two points which were earlier addressed in length by Zubair and Norris (2015). First, overemphasis on ethnic diversity creates a feeling of "otherness" which is then reflected in social policies, norms, and discourses that marginalize older migrants. Therefore, we suggest that while important to recognize differences between older adults with a migrant and a nonmigrant background, it is also of a paramount significance to acknowledge the many similarities in the process of aging and to adapt rather than create new policy solutions.

Second, existing research on older migrants features almost exclusively a problem-focused approach emphasizing disadvantages, inequalities, and exclusions (Zubair & Norris, 2015). The Netherlands is not an exception from this trend as exemplified by the problematization of the first-generation non-Western migrants (Turkish, Moroccan, Surinamese, and Antilleans) by focusing on their morbidity, health care (under)use, and (dis)satisfaction (Conkova & Lindenberg, 2018). Scoring on most objective indicators worse than their nonmigrant age counterparts, the average older migrant is often portrayed as vulnerable. Yet, prior studies also show that older migrants are often satisfied with their living arrangements (El Fakiri & Bouwman-Notenboom, 2016) and the quality of health care in the Netherlands (de Graaff & Francke, 2003). We now show also qualitatively that they feel quite satisfied, despite some concerns and important differences, with how they age

in the Netherlands and the problems and concerns they voice may show more resemblance than difference with the nonmigrant older population. This highlights the importance of personal experiences and subjective views next to objective measures.

Next to similarities, there are also numerous differences between and within the migrant groups. These differences are often rooted in people's culturally determined expectations, migration and employment history, and socioeconomic status. Hence, our results provide evidence for the importance of a life course approach in understanding the aging process and wishes underpinning aging well. For example, in line with the principles of life span and time and space, respectively (Treas & Gubernskaya, 2016), we saw that European and Moluccan older adults' migration histories determine to a large extent their social networks and experiences of social interaction, and define two of their most desired aspects of a good old age: to have close social contacts and be there for each other. In line with the principle of linked lives, we saw furthermore that what participants' children do or do not do has important implications for the perceived quality of the parent-child relationship and parents' culturally determined expectations about future care arrangements. The Moroccan men stood out here with their narratives about unfulfilled filial obligations and a wish for more engagement of their children in current and future care. Important to note is also that our research revealed gender differences and differences between people with different education and employment history, hinting toward socioeconomic background, and individual life course being of higher relevance than cultural background. Comparing low-educated Moroccan men to their female and highly educated counterparts, we found, for example, that the former feel less satisfied with their social life than the latter. This supports Sokolovsky's (1985) proposition that a single cultural system may offer vastly different opportunities for SA based on gender, rank, or class. Thus, although this study does support the idea that the process of aging is culturally determined it also highlights the importance of recognizing socioeconomic difference within culturally similar groups of people.

Finally, our findings revealed specific needs and wishes. One of the most prominent wishes in this study—rest—stems from the experience of financial problems among the Moroccan older adults and from physical tiredness and decline among the Indo-Dutch and Moluccan older adults. Other specific aspects include physical appearance among the Antillean older adults and the possibility to travel among Turkish women and some Moroccan men. Said simply, in line with prior research on SA (Bowling & Dieppe, 2005), our research shows that older migrants' subjective views expand beyond objective aspects.

The conclusions of this study allow us to formulate a number of policy recommendations which can contribute

to the well-being of all groups of the population without further reinforcing the process of "othering." First, given the attention which our participants gave to remaining healthy, we suggest that interventions meant to benefit older migrants should expand beyond the "cure" paradigm to include prevention and lifestyle. At this point of time, the debate about "older migrants" in the Netherlands revolves around the idea that the number of older migrants increases and they are in need for (professional, culturally specific) care. Although for some this may already be a reality, for many of our participants and their children demanding care is a concern of the future. Therefore, we suggest that preventive interventions are likely to benefit them in the short term. Such interventions are already widely available in the country and could easily be adapted to older adults with a migration background. Policies targeting (long-term) care can also be adapted by shifting focus from culturally specific to culturally sensitive care ethics. Second, our study suggests that many of the negative experiences are provoked by issues of social exclusion in its material and social manifestation. Therefore, we suggest that interventions tackling problems such as language barriers and illiteracy will be beneficial. Such efforts can take multiple forms and will benefit migrants and lower-educated nonmigrant older adults alike.

## Supplementary Material

Supplementary data are available at *The Gerontologist* online.

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## Conflict of Interest

None reported.

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