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Age Vitality: Perceptions of Young Canadian, Turkish and Georgian Urban and Rural Adults

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This study extends previous research on age-group vitality around the Pacific Rim by examining the perceptions of urban and rural respondents from Turkey, Canada and the nation of Georgia towards young, middle-aged, and older adults. As in prior research, middle-aged targets were accorded the highest vitality, and a new age-vitality profile was associated with Georgian rural informants. Some urban-rural differences in vitality ratings emerged, and Canadians rated the vitality of older people highest. Across the three countries, Georgian respondents rated young vitality the highest and older adult vitality the lowest. The findings are discussed in terms of dimensions of social change.

Keywords: age, group vitality, rural differences, Georgian Republic, Turkey, Canada

The multidimensional concept of 'group vitality' was first introduced into the study of ethnolinguistic group interactions (Giles *et al.*, 1977) to describe the societal factors in which intergroup relations are embedded; it includes objective and subjective indices of groups' status, demography and institutional support. The more of these factors ingroup members perceive in their favour compared to a relevant outgroup (as measured by the 'subjective vitality questionnaire' (SVQ; Bourhis *et al.*, 1981), the more vitality they possess. High vitality groups then have sociostructural factors promoting members' investment in their ingroup identities and collective actions, whereas low vitality groups have very diminished inclinations in these regards. Over the years, a growing international, cross-disciplinary literature (e.g. Ellinger, 2000; Shaaban & Ghaith, 2002) has articulated the empirically descriptive and theoretically explanatory roles of group vitality (see Harwood *et al.*, 1994) and in intergroup contexts beyond the inter-ethnic; one of these has been cross-cultural research and theory into intergenerational communication (Barker *et al.*, in press).

Adapting the SVQ to target young, middle-aged and older adults' vitalities, it was originally predicted that Asian students would construe elder vitality to be higher than Westerners' perceptions of it, given the former's endorsement of filial piety. In two studies in a dozen nations around the Pacific Rim and South Asia where vitality constituted a single judgemental factor, however, the reverse was found to be the case (Giles *et al.*, 2000; Harwood *et al.*, 1994) – an evaluative pattern also found along other social parameters, such as age stereotyping (Giles *et al.*, 2002). Also, in all cultures studied, middle-aged people were accorded the highest vitality, but with cross-national variability in age-vitality profiles emerging. These were: Pattern A (i.e. middle aged > older > young adults), found in the USA, Canada (Ontario), New Zealand, India, The Philippines, Taiwan and Japan; Pattern B (middle-aged > young > older adults) in Hong Kong and South Korea; and Pattern C (middle-aged > young = older adults) in mainland China and Singapore. Yet across all these research sites, young raters resided in large metropolitan cities and, hence, it is conceivable that the lowered vitalities accorded elderly Asian people might be due to an eroding of filial piety in swiftly modernising urban centres.

The present study sought to determine if this evaluative tendency would still emerge with students who resided in *rural* as compared to urban communities (for research on intergenerational urban-rural differences, see Fengler *et al.*, 1983; Gattuso & Saw, 1998). Furthermore, and while still retaining a Western site (Canada) used in our previous work, and where much intergenerational research exists (e.g. Lesemann, 2001), we ventured outside Asia to include students from two very different cultures (politically, historically and economically) where veneration of older adults purportedly still exists – in the predominantly Christian Georgia and in Muslim Turkey. Although intergenerational research abounds in Turkey (e.g. Lapham & Kinsella, 1997), very little exists in Georgia (see however, Medvedev, 1974), especially in recent sociopolitical times.

Method

The Turkish samples (contacted in and around Ankara) comprised 108 urban respondents (mean age of 20.30 years ($sd = 2.24$)), and 106 rural respondents (mean age of 20.34 years ($sd = 1.97$)), 70.4% and 67% being females, respectively. In the Canadian samples (contacted in and around Saskatoon), 89 were urban (mean age of 19.85 ($sd = 1.76$)) and 71 were rural respondents (mean age of 18.86 years ($sd = 1.76$)), 76.4% and 76.1% being females, respectively. One hundred urban (mean age of 18.92 years ($sd = 1.63$)) and 100 rural respondents (mean age of 20.22 years ($sd = 2.04$)) comprised the Georgian samples (50% in each being female).

Volunteer participants completed a modified version of the 21-item SVQ – back-translated into the Turkish and Georgian languages – regarding their perceptions of the three age groups' status and institutional support (e.g. in education, media, government). As in prior age-vitality studies, items from the original SVQ were dropped that did not pertain clearly to age groups in all the cultures under investigation (e.g. endogamy, immigration and social

welfare) and interpretation of age categories was left to participants themselves. The order of presenting age groups was counter-balanced.

Results

Cronbach alphas for the SVQ, along with the means and standard deviations, appear separately in Table 1. Preliminary analysis showed that gender had very limited effects and, therefore, was not included in the main analysis. Hence, the data were subjected to a 3 (country: Georgia vs. Turkey vs. Canada) by 2 (sample: urban vs. rural) by 3 (target-age: young vs. middle-aged vs. older adult) ANOVA with target-age as a repeated measure.

All effects, except for the sample main effect, were significant. The highest order significant effect was the three-way interaction between country, sample, and target-age ($F_{(4,1136)} = 6.87$; $p < 0.001$, partial $\eta^2 = 0.02$). *Post-hoc* Tukey tests showed that for both Turkish urban and rural respondents, the vitality of middle-aged people was perceived as much greater than that for older adults which, in turn, was greater than for younger adults. The pattern evidenced here reflects Pattern A (reported above). While both groups had equivalent perceptions of young and middle-aged vitalities, rural respondents viewed the older adults' vitality significantly higher than did respondents from the city. A similar profile to the Turkish findings emerged in the Canadian data (again, Pattern A) in that young people were perceived as having less vitality than middle-aged people who were seen as having more vitality than older adults. There were no differences between the urban and rural samples.

For the Georgian urban sample (see again Table 1), the vitality profile was: middle-aged > young > older adults, and was one that resembled Pattern B (above). The rural profile was, however: young adults = middle-aged > older adults – one not previously documented and, herein, labelled Pattern D. Young-adult vitality was perceived to be significantly greater in rural than in urban areas, and middle-aged vitality was in the reverse direction; older-adult vitality was equally low in both samples.

Table 1 Means and standard deviations for vitality perceptions for urban and rural samples across country, together with Cronbach alphas

	Cronbach alpha	Mean (sd)	
		Urban	Rural
<i>Turkey</i>			
Young	0.84	3.42 (0.61)	3.48 (0.64)
Middle-aged	0.88	4.98 (0.61)	5.12 (0.58)
Older	0.86	3.89 (0.72)	4.16 (0.74)
<i>Canada</i>			
Young	0.88	3.65 (0.75)	3.63 (0.72)
Middle-aged	0.88	5.21 (0.56)	5.17 (0.70)
Older	0.84	4.68 (0.71)	4.80 (0.65)
<i>Georgia</i>			
Young	0.78	4.30 (0.76)	4.59 (0.71)
Middle-aged	0.79	4.98 (0.69)	4.52 (0.60)
Older	0.73	3.76 (0.68)	3.85 (0.75)

Tukey tests also showed that there were significant differences in perceptions of the age groups across countries. Although urban people from all sites viewed middle-aged vitality equally, the Georgians rated the young-adult vitality higher than did the Turkish and Canadians, and Canadians rated the older vitality higher than did the Turkish and Georgians. For rural samples, young-adult vitalities were significantly higher in Georgia than in Turkey and Canada, whereas middle-aged vitality was higher in Turkey and Canada than in Georgia. Older adults were perceived to have the most vitality in Canada, followed by Turkey, and then Georgia.

Discussion

This study has, with three socially contrastive samples, underscored the international vitality of middle-aged people in terms of their robust institutional power that, together with their heightened cognitive functioning (Labouvie-Vief & Hakim-Larson, 1989), augurs well for psychological functioning in a life juncture often characterised by 'crisis' (Levinson *et al.*, 1979). The pattern predominant in prior cross-national age-vitality research (that is, Pattern A) has again been found in a further Canadian province (Saskatchewan) as well as in Turkey. Pattern B has now been shown among urban Georgians with a new profile, Pattern D, emerging among rural Georgians.

It is noteworthy that our Western site, yet again, elicited the most favourable ratings for older-adult vitality (Giles *et al.*, 2002) – and that in the context of so much research highlighting ageism in Western societies (Nelson, 2002). Clearly, it seems that when cultures undergo rapid changes in technology, modernity and economic structures, they can become vulnerable to downgrading the social position of their older adults. Not unrelatedly, our Turkish sample was also supplemented by another 101 Turkish immigrants (mean age = 23.12 (sd = 3.44), 45.9% female) to Australia (mostly in Sydney). Comparing their ratings of older-adult vitality with those made by the Turkish homelanders (above), it was found that the former provided significantly more favourable ratings, thereby further suggesting that modernity and cultural adjustments can lead to an erosion of filially pious values. This might be particularly true in Georgia where there has been considerable political and socioeconomic upheaval, with changes in governmental structures and educational and social systems since the dissolution of the Soviet Union. Elderly people there who possess very small pensions are often considered a drain on society and also held responsible for supporting past ideologies with little anticipation of their being able to assist future positive social changes. The burden of transformation to a more stable system may rest on the shoulders of young people (particularly those educated abroad). In the light of this, the high and low ratings afforded young and older adults' vitalities are quite explicable and it would now be interesting to obtain longitudinal data.

Thus, we have still not yet located a cultural community or social group for which an age-vitality profile exists in which older people receive superior ratings. Of course, this is not to rule out the possibility that certain rural communities might support a stronger elderly vitality; indeed, there were modest tendencies in this regard within the Turkish data. It is also important to

acknowledge that our own rural students were urbanised to some degree, given the location of their day-time higher education. Moreover, varying conceptualisations of urban-rural differences have plagued research in this area for years, and have probably been responsible for equivocal findings on the influence of urban-rural differences on ageing and the care for older people (Matthews & Vanden Heuvel, 1986). Future work should not be limited to student raters, and it should also vary the social and chronological characteristics of those rated. Lastly, an important enterprise will be to determine how age vitality intersects with other social variables to shape individual communicative outcomes and how these, reciprocally, transform group-vitality climates.

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