Psychological well-being Asian style: The perspective of Thai elders

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Abstract. Psychological well-being is an important aspect of life quality for older adults.
Asian elders may have a distinctly different perspective from Westerners concerning the
meaning of psychological well-being. Using qualitative research methods, this study focused
on the views of Thai elders. In-depth interviews and focus group discussions were conducted
with 67 Thai people aged 60 and over. Transcripts were content analyzed resulting in the
identification of five dimensions of well-being: harmony, interdependence, acceptance, respect
and enjoyment. When compared to research in the United States, some of the dimensions
of psychological well-being were distinct while others were overlapping. Implications are
discussed in relation to the development of culturally-relevant measures of well-being.

Keywords: Asian vs. Western views, Dimensions of well-being, Psychological health

Introduction

During the past several decades, social scientists have devoted considerable
effort to measuring quality of life (Campbell et al. 1976; Lawton 1991;
Neugarten et al. 1961). This research has played an important role in under-
standing what factors contribute toward a good life for adults and elderly in
the United States. However, as populations are aging throughout the world,
it becomes increasingly critical to understand quality of life from a global
perspective. Indeed, the World Health Organization has recently initiated the
development of a cross-cultural measurement of life quality (The WHOQOL
1994). Such measurement tools will help identify the aspects of life quality
that are universal as compared to culturally specific. Understanding these
differences will assist in the development of services that are culturally appro-
priate to the improvement of life quality among the elderly in particular
countries.

While Western gerontological theorists and researchers have identified
a number of important aspects of life quality, the most significant may be

psychological well-being. Lawton (1991) presents a comprehensive description of the various facets of life quality which include: behavioral competence, objective environment, perceived quality of life, and psychological well-being. Psychological well-being is central to life quality in his schema because it serves as an evaluation of 'the person's competence and perceived quality of life in all domains of contemporary life' and is the 'ultimate outcome' (Lawton 1991: 11). The present research focuses on the psychological well-being aspect of life quality. Using data from a study of older adults in the Southeast Asian country of Thailand, our work contributes towards the stream of research seeking to identify culturally-relevant dimensions of psychological well-being.

Ironically, Western research has generally assessed psychological well-being by emphasizing pathology rather than strengths. Most attempts to measure mental health have examined levels of depression and not positive functioning (Christopher 1999; Ryff 1995). To elucidate psychological strengths and resources, Ryff (1989a) reviewed the work of numerous Western perspectives on psychological health (e.g., Erikson 1959; Jung 1933; Maslow 1968; Neugarten 1968; Rogers 1961). Based on this theoretical review, she identified six distinct dimensions of positive psychological functioning: 1) self-acceptance (i.e., feeling positive about one's good qualities, and accepting of the bad qualities); 2) positive relations with others (i.e., satisfying human relationships characterized by giving and receiving assistance); 3) autonomy (i.e., the ability to make important decisions independently from others); 4) environmental mastery (i.e., a feeling of competence and control when managing one's everyday affairs and surrounding context); 5) purpose in life (i.e., a sense of direction and a belief that life has meaning); and 6) personal growth (i.e., a notion of continued improvement and development over time). Using these six dimensions as a conceptual framework for psychological well-being, Ryff (1989a) developed items for each dimension. The resulting measure is reliable and valid for adults and elders in the United States (Ryff 1989a; Ryff & Keyes 1995).

While this measure serves as a good indicator of psychological well-being for Americans, there has been relatively little research on its applicability to different cultures. In fact, cross-cultural research on the meaning of personhood or selfhood suggests that the construct of well-being may be quite different among Westerners as compared to Asians. Markus and Kitayama (1998) explain that Western views of the self have been influenced first, by Kant's notion of an individual's free will and later, by industrial capitalism. The Western view emphasizes the individual's unique set of internal traits, values, and emotions which contribute toward autonomy and differentiation from others. The self is neither overly connected to nor influenced by others

(Markus & Kitayama 1994, 1998). Instead, individuals are motivated by 'self-actualization,' 'realizing oneself,' and 'developing one's distinct potential' (Markus & Kitayama 1991: 226). Within this Western view, individuals' personal goals are given higher priority than are the goals of others whom they know (Singelis 1994).

Views of the self in much of Asia are distinctly different from those of the West. Drawing on their religious heritage (e.g., Hinduism, Buddhism, Shintoism, and Confucianism), Asians do not regard the self as distinct from others (Ho 1998; Markus & Kitayama 1994). Instead, the focus is on the self in relation to and interdependent with other people (Markus & Kitayama 1998). This interdependent view of the self implies a vastly different set of goals that include fitting in and belonging. In contrast to the Western orientation toward autonomy and differentiation, the collectivist Asian orientation focuses on connectedness to and harmony with others (Kwan et al. 1997; Markus & Kitayama 1991, 1994). For example, Ryff (1995) found that when comparing Koreans and Americans, the well-being of others (e.g., their children) played a more crucial role in determining the well-being of Koreans than it did for Americans.

These contrasting views of personhood and selfhood inevitably lead to different notions of what makes for happiness, contentment, and psychological well-being. Thus simply importing measures of mental health based upon Western concepts of the individual may result in an incomplete or distorted understanding of Asian's views of well-being (Christopher 1999; Ho 1998). Indeed, earlier ethnographic research conducted in rural Thailand (Ingersoll 1985; Ingersoll & Ingersoll 1987) indicates that there may be culturally specific facets of well-being, including interdependence between parents and their children, and obtaining respect from others. Such research suggests that to develop a culturally relevant measure of psychological well-being, we need to take a fresh look at what it means to be a person and ask how older Asians perceive their psychological health. The purpose of the present study is to contribute to the cross-cultural understanding of psychological well-being among the elderly. While there has been considerable interest in understanding the psychological views of Asians in industrialized countries, such as Japan (Kumagai 1981; Lebra 1976; Kitayama et al. 1997), there has been far less attention devoted to the developing countries of Southeast Asia.

Thailand is one of several rapidly developing countries in Southeast Asia. Demographic research indicates that the proportion of Thai elders is growing (Knodel et al. 1999; National Statistical Office 1997). Much of the research conducted on Thai elderly focuses on their family relationships, living situations, and caregiving arrangements (Chayovan & Knodel 1997; Knodel et

al. 1995; Knodel & Saengtienchai 1996). The Thai government has recently identified the elderly as a population with special needs and has decided to place a high priority on enhancing their quality of life (National Social and Economic Development Board 1995). By focusing on the psychological component of life quality in Thailand, our research contributes toward understanding the aspects of psychological well-being that are indigenous to a particular Asian culture. In so doing, we begin to address the crucial question of which aspects of psychological functioning are unique vs. common across cultures.

Methods

Sample

In-depth interviews and focus group discussions were conducted with older people age 60 and over in rural and urban areas in Central Thailand. To understand psychological well-being from the perspective of older Thai people, we went to their homes and the health centers where they congregated. Potential participants were identified by local health personnel and community leaders who introduced the research team to the elders. The Thai researchers subsequently described the study, explained that their answers would remain confidential, and requested the elders' participation. The sample of potential participants was purposively drawn to include older men and women with different levels of education and income who could understand the interview questions.

A total of 67 fairly healthy elders participated in our study. Data were collected from 23 in-depth interviewees and 44 participants in 5 focus groups. Each of the focus groups had from 8 to 11 members with an average of 8.8 per group. In this sample, 43.3% were male (n = 29) and 56.7% were female (n = 38). The respondents ranged in age from 60 to 90 years (mean = 68.4 years). The majority (82%) of the respondents had finished the fourth grade, the final year of school for most elderly Thais.

Interview format

To obtain information that was culturally specific, we asked respondents to discuss psychological well-being in their own terms. We took a qualitative approach to assist in our conceptualization of their domains of psychological well-being (Miles & Huberman 1994). The same open-ended questions were addressed in both the in-depth interviews and the focus groups. Our questions paralleled those used by Ryff (1989b) to obtain views of psychological well-being in an American population. Specifically, we asked the

older Thai participants to describe the characteristics of an elder who was well-adjusted, mature, personally fulfilled, and an ideal person. To disentangle their views of negative functioning, we also asked questions similar to those of Ryff concerning the characteristics of older people who were poorly adjusted, immature, and not fulfilled. We augmented these questions with additional queries to explore dimensions of well-being that had been previously uncovered by anthropological research in Thailand. Based on Ingersoll's (1985) work among rural Thai people, we also asked respondents to tell us about the ways in which they enjoyed their lives as well as their hopes for the future.

Data analysis

The individual interviews and focus group discussions were tape recorded, transcribed into Thai, and subsequently translated into English. Qualitative data analysis was conducted simultaneously in English (by two of the authors) and in Thai (by the other two authors). Our coding schema was developed both inductively and deductively through a series of steps. First, each of the authors read a subset of the transcripts independently to develop a preliminary coding schema. Second, we reviewed each others' schemas and added codes that had been suggested by previous research on well-being in the United States (Ryff 1989a, b) and Thailand (Ingersoll 1985). Third, we applied the resulting coding framework to the data. Using Ethnograph (Seidel et al. 1995), a software package designed to locate and retrieve relevant segments of qualitative data for analysis, we coded the Thai and English transcripts. Finally, we compared the qualitative data that emerged within each category in both the Thai and English translations. We identified the conceptual overlap within the data and further consolidated the coding categories.

Findings

The data analysis resulted in five conceptually distinct categories that were most salient among our older Thai respondents (see Table 1). These categories were: harmony, interdependence, acceptance, respect, and enjoyment. Each of these dimensions of well-being is described below with illustrative quotes from the research participants.

Table 1. Dimensions of well-being among Thai elderly

Dimension	Description
Harmony ("Samakki prongdong")	Experiencing peaceful and happy interactions with and among family members, friends, and neighbors; the success of one's children in their work responsibilities and family relationships.
Interdependence ("Peung pa asai gan")	Providing assistance to and receiving assistance from family members and others.
Acceptance ("Yom rab")	Relinquishing upsetting thoughts and accepting life circumstances.
Respect ("Kaorob nabtue")	Feeling one's advice is heeded and one's wisdom is appreciated.
Enjoyment ("Berg baan")	Appreciating simple pleasures that involve others as well as solitary pursuits.

Harmony

An important dimension of well-being among the focus group participants and individual interviewees was harmony with others. Interpersonal harmony extended to relationships with and among family members as well as to friends and neighbors. The notion that avoidance of conflict was central to personal happiness was reiterated throughout the interviews.

Harmony with one's family was especially important to our elderly participants. When asked what contributed to being a successful older person, one participant stated, "It means that you must have a good and perfectly happy family and your family members love each other." Their Buddhist religion clearly had a strong impact on the older Thais' conceptualization of social harmony. For example, a focus group participant explained,

> Harmony in the family is most important. Family members must love one another. They must hold on to Dhamma (the teachings of Buddha). The parents must be good first so that their children will be good. If parents don't have Dhamma, their children won't have it either. Everything goes together – father, mother, and children.

Throughout this discussion of family harmony, a primary focus was on relationships among the elders' children. It was particularly important to our respondents that their children were getting along well with each other.

When asked what made her happiest, one interviewee quickly responded, "My children. I hope that they love one another and never get into a fight." When conflict occurred among children, our respondents became extremely uncomfortable. For some, it was difficult even to speak about such conflict. For example, one of our interviewees could only allude to family conflict by indicating, "There is a little something . . . about my family." After several sensitive probes by the interviewer, this man acknowledged, "My children don't love one another." His discomfort with their conflict illustrates the importance of harmonious relationships among children for Thai elders.

A second aspect of interpersonal harmony that was important to our elderly respondents was that their children had successful work and family relationships. In the words of one focus group member, "We support them and now they succeed. We are glad that they have good jobs. We have nothing to worry about." One focus group described the pride of an older couple who used all the profits from their restaurant business to support their son's education. His graduation picture now hung in their restaurant. This pride in their son's success was a crucial ingredient of interpersonal harmony that was reflected in the stories of many other participants. When their children were doing well, they felt successful.

A third aspect of social harmony involved positive relationships with neighbors and friends. Harmonious relationships with neighbors contributed to a feeling of security. One focus group participant observed, "My house has no fence. I have my neighbors to watch out for me. There are both outside and inside fences. Outside fences are our neighbors." These relationships with neighbors also contributed to their feeling of being included in the community as they "watched out" for one another. A participant in a second focus group expressed her gratefulness to another group participant, her neighbor, who had reminded her about the focus group. She described her reaction to this reminder, "We mean well for one another. Such surroundings and neighbors make me happy." This notion that neighbors helped keep each other informed and involved in community activities was echoed by a participant in a third focus group who explained that the function of neighbors was, "telling other people if you are organizing any events. People in the village are like brothers and sisters."

Our participants had a number of clearly articulated strategies for maintaining harmony and avoiding interpersonal discord. For example, one participant talked about the importance of avoiding arguments by simply agreeing with others. She said, "It's easy to get along with other people. Do not argue with them. We just go along. It's like when we join the Elderly Club. When we listen to a speech, we just agree or go along with the chairman when he speaks." Another interviewee talked about how remaining neutral, partic-

ularly when relating to adult children, was a key ingredient to interpersonal harmony. She stated, "We should not discriminate against one of our children; otherwise, they will have a fight. We are adults. So we should be neutral and not take sides." Another older participant noted the importance of avoiding arguments by remaining polite. He observed, "Even if I am angry, I still talk nicely to them. I like it that way. Talking nicely is better than having a quarrel." A focus group participant added to a discussion of what contributed to people getting along together by stating,

> There are several positive effects when people get together. One thing is our state of mind gets better because other people are smiling. Our mental health is better. We have no stress. . . . Thailand is the land of smiles. We should smile all the time.

The variety of ways in which our elderly participants actively worked to avoid interpersonal conflict indicated how highly they valued the maintenance of harmonious relationships with others. Although the importance of social harmony within communal societies has been identified by others (Kwan et al. 1997), the accounts of our elders added another facet to the understanding of this concept. Specifically, their desire for harmony extended beyond their one-to-one relationships and incorporated a desire for harmony among those who were important to them. Not only did these Thai elders want to avoid conflict with others; they also wanted to avoid conflict among others as well.

Interdependence

A second dimension of well-being that was crucial to our participants' well-being was interdependence with others. Their view of interdependence involved a complex interplay among giving assistance, independence and dependence. In the accounts of our elderly participants, these facets of interdependence were woven together.

In general, our interviewees liked to think of themselves as giving to others. One participant told how her generosity towards others helped make her life meaningful. She explained, "We must be responsible for ourselves, our families, and our surroundings. We must give before we take." Her words reflected the logic of interdependence that was elaborated upon by others. In essence, our older Thai participants felt they had given to their younger family members in the past and should, therefore, be able to rely upon their family if necessary.

Giving assistance to others took many forms. Some saw their helping role in terms of teaching the young children in their families. One interviewee said, "I have to teach them to behave themselves. I teach them to study hard

so that one day they will be successful." When physically active ways of helping were curtailed by poor health, our participants tried to find other ways to be helpful. For example, one of our interviewees talked about giving money rather than physical assistance, "When I cannot go because of my health, I give money to help them." Some participants had little extra money to contribute, so they found other ways of helping. According to another interviewee, "Even if they cannot help with money, they can still help by giving advice when people have problems. They can help console people when they have problems."

Participants who were in good health valued their independence and tried not to burden their children. In the words of one focus group participant, "If we can still do it ourselves, we won't depend on anyone." Similarly, another interviewee declared, "I depend on myself. If I can walk, I will walk myself. I won't ask anyone to buy things for me." These interviewees talked about not wanting to worry children who were, themselves, often struggling. One relatively self-sufficient woman described her situation in this way, "My son does help. However, he also has his own kids that he has to support. I, therefore, do not want to ask much from him." Another male interviewee echoed a similar concern for burdening his family, "I don't want to bother my daughters-in-law. They have children too. I can still work. I don't want to ask from my children. That's what I'm thinking." For these healthy individuals, living independently was a way of giving to their adult children. By living independently, these elders were diminishing their children's sense of burden and worry about their parents.

For those who had health concerns, notions of interdependence assumed a somewhat different form. Our elderly participants wanted to be able to rely on the help of their children and younger family members when they became frail. A single woman with no children eloquently expressed how fears about her physical decline influenced her feelings concerning dependency,

> Deep in my mind, I want to live alone. But I am afraid that when I get sick, I will not have anybody to look after me. This is a big concern for me. Another thing is cooking and eating. When I get old, I will not be able to cook all by myself. These are the reasons why I moved to live with my nephew, although living alone, for me, was more comfortable.

The importance of having, in the words of one participant, "someone whom you can count on" was particularly crucial for those who were in poor health. One woman described the "warm feeling" that she experienced since she had moved in with her children. When asked what made her feel warm, she explained, "If anything ever happens to me, I still have someone who will take care of me. If I live alone and something happens, I will be alone and

lonely." Knowing that children and grandchildren were close by gave our frailer participants a feeling of security that they would be cared for if they needed assistance.

Their interdependence was further reflected by the ease with which our elderly participants accepted help when they needed it. In their view, they had helped their children and now expected that, when they needed assistance, their children would reciprocate. One older man described this understanding, "If I have much money, I will use it to support my son to have a good living because if he has a good living, I will be able to rely on him. That is just about it." Another interviewee described this concept as "the circle of life" and explained how reciprocity extended across the generations,

> I supported my children until they all graduated, even though I was poor. When they got jobs, they took care of me. I see my children's success. I teach them to support their own children to study and tell them that they will be happy when they are old.

The accounts of our participants helped explain the delicate balance between independence and dependence in their lives. They enjoyed giving to others. Further, they viewed their independence as a form of assistance. Our elderly interviewees reasoned that by not asking for help from family members, they were avoiding the need to burden them. However, when they needed help, our elders were generally able to accept their own dependence with relative ease. Their comfort with dependence was related to a sense of parental entitlement. This entitlement involved a Thai concept, "katanyu katavedi," noted by others (Kespichayawattana 1999; Knodel et al. 1995) concerning the indebtedness of children to their parents who had provided care to them. According to this concept, children are expected to repay their debt by caring for their frail parents. Thus aging Thai parents can feel fairly comfortable with their own need to be dependent upon their adult children.

Acceptance

A third dimension of well-being that emerged from our interviews was acceptance of life circumstances. The Thai elders consistently referred to the importance of accepting life as a way of remaining calm and peaceful. They highly valued peace of mind and consciously worked to obtain internal calmness.

This focus on consciously striving for a sense of peace was echoed throughout our interviews. One participant described how, instead of becoming frustrated by her inability to subdue arguments among her adult

children and their spouses, she focused on accepting the situation and calming herself,

> Everything is up to our mind. If we can't let it go, how can we be happy? We have to make our mind happy and that's when we can be really happy. If we keep worrying about things, or getting angry all the time, we will be unhappy.

This general philosophy was similarly expressed by another participant who discussed the negative ramifications associated with allowing the outside world to impact on her sense of peacefulness, "We have to control our mind to be calm and do not let anything interfere with it because if something happens, our mind will be swinging and that will make us sick."

When explaining their acceptance of difficult situations, our elderly participants typically described how they relied on their Buddhist beliefs. One Buddhist precept to which they referred was the importance of accepting one's fate, e.g., that death is a natural part of life. An older man eloquently described how he tried to accept the reality of death and change,

> For example, when my friends died, I had to admit that they died. . . . A number of friends my age have died. Therefore, death is natural. It will happen. . . . Everything can change. Nothing is everlasting including our age and jobs. Therefore, we have to admit that changing is the truth.

Their belief in Karma (i.e., the Buddhist notion that one's previous actions influence outcomes in the present and in the future) helped our elderly participants to accept difficult situations that occurred in their lives. According to one participant,

> If something bad ever happens to me, I will think that it's because of my older bad Karma. If I used to kill someone or hurt or torture someone and I have to suffer in this life, this is called old bad Karma. . . . I feel better thinking that way. It's because of my Karma; so, it happens.

By attributing negative life circumstances to Karma, our older interviewees could more readily accept these circumstances.

Another Buddhist precept that helped these Thai elders maintain a sense of peace was the avoidance of holding on to negative thoughts. This notion of 'letting go' reoccurred throughout discussions about how to accept difficult situations and was encapsulated by a focus group participant, "In conclusion, we should let things go. It means when we see anything, don't think too much about it. If we don't let it go and think too much about it, we will be unhappy."

To relinquish their negative thoughts, our participants actively restructured their thinking. This purposeful letting go was particularly apparent in rela-

tion to negative feelings concerning the behavior of their adult children. For example, when the moderator asked participants in one focus group what they would do if their children didn't come to visit, the group members talked about how they would change their thoughts to avoid becoming upset,

> First participant: If they don't come, I would try to think that they are busy. If they don't come, I would think that they have a lot of responsibilities. They couldn't come now. They would come when they are free.
> Second participant: If they don't come today, they will come tomorrow.
> First participant: If they don't come, they will call.

The elderly study participants indicated that this process of letting go of negative thoughts and worries often took considerable effort. They talked about how prayer, meditation, and concentration were needed to stop upsetting thoughts. One man who had retired from a very responsible job described the painful process he had undergone before arriving at the point where he could 'let a lot of things go.' He believed that concentration was needed to obtain this kind of peace of mind and used a graphic metaphor to explain,

> You may be thinking about a lot of things like a shower head that spreads out the water. The water has no power. If we pull together everything and make them stay still, we will feel peaceful.

Our Thai elder's acceptance of the situation stands in stark contrast to Ryff's (1989a, b) conceptualization of mastery over the environment. While her Western-centered dimension of well-being focuses on gaining control over external situations, the Thai notion of acceptance is explicitly focused on gaining control over the self. Buddhism clearly played an important role in defining the dimension of acceptance. Dukkha, a fundamental concept in Buddhism, refers to the impermanence of life and the suffering that occurs when people do not accept change (Rahula 1959). Our Thai participants' discussion of Karma and their use of meditation to let go of negative thoughts illustrated how they relied on Buddhist precepts and practices to help them accept difficult changes and find greater internal calmness and peace.

Respect

A fourth dimension of well-being that emerged from the individual and focus group interviews was respect from others. Our elderly participants talked about their expectations that younger people demonstrate respect by listening to and following their advice. Respect from others was seen as a marker of success as a good person and an indicator of an individual's standing in the community.

Our elderly participants generally talked about receiving respect from their younger family members, particularly their grandchildren and adult children. One way in which these younger family members could demonstrate their respect was to ask their elders for advice. An interviewee proudly spoke about how her children came to her for advice. This woman's appreciation for their willingness to seek her counsel was evident when she added, "They are different from other kids. That's why people tell me that I have good children."

Younger family members' adherence to the advice of their elders was another manifestation of respect. This kind of respect sometimes occurred when children followed the elders' advice in relation to career decisions. One participant spoke about how he had advised his children to find government jobs. With obvious pride, he described their decision to follow his advice, ". . . they believed me. One of my children is now working for a municipality."

Obedience from their younger family members reflected positively on the older adult in two ways. First, following the elder's advice was an affirmation of the elder's wisdom. A focus group participant described this dynamic by saying, "We can just warn them (our children) when they do bad things and if they believe us, it means that we are important to them." Second, their children's obedience was an acknowledgement that they were good parents who deserved the admiration of their community. This concept was described by one interviewee who explained, "If their children are good, they as the parents are respected by other people." Her comment suggested that elderly people with obedient children were held in special esteem by their community. Thus respectful obedience from adult children resulted in a dual benefit: a positive parent-child relationship and enhanced status among their friends and neighbors.

In contrast, disobedience from younger family members was associated with feelings of frustration and anger. One participant talked about his reaction when grandchildren were disobedient, "When my grandchildren are stubborn and do not listen to my remarks, I feel irritated and upset." The accounts of our elders suggested that the disobedience of young family members represented an attack on the elderly participants' sense of themselves as good role models. Further, their children's disobedience reflected poorly on their parenting, as indicated by one focus group participant, "It depends on how well parents have taught them when they were kids. If they were not taught well, they would grow up not listening to their parents." The disobedience of young family members also represented a threat to the elders' feelings of security about the future. When their children were not obedient, our older interviewees worried that these children would not be available in times of need.

Respect from younger people was clearly an important dimension of well-being for our elderly Thai participants. Consistent with findings from previous research on respect among Asian elders (Ingersoll-Dayton & Saengtienchai 1999), our work showed that respect has a number of forms, including listening to as well as following the advice of elders. We also learned that respect from others had special meaning for these Thai elders. Respect from younger people was a reflection of their wisdom, an affirmation that they had been successful parents, and an indicator that they could anticipate care from younger family members in the future. Each of these aspects of respect contributed toward their well-being by providing a sense of security with regard to their place in the community and their concern about the need for future care.

Enjoyment

A fifth dimension that emerged from the transcripts focused on the participants' enjoyment of life. Unlike the other dimensions that were responses to translations of Ryff's (1989b) general questions about well-being, this dimension emerged only when we asked specifically about how they enjoyed life. Nevertheless, the responses of our older Thai participants to this specific question indicated that the dimension of enjoyment was a salient aspect of their well-being.

Our elderly respondents made a clear connection between enjoying the simple pleasures in life and their ability to stay relaxed and unburdened by worry. One participant observed, "If we can't take it easy but feel worried about everything, it will be such a burden. . . . Don't think that elderly people should not play with anyone or should not tell jokes. It's not possible."

For some, enjoying life was related to interacting with other people. These pleasurable interactions were described in terms of exchanging greetings with others as well as joking, laughing, and having fun. Our participants talked about enjoying their interactions with neighbors, friends, children and grandchildren. One of the participants laughingly recounted the special joy she derived from playing with her grandchildren, "I just tell jokes or sometimes tease my grandchildren. Sometimes, they also turn on the radio and dance. I join them and tease them. My grandchildren said I was crazy – my own grandchildren!"

These pleasurable occasions also occurred in the context of combining work with fun. In one focus group, several participants enthusiastically described the kind of enjoyment they derived from singing while working in the rice fields,

First participant: We sing. I don't feel tired when I sing.

Second participant: I sing both at home and at work. . . . It's fun.
Third participant: Sometimes, I turn on the radio and sing along with it. It's fun. It's an incentive for the elderly.
Fourth participant: We are happy when we sing and work on rice paddies.

An in-depth interviewee elaborated on the pleasure he derived from playful interactions while working with others, "If I work with several other people, it's fun too because we can talk or tell jokes or tease one another."

While involvement with others was clearly a key component of enjoying life, participants also mentioned enjoying solitary pleasures. One of these pleasures was growing flowers. A focus group participant explained, ". . . when I wake up in the morning, I just think about what to do to my plants. I do not think much about other things. I just water plants and wait for them to blossom so I can feel relaxed." Another focus group participant echoed this sentiment by saying, "I grow beautiful flowers. I feel good to see them when they bloom. I don't care when they die. I don't care anymore whether the soil is fertilized. I feel good when I see beautiful flowers."

For our older Thai participants, enjoying life was clearly an important dimension of well-being. Their enjoyment was often associated with simple pleasures. For some, enjoying life involved social interactions that included singing, dancing, teasing, and joking. For others, enjoyment was derived from solitary pursuits such as raising flowers and appreciating their beauty.

Discussion

This study examined psychological well-being from the perspective of older people in Thailand. Our analysis distinguished five critical aspects of well-being for Thai elders: harmony, interdependence, acceptance, respect, and enjoyment. These domains both overlap with and are distinct from Ryff (1989a, b), who identified dimensions of psychological well-being relevant to adults and elderly in the United States. Here we will highlight our key research findings, discuss the limitations of our study, and suggest directions for future research.

A shared aspect of well-being among both Thai and American elders is social relatedness. Within Ryff's framework (1989a, b), one dimension of well-being for American adults and elderly is positive interactions. For our elderly Thai participants, interactions with others is clearly central to their well-being. Consistent with Ingersoll's (1985) research in rural Thailand, our Thai elders wanted harmonious social relationships; they desired inter-

dependence with their family and friends, and they wanted to be respected by the younger people in their families and communities.

A key difference between Thai and American elders is the relative importance of the social domains of well-being. Christopher (1999: 149) observes, "although measures of psychological well-being may reflect values and assumptions that have a counter-part in non-Western cultures, non-Western cultures might arrange and prioritize these elements in a very different manner." Indeed, our data show that the other-oriented domains of well-being are much more prevalent for Thai elders while they take a less significant place in Ryff's Western conceptualization of well-being. In her framework, positive relations with others is the single other-oriented dimension of well-being. The remaining five dimensions are self-oriented (e.g., self-acceptance, autonomy, personal growth, mastery over the environment, and purpose in life).

In contrast, all the dimensions relevant to the well-being of Thai elders involve other people. Three of the well-being dimensions we identified are exclusively focused on interactions with others (e.g., harmony, interdependence, and respect). Two dimensions are partially other-oriented (e.g., acceptance and enjoyment). Acceptance refers to the ability to let go of negative feelings many of which result from interactions with other people (e.g., adult children who are not sufficiently caring or attentive). Enjoyment refers to the ability to appreciate the pleasures in life many of which involve interactions with others (e.g., singing, laughing, and teasing). Thus our Thai elderly's conceptualization of well-being includes several facets of social relatedness while Ryff's Western framework includes only positive relations with others.

Social relatedness is fundamental to the well-being of Thai elderly for at least two reasons. First, public programs and services for the elderly are limited in Thailand (Knodel et al. 1999). Therefore, older people are dependent on their younger family members to meet their needs. Second, Thais feel a strong moral obligation to care for their elders based on the notion that older people have provided care to their children and are therefore entitled to support from their children (Kespichyawttana 1999; Knodel et al. 1995). These two forces result in the importance of supportive family relationships for Thai elders. Indeed, the majority of Thai elderly receive financial support, food, clothes, gifts, and assistance in housework from their children (Knodel et al. 1997).

Our findings concerning the importance of other-oriented dimensions of well-being are consistent with previous work concerning the collectivist orientation of Asians. For example, Markus and Kitayama (1991: 226) describe a collective view of self in terms of "the sense of belongingness to

a social relation may become so strong that it makes better sense to think of the relationship as the functional unit of conscious reflection." This orientation suggests that a culturally relevant measure of psychological well-being for a collectivist culture, such as Thailand, should emphasize other-oriented dimensions over self-oriented dimensions.

Findings from our study contribute substantially to the measurement of one aspect of well-being, i.e., harmony. Previous research has identified relationship harmony as an important component of mental health (Kwan et al. 1997). However, this research has focused on the dyadic nature of social harmony by examining harmony in relation to two-person relationships. The older Thai participants in this study portrayed a distinctly different view of interpersonal harmony. They wanted harmonious relationships among individuals in their social networks, particularly their children. They wanted interactions among their children to be peaceful and happy. Their view represented a concern for more than just the relationships between two individuals. Instead, their perspective incorporated a more global focus on harmony among individuals. Our findings suggest that for Thai elders, and perhaps for elders from other countries as well, measures of interpersonal harmony should address the quality of relationships among individuals in their social network as well as between individuals.

While our study contributes to the body of literature on culturally relevant measures of psychological well-being, there are limitations that must be addressed in future research. One limitation is that the present study represents only the first step in the development of a culturally relevant measure of well-being. Future research in Thailand should develop multiple items that will tap each dimension of well-being identified here. For example, a measure of social harmony would need to include the extent to which peaceful relationships occur among members of the elder's social network. By including such culturally-relevant items, a large-scale survey would allow us to examine the prevalence of various aspects of well-being, to identify differences (e.g., age, urban-rural, socioeconomic status) within the Thai population, and to make comparisons with measures of well-being developed in the West.

A second limitation is that the present study of psychological well-being focuses exclusively on older people in Thailand. Future research should use this qualitative method to identify relevant dimensions of well-being in other countries as well. Even among Asian countries, contrasting religious beliefs and degrees of industrialization may result in different concepts of psychological well-being. It would be fruitful to apply this qualitative method to other developing countries in Asia and to other parts of the world to determine what dimensions of well-being are unique vs. shared. As suggested by Christopher (1999), understanding the cultural context of well-being helps us avoid the

application of a universal standard of mental health to all people. Instead, we can appreciate the unique psychological strengths of indigenous people.

The present research demonstrates one way to uncover dimensions of psychological well-being that are culturally relevant. By comparing the dimensions that emerged among Thai elderly with those of previous research in the United States, we discovered overlapping as well as unique dimensions of well-being. In so doing, this study contributes toward the development of psychological well-being measures that include mutually relevant as well as culturally-specific dimensions. In a world that is growing older, such measures can better assess efforts to improve quality of life.

Acknowledgments

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