Test Bank for Aging as a Social Process Canada and Beyond CDN 7th Wister

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Chapter 2

Historical and Cultural Perspectives on Aging

Multiple Choice Questions

1. According to 2016 census estimates, approximately how many Canadians reported an ethnic identity as one of the Indigenous Peoples of Canada, including First Nations, Métis, and Inuit?
   a) 2,103,760
   b) 1,673,785
   c) 205,170
   d) 130,080

   Ans: b
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2. Approximately how many immigrants were admitted to Canada between January 2011 and May 2016?
   a) 10.6 million
   b) 5 million
   c) 1.2 million
   d) 500,000

   Ans: c
   Page: 43

3. Which of the following statements is false concerning the responsibility of families to care for older adults in Eastern and Western societies?
   a) In Western cultures, economic assistance, housing, and health care for older adults is common.
   b) In Eastern cultures, older family members often move in with one of their children.
   c) In Western cultures, a daughter or daughter-in-law is usually responsible for caring for elderly parents.
   d) Filial piety is deeply embedded in both Eastern and Western societies.

   Ans: d
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4. What is the name for the phenomenon whereby members of a society regard their mainstream culture as superior to all others?
   a) Assimilation
   b) Acculturation
   c) Marginalization

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d) Ethnocentrism

Ans: d
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5. Which of the following is true regarding the primitive hunting-and-gathering societies that existed before the Industrial Revolution?
   a) The oldest members were considered to have a valuable source of knowledge concerning rituals and survival skills.
   b) The oldest members were considered to be a burden on the rest of the tribe and were given minimal power and responsibility.
   c) The knowledge of the younger members was viewed as a source of power.
   d) The knowledge of the older members was viewed as outdated and no longer needed.

   Ans: a
   Page: 48

6. According to Hendricks (1982), where does modernization first occur?
   a) In areas where there are more working men
   b) In the core areas of a country
   c) In peripheral (rural) regions
   d) In areas where there is a larger number of affluent families

   Ans: b
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7. How did the "before and after modernization" explanation account for the changing status of elderly people?
   a) Older adults lost power and status because they no longer played essential roles and were no longer the primary source of knowledge.
   b) Since adult children lived in the family home, some believed they could afford better health care.
   c) Older adults lost power and status even in societies where they continued to perform valued functions.
   d) Older people gained power and status in all societies because they had fewer children.

   Ans: a
   Page: 50

8. What did the Industrial Revolution lead to in terms of the social and economic systems of a society?
   a) The emergence of extended families and the breakup of the nuclear family
   b) The skills of older people becoming more useful than ever before
   c) An increase in life expectancy
   d) The end of mandatory retirement

   Ans: c
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9. Which lens has recently been applied to understanding how minority-group status and marginalization shape the experiences and identity of individuals based on the interaction of culture, age, gender, social class, and other salient domains that influence inequality?
   a) Intersectionality
   b) Marxist
   c) Democratic
   d) Centenarian

   Ans: a
   Page: 48

10. Anthropologists categorize societies into one of three types, according to their level of industrialization and modernization. Which if the following is *not* one of these categories?
   a) Actuarial societies
   b) Primitive hunting-and-gathering societies
   c) Pre-industrial societies
   d) Post-industrial and postmodern societies

   Ans: a
   Page: 47

11. According to research into preliterate societies, in which kinds of tribes did elderly people tend to have the lowest status?
   a) Risk-taking tribes
   b) Highly skilled tribes
   c) Nomadic tribes
   d) Illiterate tribes

   Ans: c
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12. Which of the following statements is true regarding Ancient Greece?
   a) Power was associated with wealth more than with age.
   b) Power was associated with health more than with age.
   c) The Greeks looked forward to old age.
   d) Greek gods were often depicted as old.

   Ans: a
   Page: 54

13. Which of the following is false regarding shared elements of traditional Indigenous cultures?
   a) Their members tend adhere to traditional healing practices and beliefs
   b) Their members exhibit a respect for elders as a source of wisdom.
   c) Their members prefer formal care from public services over informal support from relatives.
   d) Their members value close-knit communities and strong family ties.

   Ans: c

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14. Ethnic subcultures are groups that do not necessarily share which of the following elements?
    a) Language
    b) Beliefs
    c) Religion
    d) Occupation

    Ans: d
    Page: 62

15. According to a study conducted by Chappell and Kusch (2007), what percentage of Chinese seniors in Canada live either with their spouse and a child or, if widowed, with a child?
    a) 73 per cent
    b) 50 per cent
    c) 21 per cent
    d) 15 per cent

    Ans: a
    Page: 64-65

16. Which of the following statements is false regarding recent elderly immigrants to Canada?
    a) They are often widowed.
    b) They often embrace their children's busy "Western" way of life.
    c) They have arrived to be cared for by adult children who have lived in Canada for many years.
    d) They are more likely to be women than men.

    Ans: b
    Page: 64-66

17. Which of the following groups is part of the fastest-growing minority group in Canada?
    a) Muslims
    b) Anglicans
    c) Chinese
    d) Japanese

    Ans: a
    Page: 63

18. Currently, what percentage of all Canadians over the age of 65 were born outside of Canada?
    a) 5 per cent
    b) 10 per cent
    c) 30 per cent
    d) 60 per cent

    Ans: c
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19. Which of the following is *not* a major barrier to accessing health-care services for ethnic elders?
    a) Immigration status
    b) Linguistic needs
    c) Discomfort with having children present at medical appointments
    d) Limited knowledge of the health-care system

    Ans: c
    Page: 66

20. Which term refers to subcultures, such as the Old Order Mennonites or Hutterites, that maintain a totally separate and unique identity, lifestyle, and place of residence, often in rural areas?
    a) Persistent subcultures
    b) Dynamic subcultures
    c) Northern subcultures
    d) Ritualistic subcultures

    Ans: a
    Page: 57

21. In a multicultural society like Canada, there is an urgent need for new studies on the experiences of many ethnic and religious groups that are what?
    a) Visible in aging
    b) Invisible in aging
    c) Aging in isolation
    d) Aging in exurban communities

    Ans: b
    Page: 62-63

22. Carlos is conducting a study of elderly citizens in the Atlantic provinces. After several months of interviewing, Carlos realizes that his research participants speak about their experiences in distinct ways. For instance, he notices that men can differ from women, recent immigrants can differ from second-generation Canadians, and seniors with higher retirement income can differ from those with low-incomes. When conducting his analysis, Carlos explains to his supervisor that in order to more fully understand the status of older people within and between cultures and over time, he needs to examine levels of social support in cultures flowing to older adults and how this support is shaped by gender, social position, religion, etc. Which perspective is Carlos most closely aligned with?
    a) Before and after
    b) Positivism
    c) Intersectionality
    d) Elitism

    Ans: c
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23. According to Sharon Koehn's unpublished findings (2002–4), a case worker helped Mr S deal with isolation and cultural dislocation by referring him to whom?
    a) A female physician and moving him to another care home in a more urban area
    b) A male physician and moving him to another care home in a warmer city
    c) A Punjabi-speaking physician and moving him to another care home where there were other Punjabi-speaking residents
    d) An older physician and moving him to another care home where there were other male residents

    Ans: c
    Page: 63

24. The grandmother of Charlie's friend attends religious gatherings where they drink poison and handle dangerous snakes. Charlie thinks that these practices are not normal and doesn't understand why others would want to practise such strange rituals. What concept is reflected in Charlie's feelings?
    a) Cultural diffusion
    b) Ethnocentrism
    c) Globalization
    d) Cultural relativism

    Ans: b
    Page: 46

25. Which of the following terms refers to the respect and a feeling of responsibility for one's parents?
    a) Unilineal piety
    b) Filial piety
    c) Paternalism
    d) Patricide

    Ans: b
    Page: 44

True or False Questions

1. Filial piety refers to the belief that the extended family is a burden.

    Ans: False
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2. Over the past 40 years, the Canadian immigrant population has become less diverse, coming mostly from two or three countries of origin.

    Ans: False
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3. Values are the internalized criteria by which people judge behaviour.

   Ans: True
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4. Beliefs are a statement about what is thought to be true as opposed to what is real or desirable.

   Ans: True
   Page: 46

5. Norms represent an individual's conception of the world.

   Ans: False
   Page: 46

6. People who regard their own culture as superior can be called ethnocentric.

   Ans: True
   Page: 46

7. In agrarian-peasant societies, the oldest citizens had no control of the land and were generally lacking in power.

   Ans: False
   Page: 49

8. Modernization theory suggests that the Industrial Revolution led to a decline in the status of older adults.

   Ans: True
   Page: 50

9. The status of older adults was the lowest in preliterate societies that had a surplus of food.

   Ans: False
   Page: 53

10. The status of older adults was highest in preliterate societies in which older people had knowledge of rituals and customs.

    Ans: True
    Page: 53

11. In 2016, 27 per cent of the Indigenous population was under 15 years of age.

    Ans: True
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12. About 7 per cent of Indigenous people are 65 years of age or older.

    Ans: True
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13. The life expectancy of Indigenous is about six years less than the national average.

    Ans: True
    Page: 58

14. Indigenous elders have the advantage of quality home care systems if they live on reserves.

    Ans: False
    Page: 61

15. Indigenous elders fare equally well whether they live on or off a reserve.

    Ans: False
    Page: 57-61

16. Assimilation is a process whereby subcultures retain their own identity.

    Ans: False
    Page: 57

17. A racial subculture is a subgroup within a larger society in which physical appearance and cultural commonality define the boundaries of membership.

    Ans: True
    Page: 62

18. Kobayashi (2000) found that, among second- and third-generation Japanese Canadians, few had a strong commitment to filial duty.

    Ans: False
    Page: 65

19. The situation of elderly Chinese people is often related to whether they spent their childhood in China or in Canada.

    Ans: True
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20. Elderly people who have lived in Canada most of their lives are just as likely as recent elderly immigrants to feel isolated and marginalized.

    Ans: False

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21. Acculturation is a process whereby individuals from one cultural group learn and internalize the culture of another group.

    Ans: True
    Page: 46

22. Social scientists have always studied the diversity within a society and the structural factors that influence the experiences and opportunities of aging adults.

    Ans: False
    Page: 47

23. An intersectionality lens considers disadvantage (and privilege) as fundamentally tied to the intersection of multiple inequalities that are fluid over the life course and reinforced in social structures.

    Ans: True
    Page: 48

24. Intersectionality has been useful in understanding how minority-group statuses and related forms of inequality are formed, sustained, and how they can be changed over time.

    Ans: True
    Page: 48

25. Increased interventions through federal health and financial assistance programs have largely improved unemployment rates, living conditions, levels of physical and mental health, and poverty levels for Indigenous peoples in Canada.

    Ans: False
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Short Answer Questions

1. What are the similarities in Eastern and Western societies' treatment of elderly persons?

    Ans: The similarities of Eastern and Western cultures regarding their treatment of elderly persons include the following: the family is the primary support system in the daily lives of elderly persons; a growing number of older adults are economically dependent on the state and/or their families for survival; fertility rates are declining and smaller families are more typical than in the past; and, debates about the relative responsibility of the state and the family for providing support to older adults are common.
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2. What are the differences between Eastern and Western societies' treatment of elderly persons?

   Ans: The differences between Eastern and Western cultures regarding their treatment of elderly persons include the following: filial piety (respect and a feeling of responsibility for one's parents) is embedded in Eastern cultures; such a general guiding principle is not found in the West; rapid population aging occurred in modernized Western societies in the twentieth century; it will occur in developing Eastern societies in the twenty-first century (it has already happened in Japan); in Eastern cultures, the eldest son and his wife are usually responsible for caring for his parents (often in a multi-generational household); in Western cultures, a daughter or a daughter-in-law is more likely to be responsible; in Western cultures, state-supported economic assistance, housing, and health care for older adults are common; these programs are just beginning to appear in Eastern cultures.
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3. What is the modernization hypothesis? What are four critiques of this perspective?

   Ans: The modernization hypothesis refers to the notion that modernization and its accompanying social, political, and economic changes led to a decline in the status of older people. It was assumed that older adults no longer played essential roles and were no longer the major source of knowledge. It was also assumed that adult children no longer felt obliged to support their aging parents. Some challenges to this perspective were made in the 1980s and beyond: (1) the onset and degree of industrialization differed considerably by region and industry; (2) the social status of older people in pre-industrial societies was not always as high as assumed; (3) the status of older persons in modern societies is no lower and may indeed be higher than it was before industrialization; (4) as societies modernize, changes in family structure and in traditional values weaken the informal social support network previously supplied by the family.
   Page: 50-51

4. How are Indigenous elders in Canada viewed by their communities? What have they done that has had a positive effect on their status?

   Ans: Indigenous elders are still respected to some degree because of their experience, their past contributions to the community, and their knowledge of traditions. They have the essential task of cultural transmission and are still thought to contribute to their communities in a vital way. Collecting proactively to form outreach groups and provide leadership, Indigenous elders have dynamically maintained a unique position in their communities.
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5. From a structural perspective, what are some of the inequalities faced by Indigenous peoples?

   Ans: From a structural perspective, Indigenous people face inequalities and a difficult lifestyle, characterized in general by the following: high levels of unemployment or irregular employment; low average incomes, economic deprivation, and a dependence on government subsidies, with many living below the poverty line; one in five Indigenous people live in housing requiring major repair (Statistics Canada 2017e); few retirement residences, nursing homes, or geriatric-care facilities in remote communities; poor health, including a high incidence of chronic diseases related to lifelong malnutrition, alcoholism, and misuse of drugs, and to inadequate health-care

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services and facilities, including a lack of hospitals and health-care workers in the community; higher incidence of being victims of crime, especially violent crime, and of spousal or child abuse; lack of formal community-based social and welfare services, such as home care, and under-use of formal services even when they exist, owing to a preference for support from relatives.
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6. What are four common research approaches used to understand the cultural basis of aging?

   Ans: Four research approaches typically used to examine the cultural basis of aging in a global context are (1) a historical comparison of early and later societies; (2) a comparison of two or more somewhat similar societies at the same point in time; (3) a comparison of Eastern versus Western societies; and (4) a comparison of developed versus developing regions or countries.
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7. What are three developments in the study of aging from a comparative perspective?

   Ans: The first development in the comparative approach to understanding aging occurred when historians, anthropologists, and sociologists identified patterns of thought and behaviour by older people that are repeated in many cultures, as well as those that are found only in a specific culture, subculture, or historical period. A second development was the study of aging from a cultural anthropological perspective, employing mainly observational ethnographic techniques to investigate how culture shapes the social and economic status of older people in a society. A third development was the "unpacking" of meanings of old age as reflected in historical accounts.
   Page: 46-47

8. What is the intersectionality lens and how can it shed light on aging?

   Ans: An intersectionality lens is a theoretical lens used to examine experiences of inequality and privilege through analysis of the intersections of ethnicity, race, gender, socio-economic status, etc. Understanding the intersectionality of cultural inequalities can shed light on the ways that culture interacts with other salient dimensions of aging to affect a range of experiences of aging at the individual level, the ways in which these are embedded in our social institutions, and how identities are formed and reshaped. It has also brought into question the use of social categories to slot individuals into groups because of the potential for negative labels (termed "anti-categorical complexity").
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9. Why is ethnocentrism a problem for older adults in a multicultural society? Illustrate your answer with an example.

   Ans: Ethnocentrism is a phenomenon in which members of a society regard their mainstream culture as superior to all others. Ethnocentric beliefs can influence how people behave toward members of other cultures as well as members of subcultures in their own societies. This attitude can foster insensitivity to those who are different and influence a variety of practices that affect older people—for example, the kind of food served in long-term-care settings that primarily house those from mainstream society. Student examples may vary.

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10. What are three ways in which the Industrial Revolution changed the lives and status of older people?

    Ans: Some of the ways in which the Industrial Revolution affected the lives and status of older people are as follows: (1) A shift from home to factory production meant that the family was no longer the centre of economic production (as it had been on farms). The result was a dramatic increase in the number of people, including the elderly, who became dependent on non-family employers for economic security. (2) A breakup of the extended family and the emergence of the nuclear family resulted in the separation of children from older parents, who often lived in a different community. (3) The rise of large organizations and the creation of new occupations requiring skills that young people could acquire through apprenticeship/formal schooling meant that many of the skills possessed by older people became obsolete.
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11. What are five types of respect that Asian cultures express towards elders?

    Ans: Student responses will include five of the following 14 types of respect (Sung 2001) that Asian societies display towards elders: care respect; victual respect; gift respect; linguistic respect; presentational respect; spatial respect; celebrative respect; public respect; acquiescent respect; salutatory respect; preferential respect; funeral respect; consulting respect; ancestor respect.
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12. What is an ethnic subculture? Compare and contrast how two different subcultures in Canada treat older adults.

    Ans: Ethnic subcultures are groups that share cultural characteristics, such as language, beliefs, religion, or national origin. Student examples will vary as there are many examples throughout the textbook.
    Page: 57, 62-63

13. Compare and contrast the social and economic conditions of elderly people within two ethnic subcultures in Canada.

    Ans: Student responses will vary as there are many examples throughout the textbook.
    Page: 64-65

14. In what ways do Indigenous elders experience health disadvantages in Canada?

    Ans: Older Indigenous persons face a number of barriers in terms of access to health services, including the loss of traditional approaches, geographic isolation, and legal divisions with Indigenous communities. The prevalence of self-reported chronic conditions such as heart disease, hypertension, diabetes, and arthritis is often two or three times the rate reported by their Canadian counterparts. These conditions are compounded by the fact that many Indigenous elders are not eligible for extended health plans that cover vision and dental care, prescription drugs, and new health technologies. Furthermore, most reserves and many communities do not have nursing homes. Thus, elderly people who need continuing care must enter a nursing home

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away from their community where they rarely receive the kind of food they prefer and are far from friends and family.
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15. What are the challenges facing health-care workers and policy-makers in Canada's multicultural society?

    Ans: Over the past 40 years, a larger and more diverse immigrant population has presented a number of unique challenges for health-care workers and policy-makers. A one policy "fits all" approach based on broad labels (e.g., "Asian") is no longer adequate due to considerable within-group diversity. Language barriers, varying rates of assimilation, and lack of knowledge about social or health-care services must all be taken into account. Moreover, dietary restrictions and specific cultural beliefs about health care, death and dying customs, and the responsibility of the family versus the state in supporting older people, can all cause adaptation problems in hospitals or long-term-care facilities. These factors are especially challenging when trying to reduce or eliminate gender inequality.
    Page: 44-45

16. As an older person, is it better to have been born in Canada or outside of Canada? Explain your choice.

    Ans: Student responses will vary but should apply material from throughout the chapter, but students may touch on physical features (colour of skin or shape of eyes), or cultural characteristics (language, beliefs, religion, or national origin) that distinguish them from the dominant culture. Other students may refer to Intersectionality theory as a high level lens that suggests that no single defining characteristic. Other students may discuss some of the known structural barriers (e.g., struggle between adhering to traditional as opposed to mainstream practices with respect to the use of health-care services or the use of family as opposed to formal support systems).
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17. What are *values*, *beliefs*, and *norms*?

    Ans: *Values* are the internalized criteria by which members select and judge goals and behaviour in society. Values are trans-situational and are found in most social institutions. *Beliefs* represent an individual's conception of the world. They are a statement about what is thought to be true as opposed to what is real or desirable. Beliefs are unique to a given culture or subculture and are learned through socialization processes via parents, teachers, peers, and the mass media. *Norms* define acceptable or expected behaviour in specific social situations. Many norms concerning how we dress and act, how we spend our leisure time, or how we select living arrangements are related to our stage in life or our social position.
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18. How has modernization affected care of the elderly in Japan?

    Ans: Japan's modernization began in the Meiji era (1868–1912) and intensified during post–World War II reconstruction. A number of changes are redefining traditional cultural ideology. First, young adults are moving to large cities, away from their rural roots, where traditional

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norms and values prevail. Second, traditions such as respect for older people and caring for one's parents are weakening. Third, a shortage of special housing for older people has resulted in the construction of retirement communities for affluent persons seeking an independent lifestyle. Fourth, the role of Japanese women is changing as more young women earn university degrees and work full-time—leaving little room to care for an aging parent or parent-in-law. All of these factors combine to shift the burden of care for the elderly from adult children to the state.
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19. What is the difference between convergent and persistent subcultures? Illustrate your understanding by providing examples.

    Ans: *Convergent subcultures* are subcultures that are eventually assimilated into the larger culture. An example would be the descendants of Italian immigrants who arrived in Canada after the Second World War and were assimilated over two or three generations. Other subcultures, such as the Old Order Mennonites or Hutterites, are *persistent subcultures* because they maintain a totally separate and unique identity, lifestyle, and place of residence, often in rural areas. In the following sections, issues of aging and the status of elderly people are examined for indigenous, racial, ethnic, and religious subcultures.
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20. What were the six functions performed by elderly people in preliterate societies identified by Maxwell and Silverman (1970)?

    Ans: The six major functions performed by elderly people in preliterate societies—according to Maxwell and Silverman (1970)—are as follows: (1) hosts of feasts, games, or visiting groups; (2) consultants about survival skills or rituals; (3) decision-makers for the group; (4) entertainers; (5) arbitrators of disputes; and, (6) teachers of the young.
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21. What are Achenbaum's (2010) archetypes of age?

    Ans: Achenbaum identifies a number of archetypes of age that have prevailed in historical accounts of old age, including the following: (1) physical features of old age; (2) differences between old and younger members of a society; and (3) the relevance of gender in constructing old-age imagery. Achenbaum shows that older persons have been typified in negative imagery in historical accounts in terms of physical deterioration and weakness (such as missing teeth, wrinkled faces, and small stature). This has been balanced by positive images of wisdom and mystical or spiritual traits. The archetype of older women has been particularly negative in historical accounts, with the exception of older women being portrayed as healers.
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22. What was the status of older people in preliterate societies?

    Ans: In preliterate societies, knowledge, beliefs, and survival skills were accumulated by the elders. The economic system was based on production and consumption within domestic kinship groups, and the dependence of children on parents was linked to a degree of obligation toward the oldest people in the family or tribal unit. The status of elderly people was highest in

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societies that had a surplus of food where the oldest members controlled property, possessed special cultural knowledge, or held religious roles. In societies where food was scarce, where property was nonexistent, or where leadership was based on ability rather than on longevity, older people were sometimes abandoned or put to death.
Page: 52-53

23. What was the status of older people in literate pre-industrial societies?

    Ans: The status of older people in literate pre-industrial societies varied according to living conditions, religious beliefs, cultural values, and the degree to which they were nomadic. Elderly people appeared to have high status in early Hebrew, Roman, and North American societies. The higher status of older people due to religion was particularly pronounced during the Dark Ages—a time when the Christian Church was dominated by senior clergy. However, this privilege did not extend to women, who were excluded from positions of power.
    Page: 53-54

24. How has the status of the Anishinabe Elders of Georgian Bay shifted?

    Ans: Originally, the Anishinabe ("original people") elders played a traditional role by transmitting knowledge and culture to the children of the tribe. However, with the arrival of Christian missionaries and the creation of schools on the reserves, missionaries and teachers took control of the knowledge and culture transmitted to younger generations. Skills needed for survival in the "modern" world (English, mathematics, etc.) were taught. By the 1960s, the prestigious role of elder had disappeared. In the 1970s, however, Native elders regained some degree of importance when the federal government created Native Cultural/Educational Centres across Canada. In one instance, Native elders of the Anishinabe were recruited by the staff of a centre on Manitoulin Island to record and transmit elements of their traditional culture. The oldest-surviving members became "volunteer elders" in the traditional sense.
    Page: 54-56

25. What are the impacts of language and cultural barriers in health care? Illustrate your understanding by providing an example.

    Ans: Many students will rely on information from Highlight 2.7 "The Influence of Language and Cultural Barriers in Health Care." Most health and social welfare policies and services are designed for members of the majority group. In fact, some racial or ethnic groups underutilize the social services available in a community because they do not know what services are available or because their language, customs, or beliefs make it difficult for them to access or use the services, especially in long-term-care institutions (see Parts I, III, and IV in Whitefield and Baker 2013). Highlight 2.7 illustrates how cultural values and family dynamics influenced the understanding of disease and access to health care. Specifically, the box tells the story of how two elderly Punjabi men experienced aging and healthcare. Mr S, who was originally placed in a care facility where few inhabitants spoke his language or shared his culture, began to thrive when offered health care in his own language and placed in a facility where the opposite was true. Likewise, the box also describes how language and culture led to a miscommunication about the number of support services and care options available to Mr G and his family.
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