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**DAILY EXPERIENCE
AND PSYCHOLOGICAL WELL-BEING
OF OLDER PEOPLE IN VIETNAM**

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Abstract

This thesis is an exploration of Vietnamese older people's perspective of psychological well-being. Although well-being in later adulthood is a developing field in psychology which attracts the focus of many researchers, the body of research on this area in Vietnam is limited. Daily experiences and insights of 10 Vietnamese older people were collected and analysed using the phenomenological approach and thematic analysis. Three themes emerged from the interviews. "A mindful state of being" consists of the awareness and acceptance of physical dimensions in the participants' life. "The value of self" is the participants' assertion of their autonomy and existential meaning. Meanwhile, "interdependence" shows how the elderly's lives harmoniously intertwined with their social relationships. These results depict Vietnamese older people's psychological well-being as an integration of Eastern and Western perspectives. It involves older people's awareness of their role as an autonomous individual as well as an integrated part of society.

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Overview

This thesis is about Vietnamese older people's perspectives of their psychological well-being. From interviews with 10 older persons, the study identifies factors contributing to older people's well-being emerging from their daily experience and activities. The study's result fills the void in the Vietnamese elderly's definition of psychological well-being while considering the Country's characteristics which are influenced by both Western and Eastern cultures.

Chapter One provides a theoretical background of the concept of psychological well-being. It explores two main Western approaches to well-being: hedonism versus eudaimonism. Eastern's collectivist perspectives of well-being are also discussed through philosophies of Buddhism, Confucianism, and Taoism.

Chapter Two summarises ageing situation in the world and existing theories of ageing, which comprises psychosocial and timespan approaches. The psychosocial theories relate to adaptation of roles, activities, and relationships in later adulthood. Meanwhile, the timespan theories describe changes in older people's motivation, emotion, and development of personality in older age. Asian cultural views of ageing are also discussed. They reveal the importance of respect, peace, and harmony in the Asian elderly's life.

Chapter Three identifies key factors relating to older people's well-being and discusses their empirical evidence. Physical and mental health, social relationships, and spirituality are considered as the essential aspects of older people's well-being.

Chapter Four introduces historical and cultural backgrounds of Vietnam. This chapter shows a need for a hybrid of Western and Eastern approaches to understand Vietnamese's

view of well-being. Ageing population in Vietnam is another focus of this section. An overview of the Vietnam's ageing situation and a review of existing studies of Vietnamese older people's well-being are presented to clarify the gap in the bodies of research and point out the study's rationale.

Chapter Five discusses the methodology of the research. It details the research's theoretical framework, sampling processes, procedure of data collection, and measures of data analysis.

The next chapters represent all the results of the research and its discussion. They comprise three main themes: mindful state of being, value of self, and interdependence in late life.

Chapter Six presents the first theme: "A mindful state of being". It consists of awareness and acceptance of limitations in older age, which are finances, health, and time. Older people embrace them in an indigenous way where both Eastern and Western influences are fused into the participants' perspectives.

Chapter Seven discusses the second theme: "Value of self", which is comprised of sense of autonomy and meaning in life in older people. Through these factors, older people stand against ageist views and assert themselves as an agentic, independent, and worthy person.

Chapter Eight focuses on the interdependence of older people. It reveals their relationships with family, friends, and others which are characterised by the seeking of harmony. This section also mentions influences of social factors such as cohort effects and policies on older people's well-being.

Chapter Nine, the conclusion, presents a summary of findings, study limitations, implications of the results, and further research direction.

Chapter 1: Psychological Well-being – From Western to Eastern Philosophies

Psychological well-being is a desired state of mind, “an optimal psychological functioning and experience” (Ryan & Deci, 2001, p.142), which relates to terms such as positivity, happiness, and satisfaction. The question about what well-being comprises is the focus of a heated debate in philosophy and psychology between different theories. Western philosophy dominates current views of well-being with two main approaches: hedonism and eudaimonism. They are developed based on a person’s subjective judgement about his or her life gratification or life purpose. Eastern approaches, on the other hand, focus on the harmony of social relations. This chapter gives a description of both Eastern and Western approaches, and argues that the development of an integrated perspective on the definition of psychological well-being is essential.

The Western View of Well-being

Hedonistic well-being. Hedonism and eudaimonism are two main approaches to view psychological well-being in the Western world. Hedonism views psychological well-being as achieving happiness and reducing suffering (Kahneman, Diener, & Schwarz, 1999). This view originates from philosopher Aristippus, who held that the goal of life is to maximise pleasure and minimise negativity (Tatarkiewicz, 1976). Two thousand years later, utilitarianist philosopher Jeremy Bentham (1996) held that happiness should be the goal of every life decision. In psychology, hedonism leads to several approaches which focus on positive evaluation of one’s life. Typical theory based on this principle is the tripartite model of subjective well-being suggested by Diener (1984). He reviewed most of

the hedonistic views on well-being at that time and claimed that human well-being is comprised of a person's self-report of low levels of negative experiences, high levels of positive emotions, and high levels of life satisfaction. Growing from that view, Kahneman et al. (1999) stated that maximising happiness and dealing with unpleasant conditions are the main targets of an emerging field of psychology. To sum up, the hedonistic view of psychological well-being focuses on the evaluation of the gratification and the effort to move the balance toward positivity.

This conceptualisation of well-being, however, is problematic. First, psychometric evaluations of subjective well-being are considered ineffective. Self-report surveys usually show biased results. A study of Myers and Diener (1996) suggested that the mean and median of respondents' subjective well-being scores were around 7 out of 10. This shows the bias of people's evaluation which skews toward positivity. This can be explained by the tendency of self-enhancement while responding to surveys (Wojcik & Ditto, 2014). In addition, the measures of subjective well-being are cross-sectional and susceptible to immediate conditions affecting the respondents (Krueger & Schkade, 2008).

Furthermore, hedonism's focus on individual judgement sometimes does not sufficiently reflect the impacts of external factors such as health or social issues on subjective well-being. External factors such as economic growth of a country – an indicator of a population's wealth – can be uncorrelated with the people's subjective well-being (Decancq & Schokkaert, 2016). Similarly, patients who suffer severe illnesses may still report positive well-being (Bruno et al., 2011). These observations suggest that the evaluation of well-being differs among individuals. Hence, the hedonistic view of psychological well-

being, which prioritises pleasant states, does not cover the entire experience of psychological wellness. It can undermine the impacts of individual experience, growth, life goals, and meanings on people's wellness (Huta & Waterman, 2014).

Eudaimonistic well-being. Eudaimonism, on the other hand, is traditionally the counterpart of hedonism's perspective of well-being. Its origin can be found in Aristotle's rejection of hedonism stating that the pleasure-seeking way of life is vulgar and slavish (Aristotle, trans. 2009). He argued that well-being is achieved when a person exercises his or her virtues: reaching for flourishing and excellence, and fulfilling one's capacities and life purposes. This type of well-being is called "daimon"—one's true self.

This view of personal virtues was further developed by Heidegger when he stated the necessity of having an authentic being – authentic Dasein (Heidegger, 1927/1962). The authenticity can be achieved by two modes of Being: Being-in-the world and Being-toward-Death. In Being-in-the world, one contacts with the environment and others, and the realisation of one as a result of and a part of the environment informs their decisions. In Being-toward-Death, one's awareness of his or her finitude pushes one to face his or her own anxiety toward endless life possibilities; hence, discovering his or her own authentic self. An authentic Dasein is achieved when a person realises the finitude and the conditions of one's life as well as the potentials that one can have. She or he then can make decisions for her or his life with a full awareness and a sense of responsibility. Meanwhile, an inauthentic Dasein is a state when one is carried away by mundane purposes and lack of self-awareness. He or she unconsciously follows common senses, requirements of society, and acts of others without consideration of a more transcendent purpose of life.

Sharing the same perspective of the philosophers, several psychologists, especially in humanistic psychology, view psychological well-being as self-actualisation. Maslow (1961) created a hierarchy of human needs which places self-actualisation, the ability to recognise and fulfil one's potentials, at the top. Carl Rogers (1961) also focused on self-actualisation when defining it as the congruence between self-image and ideal image. Thus, know-your-self and trying to actualise it are inheritances that humanistic psychology received from eudaimonistic philosophy.

Other psychological theories sprang from Aristotle's eudaimonism. For example, Self-Determination theory divides human motivation into intrinsic and extrinsic goals. Intrinsic motives are assumed to enhance psychological health and growth. It is comprised of factors such as autonomy, competence, and relatedness (Ryan, Huta, & Deci, 2008). Meanwhile, Ryff's Psychological Well-being model, which is also based on Aristotle's principle (Ryff, 2013), focuses on flourishing. Six factors were identified as key aspects of psychological well-being: self-acceptance, autonomy, self-growth, relationships with others, environmental mastery, and purpose in life (Ryff, 1989). Although sharing some common factors, the two theories have different goals. Psychological Well-being model gives a description of well-being instead of identifying factors fostering people's well-being as Self-determination theory does (Ryan & Deci, 2001).

Eudaimonism is criticised for trying to judge people's well-being through experts' lenses rather than based on laypeople's accounts (Diener, Sapyta, & Suh, 1998); however, it receives support from some studies which suggest that the focus on happiness and meaning

in life appears in both ordinary and expert perspectives (King & Napa, 1998). This consensus is also observed in McMahan and Estes's (2011) study where self-development and contribution to others – the characteristics of eudaimonistic well-being – show greater positive relationships to well-being measures than hedonistic views. Peterson et al. (2005) also confirmed that although both eudaimonistic and hedonistic factors relate to life satisfaction, stronger associations were found in life engagement and life meaning. Nevertheless, these results can be affected by social desirability bias, leading to underreporting of hedonistic factors (Steger, Kashdan, & Oishi, 2008).

Despite having certain disagreements, both hedonistic and eudaimonistic approaches can be integrated. Some researchers suggested there is a correlation between eudaimonistic and hedonistic well-being and they complement each other (Ryan & Deci, 2001). Nonetheless, these constructs are independent (Joshani, 2016; Waterman, 1993). Given the evidence, it can be argued that psychological well-being should involve both approaches. In other words, it is important to explore people's both extrinsic and intrinsic factors. The two approaches also show the role of individual evaluation in the construct of well-being. It is the person's awareness of their own conditions and relationships, and their own decision of choosing their life which matter. This core principle is the main difference between Western and Asian cultures' perspectives of well-being.

The Eastern View of Well-being

The view of well-being in Asia, specifically in East Asia, is built on three main philosophies/religions: Confucianism, Taoism, and Buddhism. They simultaneously exist,

integrate into Asian culture and history, and become guidelines for living and seeking wellness for many generations (Brook, 1993).

Confucianism. Confucianism, appearing around 500 BCE, is a collection of thoughts and philosophy of Confucius, and his disciples. It focuses on the harmony between human relationships and social order (Goldin, 2011). Influence of Confucianism spreads over the East and Southeast Asia countries such as China, Japan, Korea, Singapore and Vietnam (Inoguchi & Shin, 2009).

The definition of well-being in Confucianism can be understood as having a good life and achieving wisdom – following the Dao (the Way). Dao is acknowledgement of one's position and duties in relation to Heaven and to society (Kim, 2015). Heaven and society have a close relationship in Confucianism. To fulfil the destiny that Heaven bestows upon a person, one must fulfil his duties in personal and social life (Hwang, 2001). Although both mention the role of life purpose, Confucianism's embeddedness of social relationships in a person's life purpose differs from the Western eudaimonism which focuses on the individual's priorities (Joshnloo, 2014).

Following Confucianism, there are five cardinal relationships that one must fulfil: relationships between parents and children, husband and wife, siblings, friends, and statehood and subordinates. Keeping harmony and respecting these orders are the core virtue of a human-being. Confucianism also identifies three main personal virtues that a person should practice in order to have harmonious social relationships and become a true gentleman – Jun zi. They are benevolence (ren), propriety (li), and righteousness (yi) (Hwang, 2001). Benevolence involves having compassion, supporting, and seeking benefits

for other people. Propriety is proper behaviours and attitudes in social relationships, which is comprised by characteristics such as loyalty, filial-piety, fraternity and respect for social order. Righteousness reflects moral aspects of a person's action, decision to do the right things in consideration of situation and of the communal good. Hence, the goal of self-cultivation in Confucianism shows a close relationship between personal virtues and the wellness of society. In other words, the well-being of a person is embedded in the situation of a society. Furthermore, practicing true-human qualities is a way not only to achieve well-being, but also to benefit society.

Taoism. Appearing on the same period as Confucianism, Taoism is another important philosophy and religion of East Asian culture which focuses on the Dao (the Way). Laozi and Zhuangzi are two most prominent figures of Taoism, who proposed well-being is characterized by Tzu-jan (naturalness or spontaneity) and wu-wei (non-action). Naturalness is a basic state of everything. Taoism holds that everything that exists has its own purpose and they co-exist in harmony. Non-action is a method used to preserve the naturalness. This means the more a person tries to interfere with the naturalness, the more the person will suffer from the unbalance (Liu, 1998). To attain the Dao, people should reduce their needs to the basics and minimize their interference in the naturalness of life.

Although Taoism does not deny the basic needs and desires, it holds that they do not have any long-term benefits for a human-being (Tiwald, 2015). It also warns that categorisation of things into positivity and negativity would result in emphasizing one aspect but ignoring others (Murguia & Díaz, 2015). This makes us crave for success and happiness but ignore the role of other emotions. This action unbalances the naturalness of one's life.

Taoism differs from Confucianism in several points. Although also focusing on the Dao like Confucianism, Taoism emphasises the simplicity and the harmony in life rather than the attachment to social affairs (Tiwald, 2015). Taoism sees the seeking of well-being by social order – which is part of Confucianism – as a type of categorisation (Zhang, 2013). It proposes that ignorance in social affairs and politics can give a person freedom. Without the interference of social governance, one can follow his or her own innate virtues. However, in line with the harmonious characteristics, Laozi encouraged people to live with compassion, modesty and seeking benefits for others (Lee, Norasakkunkit, Liu, Zhang, & Zhou, 2008).

Buddhism. Buddhism is another main pillar of religion and philosophy in Asia.

Originating from India, Buddhism was spread to Southeast Asia around 300 BCE (Swearer, 2013) and to East Asia around 58-75 BCE (Tang, 2015). It was integrated with local beliefs and traditions and is deep-rooted in the region's cultures and lifestyles.

Buddhist philosophy is anchored on the teachings of Buddha, which focus on the Four Noble Truths: suffering (dukkha), cause of suffering (samudaya), end of suffering (nirodha), and way to end the suffering (maggā) (Gethin, 1998). In the First Noble Truth, Buddha stated that everything in life is suffering because nothing is permanent, and that everything has to end. The Second Truth holds that people only experience suffering when they crave for impermanent things. People cling to emotions, ordinary goods, and relationships, which are finite and doing so only makes them disappointed or crave for more. The Third Truth holds that suffering ends when a person reaches Nirvana, the state of non-suffering when one understands three natures of existence: impermanence (anicca), suffering (dukkha) and non-self (anattā) (Gethin, 1998). Non-self represents the absence of

a fixed self. A person is the result of his or her interactions with other beings. Hence, if everything is impermanent, the self is also impermanent. When a person is aware of his or her non-self, desires for ordinary goods, status, the pursuit of impermanent things will become meaningless and one will escape suffering (Joshnloo, 2014).

In Buddhism, concept of well-being can be divided into two: unenlightened well-being and enlightened well-being (Gowans, 2016). The unenlightened well-being consists of satisfactoriness or unsatisfactoriness of the impermanent things. Meanwhile, the enlightened well-being is the state of Nirvana, a transcendent experience when people acknowledge the cores of existence. The Noble Eightfold Path, another important concept in Buddhism, is stated in the Fourth Truth as a guide for people to transit from the unenlightened well-being to the enlightened well-being (Anderson, 2013). It is comprised of right view, right resolve, right speech, right conduct, right livelihood, right effort, right mindfulness, and right concentration.

Confucianism, Taoism and Buddhism are the main philosophies that guide the life of East Asian people. Three approaches all emphasise the Way of life – the sets of virtues that one should follow to have a meaningful life. The role of harmony can be observed in all three approaches while the role of an individual self is obscured by the wellness of society. Confucianism focuses on the harmony in social relationships, Taoism mentions the harmony and spontaneity in the natural world, and Buddhism promotes the non-craving lifestyle. These views not only clearly differ from the Western views of hedonism but also do not endow the individual with freedom and evaluation of well-being like the eudaimonistic approach (Ho, 1995).

An Integrated View

Some key differences emerge from the comparison between the Western and Eastern perspectives on well-being. Joshanloo (2014) identified several differences between the two perspectives such as self-enhancement and environmental mastery in the West, and self-transcendence and harmony in the East. Also, the Western approaches focus on the individual decision and evaluation of well-being while the Eastern counterparts give priorities to the balance of social relationships. This is supported by the theory of Markus and Kitayama (1991) which distinguishes between individualist and collectivist cultures. A person in an individualist culture may seek independent and personal goals while a person in a collectivist culture may focus more on the group's goal and social relationships (Markus & Kitayama, 1991; Triandis, 2001).

Considering various cultural aspects, this individualist-collectivist categorisation, however, may oversimplify the way people view well-being in real life. Human beings are bound to immediate needs, and hedonistic values are still important for most people. Collectivist cultures are not exempt from this. Ip (2011) suggested that, in history, the Confucian virtues were constructed by the ruling class and might ignore the view of lay people who lived a more hedonic and less moralistic life. In modern day, alongside focusing on the harmony and social order, people still highly value living conditions, wealth, health, and social relationships (Ip, 2011). Moreover, coping with demands of the modern world and interchange between cultures, desired values can be modified. For example, the rise of globalisation requires people in Confucian countries to value more individualist characteristics such as competitiveness, accountability, and self-sustainability (Inoguchi, Mikam, & Fujii, 2007).

Although having differences in approaches, it is also important to avoid labelling culture as collectivist or individualist. An individualist Western country can share desired values with those of a collectivist culture. Balance, harmony, and social relationships are found as important factors of happiness in many individualist countries (Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011). A meta-analysis of American studies also showed that although American society leans toward individualism, its degree is slightly slower than expected (Oyserman, Coon, & Kemmelmeier, 2002). The authors also warned that it is important to distinguish between the characteristics of collectivism and those of individualism in different levels: national, individual, and situational.

This chapter has discussed the need for evaluating people's well-being as an integration of both hedonistic and eudaimonistic values. The difference of well-being perspectives between Eastern and Western cultures has been also emphasised. Well-being should be viewed and understood in terms of its relationship to the person's cultures. The impact of the intercultural exchange and the person's experience of everyday life also needs to be focused on. Fulfilling the aforementioned requirements will give a comprehensive and down-to-earth understanding of one's view of well-being. This research follows those directions in which well-being is studied with consideration of the participants' views and the particular situation of Vietnam—the country of cultural intersections. The result suggests a similar tendency, showing that Vietnamese older people's psychological well-being is influenced by both Western and Eastern worldviews.

Chapter 2: Theories of Well-being in Later Adulthood

The population of older people is rising with significant speed all over the world. By 2050, the proportion of people over 60 is predicted to be 21.1% (United Nations, 2013). Two thirds of them currently live in developing countries, where this rise in ageing population is predicted to create profound social and economic impacts such as poverty and insufficiency in social welfare. Understanding older people's psychological well-being is required to effectively resolve these issues. It has an important role to increase their quality of life (Kirkby-Geddes & Macaskill, 2016), to inform social policies, and to benefit societies (Diener, Oishi, & Lucas, 2015; Stanley & Cheek, 2003).

This chapter describes the different theories of ageing as they relate to well-being. In Western views, social relationships and awareness of timespan are the main factors comprising the concept of ageing. In Eastern views, ageing is mainly represented as a period of receiving respect and seeking harmony. The conceptualisation of ageing will provide a key to understand the factors leading to successful ageing and well-being in later adulthood.

Ageing and Social Relationships

The process of ageing can be viewed from several perspectives. Change in social activity and interaction in older age is one of the most noticeable observations which attracts many researchers. In early literature, ageing was viewed as an inevitable decline of physical and psychosocial functioning (Lupien, Wan, Lupien, & Wan, 2004). These physical

dysfunctions were assumed to limit older people's participation in social life. From this perspective, Disengagement Theory (Cumming & Henry, 1961) holds that both older people and society gradually move away from each other. This process protects the elderly from embarrassment of losing skills and autonomy in social interactions. It also allows society to recruit younger generations to replace the older people, alleviating the impact of their death to society in the future. Although it was recognised as one of the first complete and inter-disciplinary theories about ageing (Achenbaum & Bengtson, 1994), it lacks empirical evidence and is seen as "unfalsifiable" (Hochschild, 1975). Achenbaum (2009) stated that the theory is "innate, unidirectional, and universal" (p. 32). It assumes older people as a universal group and ignores differences between groups such as sexes, class, races, and cohorts. Although the Disengagement Theory pointed out the importance of the interactions between older people and society, its explanations lack empirical support, are pessimistic and underrate the role of the individual agency. This theory, however, reflects the common ageing stereotype in society.

Several theories have challenged the assumptions of Disengagement Theory. For example, Activity Theory argues that the active participation in meaningful activities, rather than social withdrawal, results in better life satisfaction (Burgess, 1954; Lebo, 1953). Types of activities range from social interactions, volunteering, to personal leisure. In contrast to Disengagement Theory, Activity Theory sees older people as participating more actively in social activities.

Continuity Theory is another theory which opposes the view of ageing as a withdrawal process. It states that older people try to endure their formal activities and roles in old age

(Atchley, 1989). This continuity serves as an adaptive strategy to a new situation, minimises unfamiliarity, and compensates for unfortunate changes (Salmon, 1981). The maintenance of social engagement can have internal and external characteristics. The internal aspect of continuity maintains inner structures and values that older people possessed. The external characteristic endures the familiarity of the social environments that older people participate in. The extent of both factors, however, is subject of “a here-and-now assessment made by an individual based on her or his remembered past” (Atchley, 1989, p. 185). When considering the complexities of people’s life as well as the internal judgement of the situations, the theory overcomes limitations of previous approaches.

The Continuity and Activity theories help build a new concept of socially active and productive ageing. These theories move older people away from a passive, pathologically-limited and inactive image (Walker, 2000). The elderly is seen as a valuable resource who can maintain their existence in workforce, either paid or unpaid; engage in social activities; provide supports to others; and have spiritual growth (Bass & Caro, 2001; Thanakwang & Isaramalai, 2013). Empirical evidence also supports those perspectives. Studies demonstrated that subjective well-being was improved by the increase of physical activities (Rejeski et al., 2001). Older people who maintained their level of social relationships and engagement also reported a better outcome of well-being (Litwin & Stoeckel, 2013).

Nevertheless, these theories should be generalised with caution. The assumption of a simplistic relationship between activity and well-being can obscure real-life personal and social conditions such as personality, disabilities, and social inequalities which hinder activity participation (Lemon, Bengtson, & Peterson, 1972). Moreover, since many

governments promote productive ageing as a solution for social welfare burdens, older people may have pressure to be self-supporting even after their retirement (Rudman, 2005).

Social engagement is suggested to be a dimension which defines well-being in later adulthood. From Disengagement Theory to Activity and Continuity Theories, those approaches show a change in the way society views older people's role. These perspectives are also reflected in this study's outcomes in which older people's active engagement seems to oppose the stereotype of ageing as the process of withdrawal and inactivity.

Ageing and Timespan

Underlying mechanisms of ageing process can be understood by examining the relationship between older people's agency and time. The limitation of time is an inevitable fact of ageing. Socioemotional Selective Theory holds that when older people are aware of their limitation of time, their life goals will be influenced (Carstensen, Isaacowitz, & Charles, 1999). The two main goals pursued by people throughout lifespan are emotional regulation and knowledge acquisition. The knowledge-oriented goal relates to making new social relationships and broadening one's information of the environment. Emotional regulation focuses on seeking present-related gratification through meaningful intimate relationships and exploration of meaning of life. Older people, with their limited timespan, are assumed to prioritise the emotional goals. Socioemotional Selective Theory agrees with Continuity Theory on the importance of social interactions and the role of older people in choosing behaviors in accordance with their goals. The theory, however, goes further to emphasise

that individual cognitive appraisal of time is the determinant which influences older people's choice of activities and goals.

Another theory explaining the ageing process and its relationship with time is Selective Optimisation with Compensation Theory which is suggested by Baltes and Baltes (1990). It holds that lifespan will be accompanied by declines and increases of resources. Older people will perceive, evaluate, and optimise their good domains to compensate for their weaknesses and declines in other areas. In this sense, the theory seeks to have a universal explanation of ageing strategy but still empower older people with the use of their judgement about their individual and environmental conditions.

The influence of time on the ageing process is also shown in developmental perspectives. Erikson (1977) suggested that people's lifespan develops through eight stages. Well-being can be achieved at each stage through achievement of typical developmental tasks and resolution of challenges that each stage poses. The life virtues in the older age – the last stage of development – is to reach Ego integrity – “a sense of coherence and wholeness” (Erikson & Erikson, 1997). Older people review and make sense of their life in connection with their past experiences. If the evaluation results in acceptance of life's fullness, having both successes and failures, older people will achieve well-being; otherwise, it will lead to despair, characterised by feelings of bitterness and regret.

The timespan theories of ageing have strong empirical evidence. Socioemotional Selective Theory was tested by authors through a range of studies from qualitative (Carstensen, 1992) to quantitative research (Fredrickson & Carstensen, 1990; Lang & Carstensen, 1994). The

theory was also confirmed by other researchers (Lansford, Sherman, & Antonucci, 1998; Okun & Schultz, 2003). Similarly, Selective Optimisation with Compensation Theory was supported by both cross-sectional and longitudinal studies (Chou & Chi, 2002; Freund & Baltes, 2002; Lang, Rieckmann, & Baltes, 2002). Erikson's theory was not built on or sufficiently supported by empirical evidence (Pietikainen & Ihanus, 2003); however, it inspires and attracts the attention of many geropsychological studies, especially on life review in later adulthood (Haber, 2006). The findings of this study share some similar perspectives with the timespan theories, which see older people as being deeply aware of their life as well as being actively adaptive with their situation.

A limitation of timespan view of ageing is that they rely on rationality of older people's decision. The motivations underlying older people's actions are diverse and can undermine the assumptions of these theories (von Humboldt, 2016). The timespan approaches also do not specify strategies that older people can use to avoid potential declines (Ouweland, de Ridder, & Bensing, 2007) and they may exclude older people who severely lack resources (Freund & Baltes, 2002).

Ageing in the Eastern Views

There are several views of ageing which originate from Eastern philosophies and religions. Treating the elderly with respect is a tradition of Eastern cultures. Wisdom is one of the characteristics of ageing which is respected by society. Confucius said "At fifty, I knew the decrees of Heaven. At sixty, my ear was an obedient organ for the reception of truth. At seventy, I could follow what my heart desired, without transgressing what was right

(Confucius, trans. 2010, p.12)”. The process of ageing gives older people ability to understand meaning of life and to acknowledge the truth. This is the result of a lifetime of practicing Confucian traits of benevolence, propriety, and righteousness. Hence, with lifetime knowledge, wisdom, and experience, older people have the roles of carer, advisor, and role model of morality and practicing traditional rituals in family and society (Thang, Mehta, Usui, & Tsuruwaka, 2011). The transfer of this wisdom to the next generation is seen as extremely valuable in Eastern societies (Chow, 2004).

Confucianism also teaches that older people should be respected by their children through the practice of filial piety. Filial piety is the central social order and relationship in Confucian societies. It requires the children to respect, nurture, and obey their parents (Goldin, 2011). This is one of the most important human virtues. Failure in fulfilling one’s duties with his or her parents will result in shame (Hwang, 1999). The importance of filial piety is still observed in modern East Asian societies. Family relationships have an essential role in older people’s well-being and filial piety is one of the most desired qualities in society (Kim, Park, & Park, 2017; Sin, 2013).

Other Eastern Asian schools of thought – Buddhism and Taoism – see ageing as a period of seeking acceptance and harmony. Ageing is viewed as a natural process which passes through different stages: birth, growing old, illness, and death (Taliaferro & Varie, 2016). Coping with this transition, Taoism, with the non-action approach, encourages older people to accept it and keep the harmony with the naturalness (Kok & Yap, 2014). One way to keep the harmony is by withdrawing from social relationships or by compromising differences with others in everyday life in order to avoid conflicts (Luo & Chui, 2016).

Similarly, Buddhism encourages the avoidance of attachment to the impermanent. Life and everything in it are not permanent, and this awareness leads to the acceptance and the avoidance of suffering from ageing (Taliaferro & Varie, 2016). This principle also encourages older people to not cling on to their status, wealth, and emotions. On the contrary, older people are encouraged to engage in benevolent activities and meditation in order to prepare for the rebirth (Ratanakul, 2013). Hence, some older people may choose to withdraw from social competitiveness and live in isolation as a strategy to avoid those attachments and to seek peace.

Although peace and harmony are important to the Asian elderly's well-being, they may create some issues in modern society. Withdrawal from social affairs, which is similar to Disengagement Theory, can result in stereotypes of ageing. Older people may be seen as passive, lonely, isolated, and as people ignoring society (Bai & Chow, 2011). The attribution of ageing to inevitable illness and frailty also causes negative health stigmas. The illness and the decline of health can be seen as a sign of karma or the result of immorality which discourages older people from seeking help and support, due to shame and feelings of guilt (Nagata, Wu, & Kim, 2017).

Confucianism also promotes the importance of self-cultivation and self-restraint. To older people, self-restraint is a strategy to keep the harmony in family. In modern society, they need to be more self-reliance to avoid interfering with their children's daily life (Luo & Chui, 2016; Ratanakul, 2013). Failing to do that results in the guilt of being a burden (Danely, 2010) or anxiety about their own health in the future (Kavedžija, 2016).

It is noticeable that the Eastern views of both well-being and ageing were developed from philosophical and religious traditions rather than from empirical tradition as in Western approaches. Although Western religions such as Christianity and Islam mention the elderly in their teachings, the tendency of separation between science and religion may limit the influence of religions on scientific theories (Brooke, 1991). Meanwhile, since psychology is a young discipline in Asia, indigenous scientific theories are still in the infancy stage. This results in Asia's tendency of using Western conceptualisation or relying on Eastern philosophy and religions in order to explain psychological phenomena. Studies are required to build new Eastern psychological theories of older people's well-being or validate the existing Asian philosophical and religious views.

The theories of ageing illustrate various assumptions of underlying mechanisms of ageing. Ageing is seen as the result of the changes in social interactions and in older people's perception of their timespan. Several aspects emerge as key factors where the theories are built on, including health, social engagement, and individual view on the finitude of life and its meaning. Fulfilment of these areas may result in better satisfaction in older age. The next section will review the literature of connections between these factors and older people's psychological well-being.

Chapter 3: Factors Influencing Older People's Well-being

One of this study's goals is seeking factors contributing to Vietnamese older people's well-being. A glimpse of the existing literatures informs previous and present theories, and provides evidence of the main aspects can be found in the findings, including health, social relations, and spirituality. Physical and mental health are aspects directly affecting older people in everyday life. They can either limit or foster older people's autonomy and activity participation which are essential to their well-being. Social relationship is another important aspect of older people's well-being. Workforce engagement, social support, and social policies can enhance their quality of life. Furthermore, the characteristics of a society in each unique period can make differences on older people's perspectives of well-being. Spiritual aspects such as religions and meaning in life also explain some positive outcomes in older people's well-being.

Physical Health and Mental Health

Physical health. In biological views, ageing is characterised by diseases, disabilities, and declines in health and in daily activities (Christensen, Doblhammer, Rau, & Vaupel, 2009). Older people can have chronic diseases associated with ageing such as coronary heart disease, arthritis, hypertension, and chronic pains (Jagger et al., 2007). They also perceive the declines as factors of ageing (Diehl et al., 2014; Gabrielle, Jackson, & Mannix, 2008; Sundsli, Espnes, & Söderhamn, 2013).

Physical conditions and psychological well-being have a reciprocal relationship with each other. Health declines negatively affect older people's well-being (Smith, Borchelt, Maier, & Jopp, 2002). On the other hand, it can be the other way around: the perception of well-being can predict longevity and health (Diener & Chan, 2011; Westerhof et al., 2014). The latter direction seems to have more support than the former (Veenhoven, 2008).

In addition to perceptions of health, another determinant of well-being is the performance of activities of daily living (ADL). It is comprised of six basic autonomous self-care behaviours: bathing, grooming, dressing, continence, mobility, and self-feeding (Noelker & Browdie, 2013). ADL is a mediator between health status and well-being. Decline in health hampers the elderly's ability to perform ADL (van der Vorst et al., 2016). Meanwhile, being able to perform ADL gives older people a sense of independence and control in life, which enhances their well-being (Noelker & Browdie, 2013). The result is that with low health conditions, older people will have difficulties in performing ADL which, in turn, affects their well-being (Werngren-Elgström, Carlsson, & Iwarsson, 2009). In summary, later adulthood is related to the decline of physical health which has a close relationship with decreasing psychological well-being.

Enhancing health conditions may result in enhancing well-being. Encouraging activity and exercise in older age is one strategy to improve health conditions. Activity participation is related to better physical health (Young & Dinan, 2005), longevity (Lin et al., 2011; Lu, Woo, & Kwok, 2017), and ADL performance (van der Vorst et al., 2016) in later adulthood. It also predicts better mental health (Ladusingh & Ngangbam, 2016; Lampinen, Heikkinen, Kauppinen, & Heikkinen, 2006) and cognitive function (Rovio et al., 2005). It

is the quality of experience, rather than the amount of activities, which has a stronger relationship with the older people's well-being (Matz-Costa, Besen, Boone James, & Pitt-Catsouphes, 2014). Enjoyment and social connectedness given by activity participation may explain these improvements (Fox, Stathi, McKenna, & Davis, 2007). Therefore, it is important to understand the underlying mechanisms which motivate older people to be active, leading to coping with health declines.

Another perspective on physical health is Salutogenic view suggested by Antonovsky (1996). It is an effective model to explain the way older people cope with health issues (Wiesmann & Hannich, 2008). This view describes older people's health as a continuum which may be accumulated or depleted rather than a dichotomous category of health/illness. An important idea in this approach is the sense of coherence—a person's unified view of the world and an ability to self-stabilise—which helps older people deal more efficiently with stressors. The sense of coherence has three characteristics: (1) comprehensibility – knowing the situation, (2) manageability – having enough resources, and (3) meaningfulness – willingness to deal with issues (Antonovsky, 1987). Thus, if an older person can have access to adequate information and effective programme, have social support to maintain his or her participation, and have enough motivation, he or she will have higher chances to engage in activities (Kosteli, Williams, & Cumming, 2016; Mathews et al., 2010).

The literature shows that health has an important role in older people's well-being. The physical conditions affect older people through illnesses and interference on ADL.

Encouraging activity participation through the Salutogenic approach may be the solution to enhance older people's physical and psychological well-being.

Mental health. Aside from physical health, mental health also affects older people's well-being. Depression, anxiety, dementia, and problems with alcoholism are the most common mental health issues in later adulthood (Prince et al., 2013; Volkert, Schulz, Härter, Włodarczyk, & Andreas, 2013; Zarit, 2009). Older people also have to deal with other cognitive impairments such as problems in processing speed and inhibitory control (Hartshorne & Germine, 2015; Van Hooren et al., 2007). Memory difficulties are other mental health issues which older people frequently have concerns about (Ginó et al., 2010). Studies suggested that well-being of the elderly is lowered by these mental impairments. They are linked with negative affect, low purpose in life, and depression (Cines et al., 2015; Gates, Valenzuela, Sachdev, & Fiatarone Singh, 2014; Hill et al., 2016; Wilson et al., 2013).

Moreover, these mental health difficulties can be seen as the cause of stereotypical old age characteristics such as being neurotic, rigid, and passive (Harwood et al., 2001; Zarit, 2009). They can directly isolate older people or make them internalise the age-related stigmas, which can affect many health aspects, as well as their psychological well-being (Levy, 2003; Warmoth, Tarrant, Abraham, & Lang, 2016).

In contrast to these stereotypes, older people, in fact, show a significant lower rate of anxiety and depression than those of the younger age groups (Kessler et al., 2010; Wolitzky-Taylor, Castriotta, Lenze, Stanley, & Craske, 2010). They are also less anxious

about their health issues (Boston & Merrick, 2010). In line with Socioemotional Selectivity Theory, emotional stability and positivity in old age are explanations for this phenomenon (Carstensen et al., 1999). Older people are able to focus on positive supporting relationships and choose emotional goals which benefit them. These result in higher satisfaction of life.

Physical and mental health are important factors of well-being in older people. Limitations in physical condition and in ADL can affect psychological well-being. In addition, older age is also related to some cognitive declines. These issues, however, are not universal truths especially when mentioning anxiety and depression in older age. Moreover, it is important to note that the separation of health into physical and mental dimensions is a complicated issue. Both aspects intertwine with each other and their impacts on well-being can be difficult to differentiate.

Social Relationships

Work and retirement. Work and retirement play an important role in older people's lives, especially in the early stage of ageing. Retirement is a period of major life transition in which regular income and social status are disrupted. These changes can have drastic impacts on a person's physical and mental health (Jahoda, 1988; Lee & Kim, 2017; Szinovacz & Davey, 2004). However, these outcomes are inconsistent across studies and are dependent on many factors (Henning, Lindwall, & Johansson, 2016) such as health, retirement decision, and financial situation (Bender, 2012).

The autonomy in retirement decision can lead to different outcomes of well-being. Shultz, Morton, and Weckerle (1998) suggested that voluntary retirement decisions will benefit older people more than involuntary retirement does. They explained that if an individual is unwilling to lose his or her current financial and social status held by an occupation, the retirement will harm his or her well-being. Although financial status has impacts on general well-being, its influence is inconsistent. It is not the financial situation itself but the control over one's finances that creates the impact. For instance, it is the sense of control over one's pension and income which shows a stronger relationship with the well-being than the income itself (Bender, 2012). This assumption is also congruent with Self-Determination Theory (Ryan et al., 2008) which holds that ensuring one's autonomy and motivation will foster her or his well-being.

On the other hand, following Continuity Theory, Atchley (1989) suggested that retirees will find new adaptive strategies to maintain their identities and roles which will result in new activities or goals. Despite the retirement conditions, well-being of older people is not substantially different between pre-retirement and post-retirement. Some studies showed that voluntariness does not affect life satisfaction after the retirement (Abolhassani & Alessie, 2013; Lindwall et al., 2017). Levels of well-being, in fact, fluctuate throughout transitional periods.

Seeking to reconcile variations between research outcomes, Wang, Henkens, and van Solinge (2011) summarised empirical evidence of factors influencing the quality of retirement adjustment and proposed Resource-based Dynamic Process Theory. It holds that retirement adjustment relates to the availability and fluctuation of the retiree's resources,

and does not only depend on a single aspect, as suggested by other models. Retirement adjustment process is not only the outcome of individual emotion and motivation but also the result of other resources such as social, financial, physical, and cognitive conditions. The theory also agrees that the relationship between retirement and well-being fluctuates over time. As a result, older people with better planning and preparation for the retirement process, and with ability to balance their resources will have better psychological well-being (Abolhassani & Alessie, 2013; Yeung & Zhou, 2017). The theory starts gaining more endorsement, support, and focus from new studies as a model which gives a comprehensive view of retirement adjustment (Bogaard, Henkens, & Kalmijn, 2016; Fisher, Chaffee, & Sonnega, 2016; Hershey & Henkens, 2014). In agreement with this view, this study in Vietnamese older people shows that each participant's resource availability are different and his or her retirement process has an unique characteristic which depends on the individual's background.

Social support. Social support refers to assistance and resources that people can receive from others in their network which are perceived by them as loving, caring, and readily available (Cavanaugh, 1998; Cohen & Syme, 1985; Lin, Ensel, Simeone, & Kuo, 1979). It consists of four different types of supports: instrumental, emotional, informational, and companionship (Uchino, 2004). Instrumental support or tangible support is the provision of materials and services that an individual can have. Emotional support refers to fulfilment of empathy, friendship, care, trust, love, and affection needs. Informational support is the availability of useful information which can benefit individuals. Companionship, or esteem, support relates to sense of belonging, feeling of

being respected by others. These supports widely appear in older people's life and the role of social support is important in studies exploring well-being of the elderly.

Measurement of social support is complex due to its multidimensional nature (Dean, Holst, Kreiner, Schoenborn, & Wilson, 1994; Haber, Cohen, Lucas, & Baltes, 2007). Some studies measured received support (the actual receipt of support) by quantitative indicators such as the number of people in one's network, or the amount of supportive actions that one receives as the representation of social support (Haber et al., 2007). However, these amounts of supports are not necessarily the same with those the individual is aware of (Cutrona, 1996). This results in the focus on perceived support which emphasises subjective evaluation of support's availability and satisfaction (Gottlieb & Bergen, 2010). The literature shows that both terms are not interchangeable and they should be addressed when measuring social support (Uchino, Carlisle, Birmingham, & Vaughn, 2011).

A major source of social support in later adulthood are close family members and friends (Antonucci & Akiyama, 1987; Montpetit, Nelson, & Tiberio, 2017). This is congruent with Socioemotional Selectivity Theory which holds that older people focus more on emotional goals and close relationships. Among them, support from spouses is one of the most important resources. Emotional support from spouses was observed as a protective factor for older people's health (Wright & Aquilino, 1998) and the strongest indicator of a positive quality of life (Chen & Feeley, 2014; Wright & Brown, 2017). Due to limited contact time with their children, filial support is weaker than the spousal support (Chen & Feeley, 2014). Instrumental and emotional supports from the children, however, were still

important to older people's well-being (Li, Song, & Feldman, 2009). Furthermore, the quality of support is more important than quantity (Pinquart & Sorensen, 2009).

Another important source of social support are friends (Cooke, Rossmann, Mccubbin, & Patterson, 2016; Montpetit et al., 2017). Friendship relates to psychological well-being in older people (Pinquart & Sorensen, 2009). It not only motivates engagement in leisure activities (Böhm, Mielke, Feijó, Ramires, & Wehrmeister, 2016; Toepoel, 2013), but also enhances older people's sense of belonging to their social circle and community (Tang, Chi, & Dong, 2017). Friends also provide constant and positive emotional comforts which may even be better than those from their children (Lee, Lee, Lee, & Lee, 2017; Pinquart & Sorensen, 2009). This could be explained by the fact that supports from family can be perceived as duties and, therefore, can cause serious strains (Chen & Feeley, 2014). The negative feelings when transitioning from being a caregiver into being a person who receives care from family members also limit social support exchanges (Tsuji & Khan, 2016). Meanwhile, friendship provides fresh and leisure-related experiences which is important in later life (Larson, Mannell, & Zuzanek, 1986). A life-long friendship which is built on trust and shared memories also results in a sense of belonging and heightened psychological well-being (Forsman, Herberts, Nyqvist, Wahlbeck, & Schrienbeck, 2013).

Social welfare and social changes. Alongside the supports from family and friend, social welfare and social change are other factors which significantly influence older people's well-being. With current ageing poverty situation in developing countries (United Nations, 2013), inadequate welfare states will have detrimental effects on older people (Galasso & Profeta, 2014). Pension, social engagement, healthcare, and elderly protection

policies are key policies to promote well-being in older people (United Nations, 2015). In many countries, however, these policies are not always present. Due to the instability of the economy, working pension in some developing countries is not always available and adequate. Some steps have been done to address this concern. For example, non-contributory pension programmes were introduced as an effective strategy to reduce poverty in the ageing population and raise the elderly's quality of life (Ferreira, 2006; Kakwani & Subbarao, 2007).

There are several other policies that affect older people's well-being. Ensuring labour market and activity participation is another work-related policy which needs to be focused on. Studies suggested that social policies should create opportunities for older people to engage in meaningful activities and enhance their sense of relatedness and worthiness (Chan & Liang, 2013; James, Matz-Costa, & Smyer, 2016). Health insurance is another policy affecting older people. To benefit both older people and family members in middle-income countries, healthcare system should have sufficient insurance cover rate, respect older people's autonomy, and take care of family caregivers, (Rhee, Done, & Anderson, 2015; Tamiya et al., 2011). Policies and services which protect older people from domestic violence and negligence are also imposed in many countries (Knight & Hester, 2016; Moor, de Graaf, & Komter, 2013). Such laws concerning these issues require children to fulfil their responsibilities for their parents and to create an elderly-friendly social environment (Du & Xie, 2015; Ting & Woo, 2009).

Changes in society also affect the way older people perceive life and well-being. Cohort effect is a term used in many studies to explore impacts of these changes. It compares the

effect of social characteristics on a person's condition in a specific point of time with that in another period (Keyes, Utz, Robinson, & Li, 2010). With the cohort effect, conditions of older people living in the previous decades can be different with those of other older people living in this decade. For example, Hülür, Ram, and Gerstorf (2015) showed that well-being of over-75-year-old people who died in the 2000s is lower than those who died in the 1990s. Although improvements in medical techniques enhanced survivability of older people, this means that they lived longer with impairments and with weaker health, which can decrease their quality of life and life satisfaction.

The cohort effect has been observed across different cultures. In a study on an American sample, Sutin et al. (2013) reported that older people who lived through the Great Depression era have lower well-being than those who lived through the latter wealthy period. Kobayashi et al. (2015) also proposed that changes in Japan's social and cultural characteristics during the lifetime of older people in different cohorts have influences on the relationships between their family network and their well-being. In a birth cohort study, urbanisation and low fertility caused by China's One-Child policy are the main social changes which resulted in the decrease of subjective well-being in Chinese older adults (Yu et al., 2016). These studies illustrate the possible impacts of the cohort effect on older people's lives. Drastic social events and changes in society's structures should be considered as factors in the study of well-being in later adulthood.

Spirituality

Spirituality is another factor relating to well-being in older age. This factor has recently received considerable focus from studies. The definition of the term, however, is unclear and may refer to different concepts. For example, although sharing some common features, spirituality is a broader term than religiosity (Zimmer et al., 2016). One can have a spiritual life but not necessarily follow a religion. Spirituality includes a connection to the environment – the universe, or a transcendent force (Goodloe & Arreola, 1992), a person's pursuit of life meaning (McSherry & Cash, 2004), inner hope, peace, and acceptance (Dyson, Cobb, & Forman, 1997; Lazaridou & Pentaris, 2016). McSherry and Cash (2004) asserted that how spirituality is defined depends on each individual's interpretation. All the above aspects appear in the literature of older people's definition of spirituality (Hodge, Horvath, Larkin, & Curl, 2012; Schwarz & Cottrell, 2007). Therefore, the spiritual factors including religion and life meaning should be considered separately in order to have a comprehensive view of the relationship between spirituality and the older people's well-being,

Religion. Religion can be defined as the belief, practice, and ritual following distinct systemic principles (Molzahn, 2007; Zimmer et al., 2016). There is a growing body of evidence demonstrating positive outcomes of religiosity on health and well-being of older people. Zimmer et al. (2016) reviewed a wide range of studies and listed many health benefits of religiosity such as improvement in longevity, cardiovascular conditions, and functional abilities. Mental health is another positive outcome of religiosity. Participation in religion increases life satisfaction and well-being, and reduces depression and anxiety

(Lawler-Row & Elliott, 2009; Levin & Chatters, 2008; Reis & Menezes, 2017; Zullig, Ward, & Horn, 2006).

Some latent pathways which explain the relationships between religiosity and well-being are identified. Social supports that older people receive when participating in religious communities is one of them. Such communities provide a sense of belonging and emotional support, and foster social engagement (Chatters, Taylor, Woodward, & Nicklett, 2015; Koenig, 1998). These benefits reverse consequences of social isolation in older people. Religions also encourage healthy behaviours and volunteer activities (Seybold & Hill, 2001; Zimmer et al., 2016) which have a protective role for older people's health. Religious practice also gives aged practitioners a sense of life meaning, which is reason, direction, and motivation of their existence. It increases their life satisfaction, self-esteem and positivity (Krause, 2003). Furthermore, the connection with a transcendent force gives practitioners of various religions inner strength and comfort to cope with stressors (Abu-Raiya & Pargament, 2015).

However, studies do not always show religion to have positive outcomes. Religious struggle—characterised by doubtful, negative views, and unfavourable feelings toward God—can affect older people's health and well-being (Ellison, Fang, Flannelly, & Steckler, 2013; Rosmarin, Malloy, & Forester, 2014). Conflict with religious community members, leaders, and churches is other damaging factor (Krause & Wulff, 2004).

The aforementioned mechanisms show that the impact of religiosity on older people's well-being is multifaceted. It can come from the relationship of an individual with others, God(s), and her or his own life.

Mindfulness. Western cultures have recently grown interest in mindfulness, a concept originating from Buddhism. This concept in Western view focuses on cognitive and self-regulation. It even describes mindfulness as a trait or a skill rather than a spiritual practice (Grossman & Van Dam, 2011). Kabat-Zinn (2014) sees mindfulness as an ability to keep attention “in a particular way: on purpose, in the present moment, and non-judgmentally” (p. 4). Shapiro and Carlson (2009) stated that mindfulness is a process of focusing on each moment. Thus, the West sees mindfulness as a practice, or a secular set of skills which focuses on the attention of the present moment.

However, the view of mindfulness in the East is different. Derived from Buddhism, the concept has religious and spiritual aspects. Mindfulness is a part of the Eight Noble Truth, the pathway to enlightenment. In addition, it is seen in relation to other aspects such as right effort and right concentration, which mention ethical consideration and spiritual development in mindfulness. Achieving mindfulness results in a state of non-self and impermanence, and of enlightened well-being (Gowans, 2016). A mindful person will find herself free of craving for mundane desires and hence, have more acceptance and compassion. A secular view of mindfulness not only puts the concept out of its context (Lomas, 2017), but also, by twisting the original values, makes it culturally- and religiously-insensitive (Sperry & Stoupas, 2017; Van Gordon, Shonin, Griffiths, & Singh, 2015).

However, there is a scarcity of empirical studies on mindfulness from the Buddhist perspective for several reasons. First, Buddhist mindfulness is a state that is difficult to reach, which can affect the identification of mindfulness in participants (Ching-Han Lai, 2015). Second, the Western view of mindfulness dominates the literature and attracts most of researchers' focus. Nevertheless, like other religions, Buddhism can benefit its practitioners with health, social, and psychological well-being improvements (Lomas, Cartwright, Edginton, & Ridge, 2014).

The body of research on mindfulness from Western perspective is growing at an exponential rate. The studies relate mindfulness to improvements of self-compassion, self-control, and psychological and physical well-being (Bowlin & Baer, 2012; Chiesa & Serretti, 2009; Hollis-Walker & Colosimo, 2011). Several mindfulness-based therapies also show effectiveness in treating depression, anxiety, and stress (Khoury et al., 2013). In older people, physical health indicators such as pain acceptance, physical function, and sleep improve with mindfulness interventions (Morone, Greco, & Weiner, 2008; Slomski, 2015). Mindfulness-based programmes also enhance the elderly's psychological well-being (Martins, 2014) and ease the symptoms of depression, fatigue, and stress (Kishita, Takei, & Stewart, 2017; Perez-Blasco, Sales, Meléndez, & Mayordomo, 2016).

Although having much attention from the researchers, there are several issues with studies about mindfulness. In a systematic review of meditation programmes, Goyal et al. (2014) stated that many studies were poorly designed, and the effects of meditation-based interventions show no superiority over other approaches. Specifically, the lack of control

condition such as double-blind placebo-controlled clinical trials is the most pressing methodological concern (Davidson & Kaszniak, 2015). Furthermore, a variety of conceptualisations, measurements, and procedures in mindfulness studies also limit the generalisation of the programme outcomes (Dam et al., 2017).

Meaning in life. Meaning in life has an important role in older people's life. Understanding meaning in life will clarify people's main motives of well-being maintenance. Studies demonstrate a wide range of its physical benefits in later adulthood such as increasing activities (Ju, 2017), health (Irving, Davis, & Collier, 2017; Krause, 2003; Pinquart, 2002), and vitality (Heisel, Neufeld, & Flett, 2015; Windsor, Curtis, & Luszcz, 2015). Meaning in life also affects psychological well-being of older people. It has a positive relationship with personal control (Krause, 2003) and cognitive functions (Windsor et al., 2015), and a negative relationship with anxiety and depression (Irving et al., 2017). Research also suggests strong connections between meaning in life and eudaimonic and emotional well-being (Battersby & Phillips, 2016; Baumeister, Vohs, Aaker, & Garbinsky, 2012).

Meaning in life is a person's ultimate motivation, an essential element to fulfil and construct well-being (Frankl, 1985; Ryff, 1989). As with other concepts of well-being, the construct of meaning in life is not well-defined in the literature. Wong (1998) saw meaning in life as having affection, motivation, cognition, relationship, and personal characteristic. Meanwhile, Steger (2012) defined the life meaning through significance, purpose in life, and sense of coherence. Life significance and coherence represent the existing sense of meaning. Life purpose focuses on the seeking of meaning (Steger, Frazier, Oishi, & Kaler,

2006). In the literature, the sense of purpose is sometimes used as a similar concept with meaning in life. For example, Reker, Peacock, and Wong (1987) stated, “having a sense of personal meaning means having a purpose and striving toward a goal or goals” (p. 44). However, the term puts more focus on the future and life direction (Martela & Steger, 2016), and has narrower scope than meaning in life. To sum up, meaning in life represents an individual’s comprehensive reasons to exist, which comprise the sense of purpose, worthiness, continuity, and relatedness. Given both its benefits and theoretical importance, meaning in life is the focus of different studies. In this study, it emerges as an important factor of well-being in Vietnamese older people.

The limitation of timespan has close connection with meaning in life. Later adulthood is a time for reviewing life, making meanings, and seeking coherence (Erikson & Erikson, 1997). Older people report a higher presence of life meaning and seek less future-related meanings in comparison with younger age groups (Reker et al., 1987; Steger, Oishi, & Kashdan, 2009). The awareness of timespan forces the elderly to accept their current conditions and/or to find active ways to improve their sense of meaning (Johnson, 2009). Derived from Heidegger, Yalom (1980) stated that “*the physicality of death destroys us; the idea of death saves us*” (p. 40). Thinking of death leads to thinking of life meaning and vice versa (Ben-Ari, 2011). Death, of others and of themselves, reminds older people about their limited time and urges them to live an authentic life: recognise their possibilities, fulfil their desires, and develop meaning in later adulthood. This is backed by Terror Management Theory which suggests that a person tries to overcome the anxiety and terror of mortality by validating one’s worldview through perceived meaningful activities or living up with social values (Greenberg, Solomon, & Pyszczynski, 1997). This theory is

widely cited and supported by many studies (Landau, Greenberg, Martens, Solomon, & Pyszczynski, 2006; Plusnin, Pepping, & Kashima, 2018; Routledge & Juhl, 2010).

Another theory connecting life finitude and meaning in life is Lifton's Symbolic Immortality (Lifton, 1973). It refers to a person's sense of continuity after life through her legacies which is comprised of five different ways: biology, theology, creativity, nature, and transcendence. Biological mode of immortality relates to legacy carrying by one's bloodline, her family, and children. Theological mode refers to spiritual life that surpasses death; it is a life-after-death that many religions mention. Immortality achieved through creativity and nature represents the impacts that an individual has on society and the natural world. Finally, transcendental immortality is a state of unity and intensity, or a feeling when physical boundaries cease to exist. These modes perfectly connect spirituality and life meaning in older age. Although this theory is not supported by many direct evidence, existing literatures show that some factors of immortality modes such as social engagement (Pinquart, 2002), family (Borglin, Edberg, & Rahm Hallberg, 2005), religion (Krause, 2003), learning (Tam, 2016), leisure (Mackean & Abbott-Chapman, 2011), creativity (Fisher & Specht, 1999), and volunteering (Sherman, Michel, Rybak, Randall, & Davidson, 2011) are all sources where older people can seek meaning in life.

Meaning in life is an important part of the study's result. Both Terror Management Theory and Symbolic Immortality provide explanation for the relationship between death and the participants' meaning in life.

Previous research shows that physical and mental health, social relationships, and personal spiritual life comprise well-being of older people. These aspects intertwine with each other and help depict well-being in a comprehensive way including biological, individual, and social levels. The result from this study shows that those three dimensions also emerged from Vietnamese older people's views of well-being. Furthermore, these factors are influenced by the cultural and social background where an older person lives. Hence, in order to understand the well-being of older people in a specific society, an analysis of that society's situation is necessary. The next chapter will discuss the backgrounds of Vietnam and the situation of Vietnamese older people's well-being.

Chapter 4: Vietnam

This chapter is intended to show a brief description of Vietnam's historical and cultural backgrounds which are important in giving this study a comprehensive context. Vietnam with a distinct geographical position and a history marked by conflicts has gone through many cultural exchange, coexistence, and conflicts. Having a general understanding of Vietnam's cultural characteristics helps explain the need for a multicultural approach in understanding older Vietnamese's well-being.

This chapter also introduces existing literatures on well-being of the Vietnamese elderly. Although there have been many studies from various fields researching older people's health, social relationships, and religiosity, the link between these aspects and well-being is not thoroughly explored. A synthesis of the impacts of these aspects on well-being from existing studies points out the gap of knowledge that this study tries to fill.

The History and Culture of Vietnam

Located in Southeast Asia, Vietnam is at the crossroad of many cultures. The country with 95 million people (United Nations, Department of Economic and Social Affairs, & Population Division, 2017) shares its border with China in the North, Lao and Cambodia in the South, and is adjacent with the Eastern Sea (South China Sea) in the East. Prehistoric Vietnamese culture originates from native Polynesian and Southeast Asia ethnics (Buttinger, 1972; Lê, 1986) which is characterised by bilateral kinship system and matrilineal tendency (Hage, 1998; Whitmore, 1984). In the first century, these ethnics built Champa Kingdom in the south and central parts of Vietnam which are influenced by

Hinduism (Hardy, Cucarzi, & Zolese, 2009) and flourished until conquered by Dai Viet, a northern Vietnam kingdom, in 15th century (Kiernan, 2008).

The northern Vietnam's indigenous group also had Polynesian origin. The tribe located in Red River Delta and formed Van Lang Kingdom. The society was matriarchal, and wet-rice cultivation raised a community-oriented culture (Ashwill & Diep, 2011). Later, the kingdom was conquered by other tribes and a new kingdom, named Au Lac, was formed in 300 BCE (Huy, 1998). At this time, China started to have an influence on the early Vietnam's culture. By the first century BCE, China finally conquered Vietnam, starting a thousand years of colonisation.

In this colonisation period, the original culture of Vietnam was repressed and replaced by Confucianism and Taoism from China, which promoted patriarchal social system. In this time, Buddhism also arrived in Vietnam in two pathways. Theravada came directly from India and Mahayana diverted to China before spreading to Vietnam (Minh Chi & Nguyen, 2008). In the tenth century, Vietnamese regained their independence from China and named the country Dai Viet Kingdom. Many conflicts still happened and China colonised Vietnam in several short periods in later centuries. The country got its current name, Vietnam, in 1804. In Vietnam's feudal independence time, Confucianism, Taoism, and Buddhism peacefully co-existed like in other East Asia countries (Gentz, 2011). "The religious trinity" shows tendencies of seeking harmony, fusing and adapting religions together (Van Nghia, 2015). In this era, Vietnam still imposed the patriarchal system and collectivism was the main characteristic of the culture.

In 1858, France started its invasion and colonisation in Vietnam. The next period devastated the country and its people. It was marked by a long-time conflict of ideologies and superpowers which led to the division of the country into North Vietnam and South Vietnam, the involvement of the United States and its allies, and the unification of Vietnam following the victory of the North in 1975. The Western colonisation and the modern-day conflicts introduced Western individualism into Vietnam society. The Vietnamese started to acknowledge personal values alongside the idea of a democratic and equal society which was suppressed under the feudal era (T. Q. N. Nguyen, 2016). After the war, the new regime promoted the communist ideology which focuses on collective production and lifestyle. However, this policy led to economic crisis and struggle which resulted in an economic restructuring and an introduction of an open market, called the Doi Moi (Renovation) policy, in 1986 (Stern, 1998). Cultural exchanges with Western countries and booming development of the economy in the period following this policy once again raises the role of the individualism.

Vietnam witnessed a history of conflicts and exchange between cultures and ideologies. Stemming from the original culture, collectivism flourished under the influence of Confucianism, and the value of familial relationship and social hierarchies developed throughout the feudal period. Taoism and Buddhism introduced the principle of harmony and a peaceful lifestyle. Up to this day, these values are still seen as the core characteristics of Vietnam. The modern era also marks the introduction of individualism due to the Western political interferences and the recent decade's economic development. Characterised by many periods of wartime, Vietnamese people also grew values of patriotism, diligence, and tolerance (T. Q. N. Nguyen, 2016). Besides, the integration of many cultures into the

country's values shows flexibility and adaptability of Vietnam's culture (Tran, 2015). Thus, it is important to consider all these cultural traits when studying the life and the lived experience of Vietnamese people.

The Well-being of Older People in Vietnam

In Vietnam, both life expectancy and the percentage of older people have increased in recent years (General Statistical Office, 2009; United Nations Development Programme, 2008). Vietnam has 9.46 million people who are over 60 years old in 2015. The proportion of ageing population was projected to surpass 10% in 2017 (United Nations, 2015). By 2050, older people are predicted to be 26.1% of the population (United Nations, 2007). This demographic transition puts pressure on the country's economy and welfare system.

With changes in economic and social structures in recent decades, older people were exposed to new challenges. Urbanization created redistribution of labour force. Young generations leave the countryside to the urban areas for work, causing the isolation of older people in the rural area (Pham & Hill, 2008). As a result, Asian familial structure was also altered with declines of filial piety and familial relationship (Tsutsui, Muramatsu, & Higashino, 2013).

With the rise of ageing population and potential challenges, the government started to focus more on the welfare of older people and they became the focus of new studies. Research,

however, usually focused on areas such as public policy and public health. There is a shortfall of psychological studies on well-being of older people. The following section introduces existing studies on the aspects of health, social relationships, and spirituality which can be related to well-being of Vietnamese older people

Health and well-being of Vietnamese older people. Health is an area which receives much interest from researchers. In Vietnam, several disciplines such as medicine, public health, social work, and psychology share the same focus on health. This explains the diversity of research in this area. Studies in this area shows that there is a tendency of health decline in Vietnamese older people (Hoi, Chuc, & Lindholm, 2010; Huong, Ha, Chi, Hill, & Walton, 2012). Three-quarters of older people rated their health as poor or very poor (VWU, 2011) and main complaints are pain and mobility (Hoi et al., 2010).

In mental health aspects, the literature on Vietnamese older people is scarce and conflicting. Depression is the only diagnosed mental issue which was surveyed by The Vietnam Ageing Survey (VNAS) and its prevalence was 0.5% (VWU, 2011). This is much lower than the normal rate of old age depression (Blazer, 2003; Forlani et al., 2014). The reason is that the survey counted only older people who had already been diagnosed as having depression rather than screening the whole sample. The diagnosed rate in Vietnam, however, is possibly quite low due to lack of mental health professionals and facilities (H. Nguyen, 2016). Hence, the depression rate of the population cannot be represented only by diagnostic history. In another study, Leggett, Zarit, Nguyen, Hoang, and Nguyen (2012) suggested that 47% of older people in their study surpassed the cut-off for clinical

depression by using the Center for Epidemiologic Studies – Depression Scale (CES-D). The authors suggested that prevalence is high due to cultural tendency of willingness to complain about the symptoms. It is important to note that the CES-D is a screening test rather than a diagnostic one (Radloff, 1977). Another study showed a result which is equivalent to the general late life depression rate. Only 17.2% of Vietnamese older people are identified with depression symptoms by using the 15-item Geriatric Depression Scale (Wada et al., 2005). This study also shows that physical illness and activity were related to depression.

Cognitive impairments were observed in Vietnamese older people with 33,5% of participants having low scores in Mini-Mental State Examination (Leggett, Zarit, Hoang, & Nguyen, 2013). There are no published studies on cognitive deficits, dementia, or Alzheimer conditions in Vietnam. Few domestic reports showed that dementia's prevalence is between 11% and 25% in the 60-69 age group and 70-79 age group (Duong, 2012, as cited in H. Nguyen, 2016). The lack of research in this area can be explained by low human resources in healthcare workforce, inefficient public policies (H. Nguyen, 2016), and low number of internationally published studies.

Few studies directly mention the relationship between physical and mental health and older people's well-being. Such research confirmed a relationship between physical health and deterioration of older people's quality of life in Vietnam (Hoi et al., 2010; Leggett et al., 2012). Life satisfaction was also linked with higher activity participation (Tran, Nguyen, Vu, & Doan, 2016). The only qualitative study about older people's perspective on quality

of life showed that physical health and cognitive functioning are important aspects of older people's quality of life (Huong et al., 2012).

Social relationships and the well-being of Vietnamese older people. In

congruence with cultural characteristics of Vietnam, social factors have great impacts on Vietnamese older people. Family has an important role on older people's lives. Older people are committed to taking care for their families (VWU, 2011) and filial piety widely exists in society (Friedman, Goodkind, Cuong, & Anh, 2001). A majority of older people still live with or near their children (Giang & Pfau, 2007). However, due to industrialisation, family structure and living arrangements are changing. In rural area, children are leaving their parents to work in urban areas (Yamada & Teerawichitchainan, 2015), resulting in a rapid decrease in co-residence between older parents and their children (VWU, 2011). This can affect well-being of the Vietnamese elderly who benefit from traditional collective living arrangement through receiving social support from their children (Knodel, Friedman, Anh, & Cuong, 2000; Yamada & Teerawichitchainan, 2015). Due to patrilineal cultural traits, well-being of older people is also affected by gender of their children whom they live with. In Vietnam, married couples usually live with the husband's family. Hence, older people who have only daughters will be less likely to co-reside with any child (Knodel et al., 2000). Meanwhile, living with a married son can lightly increase well-being of older parents (Teerawichitchainan et al., 2015). These effects are stronger in the North, showing difference between influences of patrilineal Confucianism in the North and tendency of bilateral kinship in the South.

The government's policies also influence many life aspects of older people. The One-to-Two Child policy, imitating the One Child Policy in China, reduced fertility rate, causing a smaller family size in Vietnam (Knodel et al., 2000). This leads to less social supports that older people receive (Friedman, Knodel, Bui, & Anh, 2003). After the Doi Moi policy, government scaled back some supports for the elderly (Friedman et al., 2001). This shifted caring responsibilities to families and older people themselves. Older people, who live in rural area or have low economic status, need to keep working or help their children's business with daily expenses (Huong et al., 2012; Long & Ly, 2016). It is estimated that 60 to 69% of older people still engage in labour force and the importance of working income from older people is nearly equal to material supports received from their children (VWU, 2011). The pension policies also do not provide sufficient protection for the elderly. Pension is unavailable for the majority of older people (VWU, 2011) and social allowance is available only for the elderly who are over 80 years old and do not receive any pension. These reasons led to a low coverage rate and an inefficient retirement policy, which can worsen poverty in old-age (Giang & Pfau, 2009; Giang, 2013).

Changes in economic structure also led to changes in the country's culture. Conflicts between individualism and collectivism cause confusion among the younger generation and lead to erosion of traditional norms (McCann, Cargile, Giles, & Bui, 2004). Older people express concerns about decline of their influence and the young generation's loss of respect for them (Huong et al., 2012). They are also stigmatised by negative figures which depict them as confused (Liu et al., 2008) and grumpy people (McCann et al., 2004).

The current older generation are people who lived in their twenties or thirties during the Vietnam war. Inevitably, the wartime has unique impacts on development and perspectives of this particular cohort. Experience of trauma and family separation in wartime affect both mental and health outcomes in older age (Korinek, Loebach, & Trinh, 2017; Teerawichitchainan, 2014). Vietnamese veterans nowadays suffer from Post-Traumatic Stress Disorder symptoms and pain caused by arthritis (Korinek et al., 2017). These are the results of combat, training, disease, and negative health behaviours during the war (Wilmoth, London, & Parker, 2010). The war also disrupted education and working pathway of mobilised men, some of them enlisted at a very young age (Guillemot, 2009; Merli, 2000). The consequences of war also are not limited to the combatants. The war trauma affected all population groups. For example, war and human loss changed family and social structure in Vietnam (Merli, 2000). With men mobilised in the North, women took the main role in agricultural production. Bombing evacuation, loss of family members, social restructuring and struggling life after the war also heightened the consequences of war for laypeople (Teerawichitchainan & Korinek, 2012). Besides, both civilians and veterans may also have resentment and disappointment when witnessing current open market, and individualism which goes against what they fought for in the past (T. Q. N. Nguyen, 2016).

The war consequences above also can be applied to the people in the south of Vietnam. However, as the losing side, their post-war experience has one different characteristic. Some of them are boatpeople, who risked their life to illegally leave the country and refuged abroad. They showed a high rate of depression (Beiser, 1988; Steel, Silove, Phan, & Bauman, 2002) due to the loss of family members and homeland (Le, 2008), low social

status, and the struggle in joining a new society due to the language barriers (Kim et al., 2011).

The studies on psychological outcomes of the war on Vietnamese older people, however, is insufficient. Most of the studies were conducted by foreign researchers. This can result in bias and misunderstandings of Vietnamese culture and social relationships. The studies conducted within Vietnam are also limited. Moreover, the existing research usually focus on the war's impact on the people in Northern areas. Vietnamese in the North and in the South can experience the war differently because of difference political, social, and cultural background. Hence, the population in the North cannot generalise to the population of the whole country.

Spirituality and the well-being of Vietnamese older people. There are approximately 24 million people in Vietnam identifying themselves with a religion, accounting for 27% of the population (Bureau of Democracy, Human Rights and Labour, 2016). However, status of a communist country which promotes atheism may affect the number of people who claim their religion. This number also does not include popular traditional belief and practice known as 'ancestor belief' in Vietnam (McCann et al., 2004). In fact, the number of people who have 'spiritual beliefs' is much higher, reaching over 80% of the population (Bureau of Democracy Human Rights and Labour, 2016; Van Nghia, 2015). Thus, religions and beliefs are popular and have an important role on the Vietnamese's life.

In Vietnam, traditional Eastern beliefs are comprised of Confucianism, Taoism, and Buddhism. Buddhism, however, is the main religion practiced by Vietnamese. It consists of around 10 million official followers (Bureau of Democracy Human Rights and Labour, 2016). Meanwhile, Confucianism and Taoism are only embedded in the culture as philosophies of life rather than practicing religions (Van Nghia, 2015). Another religion that has a significant proportion of followers are Catholicism with 7% of the population (Bureau of Democracy Human Rights and Labour, 2016).

Like other aspects, the literature on relationship between spirituality and well-being in Vietnamese older people is scarce and inadequate. Existing studies suggested that religions help older people get a sense of peace. Older people reported seeking mindfulness in religious practice (H. Nguyen, 2016). Religion also provides an escape from unhappiness caused by the country's transitional period of economy and society (Tran et al., 2016). Religion also compensates for older people's losses and sufferings (Le, 2008). Older people also seek in religion 'a good death', the death without suffering and pain. In this view, they see death as a stage of transformation to another life rather than a disrupted end (Hoang Anh Thu, 2017).

In accordance to the literature in other cultures, religious participation provides social support for Vietnamese older people. Visiting religious sites keeps older people engaging with their community and maintaining their connection with other people (Huong et al., 2012). Religious worship place such as churches and pagodas also directly take care of well-being of older people (H. Nguyen, 2016).

To sum up, spiritual belief is essential to well-being of Vietnamese older people. It alleviates negative aspects of life and results in a better well-being and health in older people. However, the evidence of the relationship between religiosity and well-being is limited. Similarly, there have been no studies done on effects of mindfulness and meaning in life on older people's well-being.

Rationale of the study

The rise of the ageing population is an important issue which affects many countries and requires consideration of elderly quality of life. Understanding older people's psychological well-being is a key factor to provide solutions to this concern. Psychological well-being, however, is a complex construct which raises a number of debates on its conceptualisation. In older people, the complexity of well-being's definition is expanded due to differences between theories and involvement of many factors.

In Vietnam, there is a scarcity of research on this growing age group. Existing studies focused on single aspects or provided a general status of older people's quality of life from perspectives of disciplines such as medicine, social work, and public health. There is a lack of psychological studies on ageing population and on this particular topic. Moreover, the majority of studies used quantitative approach and constructed psychological well-being based on the Western view. Older people's conceptualisation and experience of their own psychological well-being which are influenced by Vietnamese contexts are usually missing in these researches.

Given these gaps, the aim of this qualitative study is to explore Vietnamese older people's experience and their understanding of factors contributing to their psychological well-being. The results not only give a new conceptualisation of the Vietnamese elderly's psychological well-being, but also have the sensitivity to the Country's cultural backgrounds. The study fills the void in well-being research, raises awareness of older people's situation, and informs policy makers and practitioners with new evidence.

Chapter 5: Methodology

The aim of this study is to examine Vietnamese older people's conceptualisation of psychological well-being and to identify factors relating to this construct through their daily experience. A qualitative approach using semi-structured interviews was conducted on 10 healthy elderly participants who lived in the urban areas. Using thematic analysis with a phenomenological framework, three main themes emerged. This chapter is organised into four parts: theoretical framework, participant selection, data collection procedure, and data analysis.

Theoretical framework

This research employed a qualitative approach, which is concerned with people's experience and meaning-making process (Willig & Stainton-Rogers, 2008). It focuses on how people live through and understand experiences or phenomena, and seeks to gain access to people's insights in order to describe and explain their personal experience rather than to generalise the findings. Furthermore, qualitative methodology has an advantage when applying to a topic which is underresearched (Cobb & Forbes, 2002), and is the appropriate methodology when studying constructs that are yet to be thoroughly explored.

A qualitative approach allows researchers to explore new aspects of the phenomena and to build new theory from the collected data (Camic, Rhodes, & Yardley, 2003). In the case of this research, qualitative method fulfils the lack of studies investigating Vietnamese older people's experience of psychological well-being.

Qualitative methodology is comprised of different paradigms and methods. This study takes a post-positivist stance and chooses thematic analysis and phenomenological approach as its main methods. Post-positivism holds a critical view of the person's ability to attain true knowledge, and proposes that multiple perspectives of reality exist and that there are social factors affecting the determination of those realities (Cobb & Forbes, 2002). Individual worldviews and the influence of cultural and social backgrounds on a person's perspective shape understandings of what is knowledge and reality. A post-positivist approach also opposes an absolute independence between researcher and research's outcomes. It argues that the researcher's influence on the study's interpretation, which is inevitable, should be acknowledged (Willig, 2013), and places emphasis on the researcher being reflexive

The study uses both the phenomenological approach and thematic analysis to illustrate a complete view of older people's concept of well-being. Phenomenology focuses on an individual's experience with the phenomena. It holds that the phenomena are the results of human consciousness and experience (Husserl, 1931). The understanding of experience, therefore, leads to knowledge. In addition, the individual's experience should be always understood as it is lived by that person (Eatough & Smith, 2008). This gives importance to his or her interpretation and sense-making of the phenomena. Furthermore, these experiences should always be understood within the person's contexts. This is referred to as hermeneutic circle, which suggests that the perception of the entire background contributes to the understanding of individual experience, and vice versa. Therefore, to understand a

phenomenon, it is essential to explore both the lived experience and the lifeworld of the participants (Van Manen, 1990).

Phenomenology influences this study through the use of the research question which focuses on participants' experience of well-being and how they make sense of those perspectives. It allows participants to use their own words and thoughts to make sense of their own experience (Lavery, 2003). In addition, in the beginning of the analysis, the researcher took a phenomenological reduction attitude which requires a full focus on participants' experience and a suspension of any influence from existing knowledge of the topic (Giorgi, Giorgi, & Morley, 2017). The information of participants' contexts, however, was still considered important to the hermeneutic circle. Throughout the data analysis, the participants' quotes were understood in reference to their cultural and historical background. In the later stages of the analysis, a quote of a participant was also referred to his or her entire interview, and to the entire set of data (Giorgi et al., 2017).

Thematic analysis is another method forming the research's design. In the past, although being considered only as an analytic process rather than a particular research method, thematic analysis was still applied by the majority of qualitative research methods and by different disciplines (Boyatzis, 1998). It gained its position as a singular method since Braun and Clarke (2006) defined the method's independent theory and conduct process. They suggested that thematic analysis is an approach which "identifies, analyses and reports patterns (themes) within data" (Braun & Clarke, 2006, p. 6).

The research process of thematic analysis consists of six stages. First, researchers immerse themselves in the material through reading and re-reading until they familiarise with the data. Second, the researchers give labels to the data's meaningful information. This process is called coding and should be conducted in a uniform manner in all materials. In the third stage, the codes are clustered together to form groups of meaning – themes – which are the units of analysis. A theme needs to convey significant information relating to the data and needs to emerge from the participants' accounts or interpretation level to some extent.

There are several ways to construct a theme. Themes and codes can be produced directly from the data or can be deduced from existing theories. Moreover, themes can have semantic or latent meanings. The former represents how the data is literally categorised by participants while the latter depends on the interpretation of assumptions underlying the data.

In the fourth stage, the researchers need to review the existing themes by referring to the dataset. This stage can result in a discard, a mixture, a modification, or a refinement of the codes and themes. After having the complete themes, the fifth stage helps defining and naming them. Sub-themes can emerge within complex themes and clarify the structure of meanings. The last stage involves the interpretation of the themes which is combined with extracts, and association between the results and the existing literature (Braun & Clarke, 2006).

Braun and Clark (2006) enumerated several advantages of thematic analysis. It not only provides rich and detailed data but also creates unexpected insights, produces guidance for

analysis, and summarises a large body of data. In this study, thematic analysis helps lay out the process of analysis. It is used as an analytic method to identify themes and factors relating to older people's psychological well-being. On the other hand, thematic analysis is void of epistemology and ontology (Braun & Clarke, 2006). This means that a methodological framework is required. The use of phenomenological approach in this study fulfils this requirement. In the first stage of the analysis, in order to gain a phenomenological reduction attitude, themes were generalised from the data rather than being informed by existing theories. Both semantic and latent approaches were used in this study to form the themes. In congruence with the focus on lived experience of participants, their interpretations, if provided, were given more emphasis than that of the researcher in the analytic process.

Reflexivity. Reflexivity is an important criterion of a qualitative research. It is the researchers' ability to recognise their influence on the study on many levels (Etherington, 2004). Researchers' values, interests, personal characteristics, and their backgrounds can affect their decisions about research question and design, their response to participants, and their interpretation and representation of the data (Berger, 2013). Reflexivity is also an ongoing dynamic relationship between the researchers and themselves, participants, and the whole research process. It is not only the reflection of past actions or the prediction of future interactions, it is also the immediate awareness of the world experienced by the researchers (Berger, 2013; Finlay, 2002).

The reflexive process starts from the beginning of the study. The decision to choose this topic was considered and recorded in the initial stage of the research. I worked as a

psychologist in a hospice in Vietnam for one year before I came to New Zealand. During this time, I conducted group and individual counselling sessions for older women who did not have any family or relatives, and lived long-term in the hospice. Although the staff tried their best to provide the older people with basic needs, the social and psychological life of the elderly were largely ignored due to the lack of resources. In addition, I also lived in a multi-generational family which is a common Asian cultural characteristic. My grandmother lives with my family and my parents passed retirement age a few years ago. Hence, older age is closely related to my lifeworld. Through my work and my relationships, I recognised that older people have their own perspectives of, and desires for well-being. As a scientist and a resident living in my country, I am also aware that these needs and views, however, are not always adequately acknowledged and are obscured by social stereotypes. Therefore, this thesis is a contribution to Vietnamese older people, and the elderly that I met and worked with.

Reflexivity also involves the awareness of the study's influences on the researcher. Due to my connections with this age group, I recognised various emotions evoked by the interviews. Through the conversations with participants, I empathised with their hopes, happiness, worries, sadness, grief, disappointment, and anger. In addition, due to the cultural norms, I had the feeling that in some occasions, participants tried to intimidate and lecture me, with their status as part of the older generation. During the interviews, these perceptions may have affected my reactions and the study outcomes. A continuous reflection on my thoughts and reactions helped ensure that I had the appropriate approach toward the participants and the interviews.

The conversations with participants also mentioned concepts such as ageing and death. Although both constructs belong to the research area, they are not topics usually discussed in my everyday life. After some interviews and during the analysis, these concepts at times required me to confront my own existence and finitude in order to clarify the issues and to facilitate the analysis. Moreover, the lack of interests and investment of Vietnam's society on this topic affected my motivation in some stages of the study. To cope with this barrier, I needed to discuss with other scientists in the field and to plan further research and activities in this direction in order to reignite my motivation. In spite of these hardships, I am aware that I developed a deeper insight and a further vision of my life as well as my career towards the end of the study.

Being reflexive is important to ensure the quality of the study and, therefore, needs to be maintained in every stage of the research. The researcher's backgrounds and the study's reverse impacts on him have a dynamic dual relationship which needed to be thoroughly observed and managed. This awareness can result in producing new knowledge, and in improving the research's rigour and credibility.

Participants selection

The research looked for older people (1) who were willing to participate; (2) who are from 60 to 80 years old; (3) who do not have any severe physical and psychological conditions; and (4) who live in the urban areas, staying nearby or with their children. Due to the study's time limitation and ethical consideration, this study focuses only on older people who have the competency and autonomy to share their thoughts and feelings. This selection criterion

enhances the richness of data, which emphasises older people's experience and perception of well-being. The participants needed to be able to review and express their own perspectives in order for the researcher to understand the phenomenon.

In this study, the minimum age criterion is determined based on the retirement age according to Vietnam's law, which is 55 for women and 60 for men. Meanwhile the maximum age limit, 80, is determined on the categorisation of old-age sub-groups used in the Vietnam Ageing Survey (VWU, 2011) as well as an United Nation's report (United Nations, 2015). People over the age of 80 are scarce and are prone to diseases and disabilities (Garfein & Herzog, 1995). Including them as participants would be extremely difficult given the limitations of the data gathering methodology. Limiting the age of the participants within the 60 to 80 range also ensures that the participants share the same cohort characteristics. This age group only witnessed the American involvement in Vietnam, while those older than this age group may have lived through the French colonisation, which has different historical characteristics. Thus, the inclusion of oldest old group would exceed the study's time resource and analytic ability. Similarly, due to the differences in characteristics between the urban and rural regions, the study only sought participants living in the cities in order to ensure the sample's homogeneity.

The study used snowball sampling to recruit participants from the researcher's network. The Massey University Research Information Sheet (see Appendix A for more details), including the purpose of the study, the recruitment criteria, and the researcher's contact details, was given out through direct communication or through social network. Older people, who read the notice or knew the study through introduction from family members

or other participants, voluntarily contacted the researcher to directly exchange information. The researcher restated and explained the details of the study to potential participants, confirmed the inclusion and exclusion criteria, and arranged the time and location of the interview if they agreed to take part in the study.

The sample size of this study follows the qualitative approach's guidelines. A small sample size allows the researcher to focus on each case and get a full understanding of each participants' lifeworld (Smith, 2004). There are no requirements for an exact sample size in qualitative studies. The number of participants depends on the study's purpose, scope, and method (Luborsky & Rubinstein, 1995). In addition, data saturation, the point where a new set of data does not produce new information and pattern, is another standard which can be used to identify sample size (Saunders et al., 2017). In consideration of those conditions, this research ceased the recruitment process when the sample reached ten participants. At this point, the researcher was content with the richness of information and the amount of data was found suitable for the study's scope.

Data collection procedure

Data from ten participants, aged from 60 to 66, was collected by using semi-structured interviews. Six participants were female, and four participants were male. They agreed to take part in face-to-face interviews, ranging from 39 minutes to 94 minutes. The time and location of the interviews were agreed by both the researcher and the participants. A short summary of the participants' demographic information is introduced in Appendix B (see

Appendix B for more details). All communication and interview between the researcher and participants was in Vietnamese.

The semi-structured interview is the most common data collection method used in qualitative studies. The prepared open-ended questions provide a basic guideline which drives the interview toward the research's goal (Willig, 2013). Meanwhile, the semi-structure interview's non-directive nature gives participants space and time to share their experiences in their own terms (Qu & Dumay, 2011). When using the semi-structured interview, the researcher needs to be well-prepared and be sensitive to the participants' backgrounds, responses, and reactions in order to enhance the research relationship which is essential for their engagement in the interviews.

In the preparation stage, the interview questions were prepared by the researcher and were reviewed by his supervisors. Other Vietnamese scholars were also consulted to ensure the face validity and the cultural sensitivity of the questions. It is noticeable that the Vietnamese language does not have similar term for the word "psychological well-being". This was translated into Vietnamese using different words such as "hạnh phúc"—happiness, "an nhiên"—tranquility and peacefulness, "sướng"—content and satisfaction (Huong et al., 2012), or "trạng thái tinh thần"—mental state (VWU, 2011). After discussing with other Vietnamese scholars, this research uses "viên mãn" as the Vietnamese term of psychological well-being. In Vietnamese, "viên mãn" means a state of completeness, fullness, and satisfaction. It can be understood as the adequacy of both hedonistic and eudaimonistic factors. Moreover, this term is usually used in relation to the happiness of the

elderly. Therefore, “viên mãn” can convey the meaning of psychological well-being and helps participants to become familiarise with the research’s concepts.

The interviews started with the general greeting and introduction of the researcher’s information and the research’s purpose. The participants had received the printed Massey University Research Information Sheet which was translated into Vietnamese (see Appendix A for more details). The older people reviewed the research details and the researcher answered any remaining questions about the study. The Participant Consent Form in Vietnamese (see Appendix C for more details) was then given and explained. The researcher also reminded the participants of their right to confidentiality, to refuse answering any question, to withdraw from the interview in any point of time, and to receive a summary of results at the end of the research. The researcher also asked for the permission of using an audio recorder during the interviews. All the participants agreed to these terms.

The interview consists of grand-tour and small-tour questions. The grand-tour questions represent main discussion of the interview. They are designed to explore participants’ experience of well-being and how it is embedded in their daily life. Small-tour questions follow the grand-tour questions in order to encourage participants to further explain their ideas. The use of these questions depends on the flow of the conversation, the richness of data gathered from other questions, and participants’ engagement observed by the researcher. The following questions were used during the interviews:

- Grand-tour questions: Could you describe your daily routine? What are the events and activities that make you joyful?
 - o Small-tour questions: Could you tell me more about how you felt? What are the reasons you felt joyful in those activities?

- Grand-tour question: Could you tell me, in your opinion, what it means to have a sense of “viên mãn”? (the researcher explained that “viên mãn” is a sense of feeling fine, completed, satisfied and happy in the thought and in the soul, if needed) What are important factors contributing to the sense of “viên mãn” in older age?
 - o Small-tour questions: Could you tell me the reason why those factors are important? Could you tell me how to achieve those factors? Could you tell me are there any difference between the psychological wellbeing in older age and younger age? Could you tell me what are the positive changes occurring when someone ageing?

All the participants were happy to answer all the questions. In situations in which the interviews seemed too formal and made the participant nervous, general discussion was put in between the questions in order to ensure the conversation’s flow and the participants’ engagement. At the end of the interviews, participants were asked about their feelings towards, and their experience of, the interviews. Interestingly, this question sometimes opened up new discussion with valuable information. It also helped the researcher make better preparation and execution of subsequent interviews. A complimentary gift was given to the participants in recognition of their time and participation. After each interview, the researcher also took field notes on the interview’s context, important reactions of

participants, and the researcher's reflection. This method adds contextual information and enhances the reflexivity in the analysis process (Phillippi & Lauderdale, 2017).

Data analysis

The data analysis procedure was mainly based on the guidelines of thematic analysis. The researcher conducted all the transcriptions in Vietnamese. All the information which helps identify participants were changed or obscured. Once an interview was fully transcribed, the researcher read the transcription again and compared it with the recording to confirm its accuracy. After finishing all the transcriptions, the researcher read the transcriptions for several times until data familiarization was attained.

In the second stage, the transcriptions were re-read and coded. The researcher also checked the coding within each case and across cases. This step ensures the thorough care of each individual's sharing and facilitates the identification of shared experience of the phenomena between participants (Ayres, Kavanaugh, & Knafl, 2003).

After that, the research continued to re-read the interviews and clustered the codes into themes. Due to the immersion in the data through re-reading, several themes emerged. The researcher also used the frequency of each code's appearance as a triangulation to the theme forming.

The fourth stage involved the refinement of themes and codes. Excerpts were selected and assigned to each theme. The researcher reviewed all the excerpts, focused on the underlying connections between excerpts from each theme, and made modification if necessary. Then,

each theme was defined and given a heading. Another Vietnamese scholar was also consulted to give feedback on the themes and subthemes.

In the interpretation and writing stage, the researcher referred back and forth between the excerpts and their background, the theme, and the whole research process. This follows the hermeneutic approach of phenomenology and illustrates strong connections between themes and sub-themes. Alongside field notes and reflexive notes recorded throughout the study, the existing literature was also referred in this stage to provide a comprehensive result and discussion section.

Rigour and credibility

Qualitative approach follows a different goal in comparison to quantitative approach. Hence, the quality criteria of quantitative studies such as validity and reliability cannot be applied. Instead, other criteria are required to ensure the quality of qualitative research. They are credibility, transferability, dependability, and confirmability (Guba, 1981; Shenton, 2004). Credibility helps ensure the trustworthiness of the study. In this study, several measurements were used to enhance the credibility. Discussion between the researcher and other experts in psychology and other social science areas in Vietnam presented alternative views of the data and provided a comprehensive understanding of well-being's conceptualisation in Vietnam's context. Moreover, researcher's familiarity with the culture and his working experience with older people, and triangulation of data using field notes and coding frequency also helped improve the study's credibility.

Transferability refers to the study's ability to detail its contextual and sampling information which facilitates the transfer of knowledge to another situation. Meanwhile, dependability represents the clarity of the study's method (Shenton, 2004). With recorded information about theoretical framework, sampling, data collection, and data analysis process, this study ensures that other researchers can easily refer to its background and result or replicate its design.

Confirmability is the strength of connection between the findings and the data (Shenton, 2004). It is improved by the researcher's acknowledgement of potential bias which can affect the result. The study's records of the researcher's reflexivity help fulfil this criterion. In addition, the diversity of participants' accounts can promote the validity of the findings. The richness of data gathered through the data collection in this study strengthens the trustworthiness of the result.

The methodology section represents the study's theoretical framework and the process in which the study was conducted. The use of qualitative methodology with phenomenological approach and thematic analysis not only provides a good amount and quality of data, but also facilitates the analysis process, which produces credible results. The study's outcomes and discussion are described in the succeeding chapters.

Chapter 6 - Theme 1: A Mindful State of Being

A mindful state of being emerges as an important theme of “viên mãn” (psychological well-being) among the participants. Since Vietnam is in the cross-roads of many cultures and ideologies due to its history and geography mentioned in chapter 4, the best way to construct the mindful state of being is by using concepts came from both Western and Eastern philosophies. Heidegger (1962, as cited in Yalom, 1980) defined a mindful state of being as being “aware of oneself as a transcendental (constituting) ego as well as an empirical (constituted) ego; one embraces one's possibilities and limits” (p. 31). This state allows one self to understand, accept and give thoughtful choices over life’s possibilities. Interestingly, this notion shares many of Buddhism’s concepts such as the necessity of understanding the Fourth Noble Truths and practising the Noble Eightfold Paths (Nilsson, 2013), which emphasises the right awareness of, and attitude toward sufferings. From both approaches, two factors emerge: (1) awareness of limits (knowing limitations) as basic foundation for (2) acceptance.

Throughout this section, the mindful state of being represents how participants react toward their life’s conditions. Their accounts are congruent with the existing definitions of mindfulness from both approaches. Two subthemes—knowing limitations and acceptance—are further discussed.

Knowing limitations

Knowing limitations – an awareness of limited resources – was apparent in the interviews. It is the first step to get to self-acceptance. Participants recognised three main limitations: *finance, health and time*. Financial security was seen as the foundation for older people's well-being. Thanh shared

I think they should first have – whether they want it or not – a relatively adequate material life. Because if the material aspect—your monthly income—cannot pay your life, you will not have a good standard of living. I just say the common living standard. That will be very anxious [if it happens].

After retiring, loss of job, which means loss of regular income, may undermine financial security of older people (Jahoda, 1988). Hence, the ability to support themselves financially becomes one of their most important concern (Cosco, Prina, Perales, Stephan, & Brayne, 2013) and is directly linked with well-being (Van Minh, Ng, Byass, & Wall, 2012). Nhr commented on the financial management in older age

In old age, to be assured, you have to have financial security. Financial security means you do not have to worry. It means that when I am old, I need to use the largest amount of money while having the least ability to earn money. So while we are young, we have to be aware of that [...] When I was young, I focused on working to accumulate [money]. Then, when I am old, my finances are secured. Having a job [in old age] is better but if you do not have one anymore, you will still be not short of money.

Hạnh also stated

In the past, I do not know how much money I had, I just worked and worked. Now I know for sure how much I have. [I] can only use that amount. The additional stuff, you have to save them.

When finances are adequate and secure, participants talked about being able to enjoy other things in life that gave them well-being. Mỹ, who is still working as an English teacher, said

There are many people who do not have enough when it comes to material aspects but they are still happy. Because they are satisfied with what they earn, psychologically, they are at peace—they do not have husbands who are bothersome, who have mistresses, who have affairs; their kids are nice, doing well in school—they are already happy. Maybe their lives are lacking [of material things], not being rich ... but they still feel happy, ‘viên mãn’.

Likewise, Duy commented

Financial factor is important, but also ... not so important [...] The key is how to have just enough capital, so it can generate by itself. Thus, you do not have to worry about making money anymore. Use the time, instead of earning money, to enjoy better things in life.

Hence, financial condition is a necessary condition, but not the only factor for the older people's well-being.

The second limitation that participants talked about was health being a determining factor of well-being in older age. It is suggested that health conditions can influence the perspective of older people about all aspects of life.

Having good health is of utmost importance. A troubled health will be followed by pessimistic thoughts. Every aspect of life will be seen through illnesses. That would be pessimistic. Keeping a good health is a way to have an optimistic view. (Duy)

Health plays an important role in older people's well-being (Cosco et al., 2013; Fry et al., 1997) and can even surpass finances in terms of importance. Vietnamese older people tend to prioritise health over financial possessions (Huong et al., 2012). Đào said

Now in old age, the most important thing is health [...] They say live joyfully, live healthily. Being healthy is already precious, to tell the truth. There are many people who are sick, just lying in one place, regardless of how much money they have, they say they need health, but [unfortunately] it does not work that way.

Unfortunately, participants, especially females, described their health as declining. They mentioned “*pain*”, “*frailness*”, “*illness*”, “*fall*” and “*hard to recover*” as physical difficulties. Hạnh, a retired nurse, said

My health, compared to the times before, I feel I am clearly weaker. I do not have many illnesses, maybe I am just prone to falling. I easily fall, falling will result in broken bones. [...] When I am old, I see everything differently. Before, it feels very lively. The confidence in my upcoming life now declines a little bit.

Aside from physical health, mental health is a concern frequently raised by the participants. These worries usually resulted from the health conditions of their parents. Although the physical and psychological burdens of caregiving are well known (Chiao, Wu, & Hsiao, 2015), the projection of parent's health on the old caregiver's own health is not known yet.

Some participants in the study are the caregivers of their parents or their parents-in-law. As caregivers, they may observe and feel bothered by the physical and mental health declines of older age. There is a suggestion that the observation of parent's illnesses, such as Alzheimer, can contribute to the caregiver's fear of developing the disorder in the future (Navab, Negarandeh, & Peyrovi, 2012). Mỹ was afraid of developing Alzheimer's disease because her *"husband's mother has Alzheimer, she cannot recognise anyone"*. Nhu's mother *"fell in the bathroom several times"* and that made her be concerned about her own *"unexpected health problems."* Hạnh also stated that *"I look at my mother and imagine myself"*, *"I also will get to that period"*. The participants' fear of Alzheimer's disease can also be explained by the serious stigma linking cognitive declines, such as Alzheimer, to "craziness" and acting "childish" (Liu et al., 2008). These stigmas describe older age as an inevitable, irreversible, and undesirable period which heightens the worry of getting the disorder.

These reported health limitations, however, were countered by older people's effort to monitor and maintain their health. Knowing the limitations of their health leads older people to take a more active role in enhancing their physical conditions. Doing physical exercise and taking good care of their health were frequently mentioned by the participants. Mỹ stated

One more thing, our health [her and her husband's health] has to be good; hence, we usually tell each other to practice, take supplementary pills, somehow do exercise in order to not fall sick.

Similarly, Thanh said:

However, I am old, I feel clearly weaker, I know that time and age influence my health. I really care for my health. When I was young, I did not care my health. The things like exercising, 'duong sinh', or walking, mostly are practiced by older people; the young do not do it.

Similarly, Bích stressed

You cannot be wise, cannot be joyful if your body is not healthy. Thus, the problem is that you must take care of yourself from the moment you enter middle age. You need to have the knowledge and investment. You need to have the investment.

Health can be seen as a currency of human capital (Grossman, 1972). This is congruent with the Salutogenic view of health which holds health as a continuum model (Antonovsky, 1996). The sense of coherence—a person's unified view of the world—consists of three characteristics: comprehensibility, manageability, and meaningfulness (Antonovsky, 1987).

These views of older people suggest that health is an essential factor of their well-being. Although they experience some form of physical deterioration, older people tried to actively cope with them. In line with the view of productive ageing (Bass & Caro, 2001), older people assumed that health maintenance is partly their own responsibility and seek way to maintain it.

Time was another focus of the participants. It was mentioned by the participants through various terms such as daily life schedule, “remaining time fund” and death. Older people widely considered time as both valuable and limited—that it runs out. Duy mentioned

Maybe in older people, the time fund is shortened. Hence, they want that every single second of living has to be stretched out and their physical time has more

value. Time pace also slows down, everything happens more slowly, not fast. That is the value of time.

Likewise, Thanh said

Like before, I thought that if I retired, I would be very sad. But it did not happen; there are so many things [to do], sometimes, I feel that I do not have enough time to read all the things I want to read, [I] do not have time to read them all.

Perception of time is linked with both protective and damaging outcomes for older people's well-being. Future conceptualisation may lessen the focus on age-related declines (Cheng, Fung, & Chan, 2009) and increase positivity (Barber, Opitz, Martins, Sakaki, & Mather, 2016). According to the Socioemotional Selectivity Theory, people may see their time as open-ended or limited which will affect their goal selection (Carstensen et al., 1999). If they see that their remaining time is limited, emotional regulation tends to be their social motivation. On the other hand, the extended future time perspective relates to knowledge acquisition. Bích, who had an optimistic view of life, criticised the way one of her acquaintances is wasting time

I feel sorry for his time, so wasted. If he travels, it is fine with me. Why? If they enjoy, it is very good, they train themselves, they open their views. I agree with that. But, if they just sit on the couch with the television, I ... If [they] read a book, do some studies, that is fine. That is just me, I feel that way.

To the participants' perspectives, these conditions – finances, health, and time – are sources of capital which are accumulated throughout their life. Due to older age, participants can no longer grow these forms of capital, so they felt a need to use these wisely.

The awareness of limitations has clearly impacted the participants' decision-making and risk-taking. Since their capacities are limited, they are afraid of using up their resources and being unable to recover them. Explaining why she wants her life to be “*peaceful*”, Mĩ said

[I am] afraid that if I invest without any investment experience, I can lose my hard-earned capital [which I worked for] since I was young. If [I] take the risk to invest, what happens if [I] lose everything? I will be empty-handed. I am old, [I] cannot redo it.

Bích shared how age affected her willingness to do “big things”.

My age is advanced, if wanting to do something thoroughly, I would not have enough strength. If it is just doing small things, it would not seem all right. [I] cannot do big things, [I] do not have enough strength. My ability is also inadequate. If you do [something], you do it big, but my conditions do not allow me to, [I] do not have enough strength to do it.

This tendency can be observe on both health (Bonem, Ellsworth, & Gonzalez, 2015) and financial domains (Bakshi & Chen, 1994). It is linked with the emotional processing and past exposure with risky situations (Rolison, Wood, & Hanoch, 2017). However, there may be other cases, it seems, where older people hesitate to take risks only if there is a certainty of losses (Mather et al., 2012). Moreover, risk taking decisions in older people also depend on the risk domain (Rolison, Hanoch, Wood, & Liu, 2014) and their emotional states (Chou, Lee, & Ho, 2007; Huang, Wood, Berger, & Hanoch, 2013).

In general, participants showed a high level of awareness of their own conditions, especially in terms of finances, health, and time. The appreciation of these factors shows the existence of the hedonistic well-being in Vietnamese older people's perspective. The

depletion or fullness of these basic conditions directly impact older people's well-being in everyday life. Although they do not always achieve the desired states of these resources, older people still can find well-being through the acceptance of their situation.

Acceptance

Acceptance is another sub-theme defining the mindful state of being in older people. After knowing their limits, there is a consensus that a thoughtful acceptance is an important step to reach well-being in older age. It is described as an ability to accept one's life conditions, which connect closely with the awareness and consideration of the life situation. This close connection between knowing limitations and acceptance is represented by an old

Vietnamese poetic verse which is coincidentally quoted by three participants "*Tri túc, tiện túc, hà thời túc*". Its full version is '*tri túc, tiện túc, đãi túc, hà thời túc*' which means that '*knowing enough is enough, if waiting for enough then when will be enough*'.

This perspective of acceptance is very popular in Buddhist cultures and specifically in Vietnamese traditional values. It promotes the acceptance of one's situation and not craving for more (Minh Chi & Nguyen, 2008). This is based from Buddha's teaching of avoidance of attachment to impermanence (Gethin, 1998). Bích was raised as a Buddhist, she converted to Catholicism following her marriage. When asked to define '*viên mãn*', she stated

To me, if I say that I am not 'viên mãn', I ask for more houses, more properties.

That is not 'viên mãn'. Right? Because you still want, still being greedy, still 'sân

si'. However, now, I am okay. If I have [wealth], [that is] good. If I do not have it, I am not sad. That is okay. Do not be demanding.

'*Sân si*' in Vietnamese consists of the words '*sân hận*' and '*si mê*', meaning aversion and greedy. They are representations of the impermanence which lead to dukkha or suffering. Accepting the naturalness and the finitude of ageing, as in Taoist and Buddhist philosophy, was assumed to be a way to achieve well-being. This can be observed through Bích's acceptance of the changes in her physical body. She said

Passing sixty, each day counts, so live happily. Sickness, okay accept it, if it comes accept it. A car running for a long time will have issues. Sixty is already good.

This acceptance of physical condition as a part of ageing can explain why although the elderly are concerned with their health, their level of health anxiety remains low (Boston & Merrick, 2010).

Another mark of existence according to Buddhism which leads to acceptance is the acknowledgement of non-self. A non-changing self attaches the mind to things and phenomenon; thus, causing sufferings. Being aware of the non-self results in the decline of the ego's importance. Huy mentioned that too much self or ego is a source of older people's unhappiness.

It is all comes down to one thing: the ego. Seeing their ego is too big, most of those people, always see themselves as the center of the universe.

Acceptance is the recognition of the ever-changing world and self, resulting in the freedom from mundane bonds. This leads to a state that is free of worries and regrets which is important to the Vietnamese elderly (Huong et al., 2012).

One way to ensure the state of awareness is having a right mindset. In Buddhism, it can be achieved through mindfulness, which means maintaining the awareness of the nature of existence (Sogyal, Gaffney, & Harvey, 1992). However, the participants' definition of mindfulness shows more common ground with the Western approach. Long, a 61-year-old comic artist, suggested

My 'viên mãn' is not highly demanding like an old person has to live wealthy. Not like that. Live joyfully each day, be optimistic for tomorrow. Do not be upset about yesterday.

The well-being in this situation was seen as an ability to concentrate on and to acknowledge the present moment (Kabat-Zinn, 2014). The participant's view is in line with Shapiro and Carlson's (2009) view of mindfulness, which has three characteristics: intention, attention and attitude. To practice mindfulness, one needs to focus on the current moments and experience while having a non-judgemental and open attitude. Long and Shapiro's perspectives are different to the Buddhist philosophy which emphasises the acknowledgement of impermanent existence (Gowans, 2016).

This conflict illustrates an essential difference in the view of acceptance between Eastern and Western cultures. Heidegger shares the view of Buddhism on existence, focussing on the finitude and non-fixed self. In spite of having a different focus on 'nothingness' in Buddhism, Heidegger still maintained the importance of self and agency (Dorrell & Berguno, 2004; Umehara, 1970). Given the multi-cultural identity of Vietnamese people, this is reflected through the way participants describe acceptance. Bích repeated many times the effort she made before accepting an issue

In order to be comfortable, you make effort. After doing it, if it is not possible, throw it out of your mind. If you can do it, it is fine. Try your best, if it is done, okay, fine. If it is not, throw it out of your mind.

It is noticeable that there is a role of an agency to actively chose to confront the problem then having a positive attitude afterward. Nhur, sharing the role of acceptance when facing the life's difficulties, stated

In my life, it seems that I can never be satisfied. There is always something that makes me worry, that I have to reach. There are always things in life that you don't know, so you make mistakes. It makes you feel unsatisfied. These things, I accept, I live with it. When I face [the issues] like that, I adapt, I feel that life is joyful, there is nothing that makes you sad.

This way of thinking is described in many Western approaches. It is considered as one's attitude toward his or her self which is represented through many aspects of life (Cosco et al., 2013; Diehl et al., 2014; Ryff, 1995). Acceptance is a key element of ego integrity in the last stage of development where older people review their life achievements (Erikson, 1994) and is considered essential for older adult's well-being (Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010).

The mindful state of being is the corner stone of the older people's wellbeing. Knowing their age-related limitations and choosing the thoughtful and appropriate attitude toward life is the key to a peaceful mind and 'viên mãn'. The acceptance of situation, however, is an integration of both Eastern and Western views. Older people downplayed the importance of the material and superficial pleasures. On the other hand, they still valued the positive experience and the role of autonomy and desire to seek higher values. Duy stated

The goals of older people are set higher, more ambitious. Sometimes they seem crazier but ... those are true with oneself. Because that they know, yes, this is an authentic challenge, you only have one shot in life to do this. The perfection is the perfection of each day in the process heading toward those goals. Perfection is not that you just leave it untouched and be satisfied with everything you have. Never being satisfied. Never being satisfied. Move toward the satisfaction but never being satisfied.

The next theme shows the importance of older people's living an autonomous, purposeful and lively life.

Chapter 7 - Theme 2: The Value of Self

This theme focuses on how older people in this study asserted their values as an active and agentic person. Limitations around ageing were accepted by the participants but this did not mean that they were defined by these. In Asian societies, there is a stigma that old people are passive and “confused” individuals (Harwood et al., 2001; Liu et al., 2008). The participants in this study refused to be viewed this way and asserted their own autonomy and meaning in life. *Autonomy* is understood as older people’s ability to efficiently function as an individual and to independently make decision of their own. *Meaning in life* is concerned with the motivations that help them go beyond the mundane in life (Steger, 2012). Their existence is not dragged on by convenient habits and events, but has unique purposes. A sense of autonomy and meaning in life are important characteristics of well-being in older age

Autonomy

A majority of participants showed the importance of autonomy. For some participants this was about retaining control of their body and ordinary physical functions. Discussing about threat of losing control of her own body, Thanh said

I really care about health because I know that if I am sick, it is hard to recover.

Back then if I got flu, I would get better after two or three days. Now, flu endures a whole week, a dozen days.

Huy also shared

We need to make effort to positively change, so when we get old, we can control our own body. Do not let it go to a natural way, try. There are people who can do it. [People in their] eighties something [can] still master their own bodies, [and] not bother their children.

Being independent and not relying on children in doing daily activities were also important, Nhur said

I will buy a car, I will drive my mother around. Now I can drive my mother on motorbike. But sometimes, or when having to go far, I should have a car to drive her. If I wait for my children [to drive for me], they could be busy. I think I can be autonomous in helping my mother.

Driving a car, in this case represented the importance of mobility and independence. Research indicates that older people can often feel as if they are a burden to family, especially if they have some physical limitations (He et al., 2007). In a traditional collectivist culture, older people are respected and taken care of; however, modernisation has changed family structure and dynamics, which now requires older people to be productive, independent or to keep working to avoid feeling guilty of being a burden (Chow, 2011; Luo & Chui, 2016; Zhang, Shan, & Jiang, 2014). This, in turn, can have negative impact on their health and well-being (Welsh, Strazdins, Charlesworth, Kulik, & Butterworth, 2016).

Working was another aspect of independence in the participants. Besides ensuring financial security, working was seen as a sign of worthiness, proof of independence and productivity, which are key factors of well-being in old age (Gu, Brown, & Qiu, 2016). Huy stated

Compared to the people who do not have many capabilities, I feel that I am better than them. “Better” here is that at the age of 62, I am still able to work. At least, I do not let my children feed me and I am able to support my wife and my children. That is the joy of doing business.

Duy suggested

That is a joy – not that you can receive money but that you still can do something even when you are old. That is the main point. Older people are always afraid of loneliness and they feel ... unworthy. But the truth is that they are not. If you are determined everything is worthy, nothing is unworthy.

Here, working not only has financial benefits, but also maintains other non-monetary outcomes such as self-esteem, social engagement and identity (Jahoda, 1982). For instance, Hậu shared the benefit of work which helped him avoid being lonely

The household chores, I do not do it. If I do not have this work, it is clear that I will feel very frustrated. It clearly helps me to forget the loneliness in my family.

These participants were mostly upper middle class and received financial support from their children, therefore the non-financial benefits became the main priority. All participants were involved in some types of work, three of them worked in volunteering or non-paid jobs. Thus, keeping work is a sign of worthiness and social participation, a representation of normal function in later age. This phenomenon can be understood through Continuity Theory. Working after retirement serves as a bridging period where former identity, roles, relationships, and sense of autonomy are maintained (Atchley, 1989). Therefore, older people can avoid a sudden disruption of life. Moreover, some participants held respected and privileged social positions, and preservation of their current work helped preserve their well-being (Shultz et al., 1998).

Interestingly, there was a difference in types of work between men and women in this study. Male participants worked full-time more than females and their salary their main source of income. Men also frequently mentioned the importance of their work influence, achievements and responsibilities to financially support the family. Meanwhile, three women participants in this study were working in volunteer or non-paid jobs and they focused on helping people, nurturance and intrinsic motivation—doing things that made them feel good (Ferssizidis et al., 2010; Schwartz & Rubel, 2005). The difference in working rate between Vietnamese males and females is also observed in the greater population (Giang & Nguyen, 2016; Long & Ly, 2015). Culture plays an important role in this difference where several gender stereotypes exist in Vietnam such as “đàn ông xây nhà, đàn bà xây tổ ấm”, meaning “man builds a house, woman builds a home”. Men have to ensure the family’s finance and build their careers, while women need to take care of family members. In Vietnam, women also have lesser opportunities to be promoted to higher positions (Institution of Social Development Studies, 2015).

However, for those participants who have retired or have semi-retired, there was a sense of relief being freed from the work schedule, which resulted to a better life balance, greater autonomy and wellbeing. Nhu said

Compared to the time before, [I] still have the need to work but there is no more pressure [now]. That means between time and health. I think more of my health; hence, [I can] refuse work

Likewise, Thanh stated

I do not have to go out every day, ... so I feel great. When I was still working, [I] had to go to work in the early morning, had to go out on the street and do stuff. [Now] I am staying at home, I can do things today if I want to. If I do not, I can do it on the next day [...] It means that I have the right to determine my own life, and that is very important. When I was young, there were times when it rained [and] I felt very lazy but I still had to go [to work].

Retirement created time for other enjoyable activities. Participants commented on their wide ranges of new hobbies and activities, such as travelling, reading, writing, and visiting friends and families. These leisure activities can improve social connectedness (Toepoel, 2013), life satisfaction, and physical and mental health (Heo, Stebbins, Kim, & Lee, 2013).

For example, Bích said

An ultimate dream of mine was travelling abroad, one time only, to any country. I wanted to see [how different] my life is with that of others. In the past, my vision was short, I only just dreamed like that. After a while, I can go travelling due to my boys. I went to every place where they studied [...] It opened my perspective, opened my mind. My mind did not stay closed anymore. I am happy. Everywhere I went, I also saw my old friends.

Duy also stated that, after his retirement, writing helps him challenge himself

For six years ago, every week I have written a magazine article. The articles are about 800 words on a Vietnamese magazine. I write neither because of money nor popularity. The purpose is that every week I have something to challenge myself.

Autonomy was also expressed by participants in terms of resistance toward social norms, biases and pressures. Across cultures, older people are often subjects of stereotypes which

includes having low productivity, poor health status (Kornadt, Meissner, & Rothermund, 2016), low level of social attractiveness, and reduced ability to learn (Harwood et al., 2001; Hess et al., 2017). Some participants in this study resisted these stereotypes. For example, Long commented

They say that the older you are, the more you are forgetful and confused you become. I do not agree with them. First, [I remember] arts and culture. You can forget something, one book, some mathematical formula but the events you can recall them very clearly. If I write [about those events], I feel sometimes my mind becomes clearer. It is very important. [When] composing a song, writing a book, you feel very sharp, there is no defect.

Most of the participants suggested that although their processing speed slowed, age gave them experience, wisdom, abilities to control emotion and better interpersonal communication skills (Hartshorne & Germine, 2015). Nhur stated that her job as a university lecturer allows her to effectively communicate with others

I can immediately communicate to the essentials. This means that I know how to provide the most needed things to others. [...] Through my abilities to research, read, and communicate, I know that I am still sagacious.

In fact, vocabulary learning can continue to develop and maintain in later developmental stages due to educational and environmental factors (Hartshorne & Germine, 2015).

Another way participants resisted the ageist stereotypes and strove for autonomy was about how they presented their bodies to the outside world. Thanh stated,

Besides, when we are old, we do not have to “se sua” (grooming, sprucing, focus on the appearance) too much. Thus, I feel very comfortable. Wherever I go, even going

out, I feel relaxed and comfortable. Unlike the younger times, when I went out, I had to consider too much on clothing, makeup, [but now] I feel comfortable [without these].

Although they still put importance on manners, some group pressures on their appearance and performance are relieved. Older people have high ability to regulate emotions (Hartshorne & Germine, 2015) and low level of social desirability bias (Fastame, Penna, & Hitchcott, 2015; Phillips, Henry, Hosie, & Milne, 2006). Therefore, subscribing to conformity has been shown to have less impact on older people than younger adults (Pasupathi, 1999),

This subtheme asserts older people's will to follow their own values and goals. They expressed the importance of independence in their older age. Huy said

The definition [of happiness] must lie in our mind. When we feel like we should do what we need to do, we will do it naturally. If we do things but in a forced way, one will not be happy. It should come from our heart and our mind.

Similarly, Hậu said

I choose my way, I choose my goal. If I try to not let it overwhelm my abilities, I will be "viên mãn".

The autonomy results in positive outcome of well-being in older people (Bender, 2012). In the study, it represented through their control of their body, their normal functions, their independence from their children's support, their late-life work, and their own decision in their activities and social interactions. Interestingly, the active role in decision-making and the resistance to social pressure show a different view from the common beliefs in collectivist cultures (Singelis, Bond, Sharkey, & Lai, 1999) which emphasise the social

conformity. Autonomy also leads to the pursuit and realisation of a person's lifegoal (Koestner, Otis, Powers, Pelletier, & Gagnon, 2008). In older age, the increase of free time and the decrease in the level of conformity foster the elderly seeking new interests and activities. They can create new meanings in the life of older people, which are discussed in the next sub-theme.

Meanings in life

Meanings in life was an important aspect mentioned by participants and reflected their perspectives on how these meanings constructed their goals and activities. Participants talked about meaning in life as the central to the feeling of 'viên mãn' – well-being. Up to this point, 'viên mãn' illustrates a sense of acceptance, completeness and control in life. This research showed that 'viên mãn' was also linked to having a goal to pursue. Duy defined 'viên mãn' in a surprising way

'Viên mãn' is like this. 'Viên' means a circle ... it is rounded. 'Mãn' is ripeness. Actually, 'viên mãn' is not a good state, ... [but] striving toward 'viên mãn' is a good thing. 'Viên mãn' is an idea but when you achieve its absolute, while you are still breathing, it is extremely dissapointing. If only it is the image in front of you, human has to reach it, reach to something. That will be meaningful.

Duy showed that having a goal – a meaning to keep a person moving forward – is one of the key factors of well-being. Frankl (1985) held that meaning in life is the main reason that keeps us alive. There is also meaning in life if older people have a sense of worth (Steger et al., 2009). In fact, it has many benefits on well-being such as increasing quality of life, decreasing mortality (Krause, 2009), and reducing anxiety and depression (Irving et al.,

2017). Self-growth, spirituality, and the view of death are emerging subthemes which comprise meanings in life of older people.

Self-growth was reported by participants as a meaning in life which was much invested in. Becoming a person – ‘*thành nhân*’ – was proposed as a feature of self-growth and an ultimate goal of a person’s life. It represented both developing and efficiently using a person’s full potential.

Bích, who mentioned the importance of ‘*thành nhân*’ – becoming a person, said

The most difficult thing for a person to achieve is ‘thành nhân’. ‘Thành nhân’ is very difficult. Can you now confirm that you already have become a person? Not enough, not enough. Hence, 60-year-old cannot assure of becoming a person. Right? The knowledge of life is endlessly vast. No number of books can cover it. If we know, if we know one more thing, we can [use it to] help our children, our grandchildren.

The pathway to becoming a person is a process of life-long learning. It didn’t halt with age and participants were willing to learn new skills and acquire new knowledge. Participants stated their learnings was across many areas such as language, religion, art, driving, health, social news and technologies. Most of the learning was informal and was acquired from daily experience (Jarvis, 1987). For example, Như was keen to learn driving, and Bích was willing to increase her knowledge through travel experience. Long also explored new technologies despite of his age

An older adult still can be creative, with a condition that you must learn more. For example, I still read newspapers, books, [information from the] internet. I still

learn, I do not hesitate to do that. Do not think that older people cannot access technologies, [we] can do that. Right now, I am learning web programming, [through] self-learning. For example, I can open others' source code to see.

Acknowledging the importance of modern technology, Nhr even encouraged her spouse to learn how to use the internet. She stated:

My husband is very weak on using technology. My son and I guide him and help him to use the internet for searching information.

Learning in older age focuses on transcendental goals rather than on mastery of new professional areas (Findsen & Formosa, 2011). Earlier priority of generativity focusing on achievements in work was now replaced by more intimate, intrinsic, and altruistic goals (Au et al., 2015; Chiao et al., 2015; Erikson, 1994; Inceoglu, Segers, & Bartram, 2012). One of the goals is reconciliation with what participants had been passionate about in the past but were unable to undertake. Duy stated,

The psyche of human since childhood craves for creativity. He wants something very personal in the artistic aspect [...] When growing up, facing the barrier of finance, [he] has to spend time for earning money to live, [and] worrying about career. All these things [of art] has to be left behind. However, back in their mind, everyone thinks that if I have time, I need to bring back these things to fulfil it. After the age of 60, these things—the big values— will emerge.

Long also emphasised the role of having a passion in older age as a way to appreciate life

I feel sad for some elderly people. Because that they do not have work, they go drinking every afternoon. Drinking too much makes their health weaker, then they go to the hospital, and then they continue to drink. I think I am different, I have

passions. Older people should put their passion on something such as music, poetry, literature, or social work. For example, when I became old, I have time to read, to write. That's good. [I] feel the passing of time is very interesting, [that] life is very amazing.

Here, a shift of goal priorities can be observed, and once basic needs are secured participants focused on higher growth needs. Freedom from professional and familial duties allowed older people to re-focus on desired needs or passions from their younger stages in life (Leclerc, 1985). They also have interests in activities which bring meanings into their life. In congruent with Continuity Theory and Activity Theory, this adjustment serve as a protective mechanism in face of sudden loss of role due to the retirement (Escolar Chua & de Guzman, 2014; Heckhausen, Wrosch, & Schulz, 2010; Mackean & Abbott-Chapman, 2011), which can be harmful both physically and mentally (Lee & Kim, 2017; Szinovacz & Davey, 2004).

For some participants , self-growth or becoming a person further meant developing a deeper *sense of spirituality*. Long suggested that “*The older you get, the deeper you go into religion. Much deeper. Even two or three-fold*”. Religion was seen as a ‘*salvation*’, he said

Clinging to it (religion) to have beliefs, to purify myself [...] Going through so many years in life, to the age of dusk, it is inevitable that [I] look for the religious belief in order to purify myself into a good person.

Similarly, Hâu, a converted catholic, stated

I learn many things from the Bible to know who I am, how I have to correct myself. Somehow, I feel ‘viên mãn’, I am assured, I am happy.

Salvation here is not only for an eternal life, it also reflects the will to become a better person in later adulthood. Religion is an integral part of older people's daily life and it inspires them to adjust their attitudes and live a meaningful life (Ardelt, 2003; Williams, 2008). For instance, older adults who take part in religious activities tend to give support to others, which in turn results in a stronger sense of meaning (Krause & Hayward, 2012). Participants also stated that religion and religious community gave them trusted social support and peace in terms of space and time.

Manners and morality are other important aspects relating to spirituality which were mentioned by the participants. They were considered as foundations of being human and were stated under the Vietnamese term '*nhân bản*'. Huy said

I have to control myself. If I want to control myself, first, I have to put 'nhân bản' to the top priority. Thus, I can control myself. If I have good educational basics of 'nhân bản', [I] know what I should do, what I should not do. 'Nhân bản' is important in all areas, in everywhere, in every organisations. 'Nhân bản' needs to be put on top.

In other words, one cannot become a person without manners and morality, one cannot '*thành nhân*' without '*nhân bản*'. Characteristics such as integrity, chastity, humbleness, being responsible, and respectful were praised by the participants. Long said that '*if you can keep those (characteristics), you will feel that your life is very interesting, and you can keep your head high*'. Those perspectives and values reflect the teachings of Confucianism which sets a high standard for morality and holds that a good person needs to be self-restrained (Goldin, 2011). This shows the influence of Confucianism in Vietnamese older people.

In conclusion, self-growth is an important purpose in late life. One can reach it through self-learning and self-fulfilment. Sense of spirituality also contributes to the process of ‘*thành nhân*’ in older people by taking part in religion and having a strong foundation of ‘*nhân bản*’.

A further exploration of underlying motivations of meaning in life leads to older people’s awareness of death. Death emerged in many of the participants’ statements, Duy stated

First of all, unlike the young, the first thing older people touch and have to face is the death. And you have only two ways when facing death, one is accepting and another is avoiding—never mention it.

Participants saw death as inevitable; however, rather than an ending, they viewed death as another stage of living, a purposeful and continuing stage of human life, especially through the continuity of their heritage (Leichtentritt & Rettig, 2000). Duy said

Our whole body is like a rocket’s fuel tank, the module on the top ... is your inside person. It thrusts upside until it is empty then falling down, it pushes the rocket’s module go forward. Our human is similar [to that]. We cannot be sad ... if we apply the principle of the rocket. We cannot be sad if the fuel stage falls down. When it falls down, we call it the physical death of a person. But the physical death will help the module continue to go.

He defined meaning of life as well as physical death as a push that keeps the human being moving forward. Similarly, Nhr planned to donate her organs as a way to keep existing

In my body, if a part cannot continue to exist, the other parts have to follow. /laughing/ Why [these organs/ I] have to follow that part to the death instead of giving [the other parts] to other people so they can keep living? [...] Those are mine, those are parts of mine placed in another person’s body, so I can continue to live.

The view of death as a continuous stage of living is similar to immortality modes of biology and nature (Lifton, 1973). These modes are concerned with the continuity of a person's legacy, of his or her biological heritage or with the changes in the natural world. Death is seen as a transitional period and the finitude of life exists only in terms of physical functions.

Facing impending death led participants to consider the limited time they had left, and led to the fulfilment of desires and development of meanings in later adulthood. The latent mechanism of this tendency can be explained by the Terror Management Theory which suggests that a person will engage more in meaningful activities if they are pushed by the terror of death (Greenberg et al., 1997). However, the relationship between meaning in life and mortality brings positive effect only when the person has a good sense of self-worth (Ben-Ari, 2011). This implies a need to validate the value and self-esteem in older people to maximise the benefits of this connection

Moreover, according to Heidegger, the awareness of time limitation opens the door to living fully in the moment, which is an essential factor of authenticity (Shariatinia, 2015). Authenticity, meanwhile, closely relates to the sense of autonomy (Schneewind, 1997). Therefore, openness about the end of life with older people can give them the control over their life and relationship goals (Llewellyn et al., 2016; Seymour, French, & Richardson, 2010).

Death is also associated with reviewing one's life (Butler, 1963). In the interviews, participants showed a tendency to review their past. Bích said

After some time, a stagnant time, when the financial life is relatively adequate, children are relatively fine, now I go back to relive my younger days.

Likewise, Hậu also stated

People usually call the younger age as ambitious. [The younger people] do not think about 'viên mãn'. Usually it is this age (later adulthood) we start to rethink 'viên mãn': Is that enough? Is it alright to live like that? What are the things that have impact on me?

Erikson (1994) suggested that life review is a key task in older age which helps balance their goals and constructs integrity. Similarly, Socioemotional Selectivity Theory states that perception of remaining time affects one's goal selection (Carstensen, 2006). Facing impending death helps older people to consolidate their worldview and discover their authenticity, and engage in beneficial processes of life review. This can lead to a sense of purpose through identifying goals and creating motivation.

Autonomy and meaning in life show that older people have a strong will and committed actions to control their life and pursue meaningfulness in life. Older people opposed to the dependency on support from others and to the obligation to follow ageist social norms. Meanwhile, life-long growth, sense of spirituality, and death shaped the way older people view life meanings. Older people's behaviours and thoughts that stem from these autonomous and worthy individual values not only affect their lives but also create impacts on people around them. The interdependent relationships between older people and others was another important theme which will be discussed next.

Chapter 8 - Theme 3: Interdependence

This theme discusses interdependence, an important factor of well-being emerging from participants' accounts. Participants' social relationships and social structures, and how these interactions affect their well-being are discussed. The two main areas of relationships are family and social connections. In the *family*, older people's well-being comprises of children's well-being, fulfilment of parenting duties, and the filial piety of the children. In *social areas*, various aspects such as harmonious relationships, social contributions, and the historical and systemic conditions of society define older people's '*viên mãn*'.

Family

Although affected by many cultural and historical influences, family has always been the foundation of the Vietnamese society (Barbiéri & Bélanger, 2009; Wisensale, 1999). This is shown by Vietnamese elderly's high rate of co-residence with their children (VWU, 2011). Among participants, 8 out of 10 were in a marital relationship and 7 of them are staying in an intergenerational household. Family appeared in all the participants' accounts and was considered the key factor in their well-being. Long said

What do older people look for to achieve happiness? Of course, it is the family life, which is fulfilled. Husband and wife have each other, then having children, and having grand-children nearby, [that makes older people] happy.

Caring for the family is a duty that one must fulfil in order to achieve '*viên mãn*'. Huy said

Consider the family part, I fulfilled my 'hiếu' (filial piety). Considering my responsibilities as a husband and a father, I also fulfilled it. Thus, I feel somehow peaceful in my soul. I do not say that I am not afraid of death. But somehow I feel peaceful, I am not worried about any deficiencies in fulfilling my roles.

The well-being of family members was the well-being of older people themselves and taking care of the family was seen as the primary duty of one's life. This was clarified when older people talked about the importance of their children's well-being, as Bích said

In fact, I am not richer than anyone, but my biggest possessions now are my two sons. They have a good "nhan sinh quan" (worldview). These are my greatest wealth.

Likewise, Huy shared

The biggest joy of our family is seeing the children succeeding. They have their own career, having a wife and nice children. Those are the joys, the comfort after a long time of raising our children, so today there is an outcome.

These concepts of family roles and sentiments are common among the Vietnamese elderly (Barbiéri & Bélanger, 2009; Huong et al., 2012). This is congruent with the characteristics of collectivistic cultures and Confucianism (Hirschman & Loi, 1996; Markus & Kitayama, 1991). The main relationships in participants' accounts were between children and parents, and between spouses and reflect the five principal relationships in Confucianism (Park & Chesla, 2007). As discussed in the previous theme, ensuring all the responsibilities toward the family was a way to immortalise older people's life. Hence, caring for family members, rearing well-off, success and disciplined children were the older people's ultimate goals.

The connection with children and older people's supports for their offsprings were maintained even after the children grew up and had their own family. Huy, highlighting the difference between cultures, stated

Sometimes people say 'My children already grew up, I do not have responsibilities to them anymore'. That, you can say in the West. That means, in the West, you go through adolescence, you can do the things you want to. In our Vietnam[ese society], we still use the Taoism foundation. In reality, the children still do not want us to abandon them. They have a wife and kids but sometimes they still want our care in both financial and emotional ways.

In the Asian family, the family obligation is still strong after children reach adulthood (Fuligni, 2007), and the intergenerational support of older people towards their children was underlined as ordinary and necessary. Commonly, the supporting roles of Vietnamese older people is understood as caring for the grandchildren and doing household activities (Knodel & Nguyen, 2017; VWU, 2011). This continuing support is representative of their compassion and love toward their kin and helps maintain the harmony in the family, and it is an important duty maintained throughout the late age.

Family support, however, is a reciprocal relationship. The participants suggested that help from spouses and children, both material and emotional, was important to their 'viên mãn'.

Nhu said

In my family, 'mái ấm' (the warm roof), I can sense a joy that I can share with my family and my family can share with me many things. We receive support from each other whenever we need [it].

Marital relationships also have positive effects on Vietnamese older people's well-being (Hoi et al., 2012). It was the most trusted and supportive relationship in later adulthood and when children have grown up, one spouse often becomes the main caregiver for the other (VWU, 2011). Mỹ said

Because I know that my two children will not be 'hiếu thảo' (have filial piety) enough to take care of us in the old age, or they can live far from us. Only we can take care of each other—the two old persons taking care of each other.

The role of spouse in caretaking is reflected in the proverb “*con chăm cha không bằng bà chăm ông*”, which means, “*the children cannot care for their father like his wife does*”. Spouses are the main emotional and practical sources of support for older people (Dehle, Larsen, & Landers, 2001). These were referred by Huy as “*nghĩa vợ chồng*”— the desired duties between spouses.

Support from their children, which can be referred to as ‘*chữ hiếu*’ - filial piety, is another important resource in older age. This comes from the strong influence of Confucianism on Eastern cultures and can be observed in many Asian societies (Kim et al., 2017; Sin, 2013; Sung, 2000). Children provide instrumental support to older people, mainly towards daily spending, medical expenses and co-residence (Knodel et al., 2000; VWU, 2011). The secure financial condition of most of the participants, however, shifted the requirements for ‘*chữ hiếu*’. Hậu, undermining the need for financial help from his children, said

I ask nothing from him (his son). As long as he can take care of his wife and his children, I am happy. I am happy if he does not come and ask: 'Father, could you help me with this, help me with that'. For young people to care and support [us], I do not ask that. [I] just [ask] one thing, occasionally, [to] let the grandchildren visit

the grandparents. That, [and we're] okay, done. The best thing is their autonomy, do not make grandparents, parents have to take care of them.

Thus, the financial independence of the children became the source of comfort for older people, especially those living in urban areas (Huong et al., 2012). The importance of the material support from the children is on the emotional and filial piety rather than on the material needs (Lu, 1997).

Emotional support from children also emerged as an essential type of support. Aside from the spouse, children are the main sources of support (VWU, 2011), and the children's care was a positive influence on the participants' well-being. Mỹ shared

The caring of young people is the sentimental comfort. I see them caring for me, I sense that they love me, I am happy, everything I have I am willing to give them.

Emotional support from the children also came in the form of respect and obedience. Đào said

The children obey the grandparents and the parents, be successful, have stable jobs. When the superlative speaks, the subordinate needs to listen. [They need to] have a 'nề nếp' (order). In my family, children do not dare to say bad words, do not have impertinence, respect the orders, and do not dare to be messy or disordered. Everything they do they have to consult the parents' idea.

This reflects the Confucianism importance of family and social order. The older people held the role as the head of the family and had an influence on the family issues. They also considered themselves the person who maintains and educates the family's way of doing things for the younger generations. Nevertheless, it does not mean that the children's obedience and respect are a one-way relationship. The parents also had to fulfil their

parenting duties to facilitate the family order and maintain respect from other family members (Fan, 2007). For example, Huy shared that if the father does not take care of the family properly, he will “lose everything, even the respectful view from his wife and the obedience of his children.”

There is an agreement between participants that the filial piety in Vietnam is changing in line with other Asian countries (Sung, 2000). Hậu said

Until now I still work, I have my pension, I have money, I have a house. And even in the future ... if I have no one taking care of me, I can sell my house [and] I [can] go to retirement house. So what is clear is the demand of parents to the child will diminish. Thus, the ‘hiếu’ (filial piety) is not [only] giving money [to your parents] ... The ‘hiếu’ still need to exist, but its representation will change, that will not be like the old days.

Due to the demands of the modern life, they acknowledged the decline of family obligations and bonds. The participants accepted the modification of filial piety to some extent. Like Hậu, many participants even considered living in a retirement house in the future, which is still not a popular option in Vietnam’s society (Hoi et al., 2012). This acceptance, however, was accompanied by some concern. For instance, Nhr said

In an industrialised society, when staying at home waiting for them to be back, I feel lonely. Since I lose my trustful and close support, the hospice house, in compensation, has people with the same situation, the same age, [which can be an alternative].

Some participants further expressed a sense of loneliness and disappointment about their children, especially when they compared them to those in previous generations. Mỹ shared

her frustration with her daughter and revealed conflict between older people's traditional expectations toward their children and new social situations

I am not satisfied with my own children, it is definitely not 'vien man'. My first-born is like... modern style, very extrovert, [she] likes going out eating out. Although smart and talented, she is very lazy, very lazy. The thing I am most upset about is that she never helps me with chores [...] She said that my standards are too high; she is not content with my judgement of her.

In spite of some participants revealing issues with family relationships, for the most part, they valued the importance of family life and considered it as the main source of their well-being.

Society

At a broader social level, participants talked about relationships and interdependence with others. These interdependent connections were expressed through the social relationships and were characterised by harmony. Huy mentioned well-being as seeking peaceful relationships.

If you want to find your happiness, then the first thing [you need to do] is not being hateful toward anyone. My perspective is that if you hate me, you always have to plan to harm me. As such, the first person who will suffer is you, not me. Hence, I [will] never hate anyone and I [will] never plan to harm anyone. My soul must feel the relief; you can only find happiness when your mind is 'thanh thản' (peaceful).

Facing conflicts, forgiveness and compromise are the popular solutions to resolve the issues. These brought 'thanh thản' to older people's life. Vietnamese also has the proverb

“chín bỏ làm mười”. It can be translated as *“drop nine to get ten,”* meaning sacrificing a part of what you have to gain better things. The importance of harmony and social order are the focus of both Confucianism and Taoism (Leung, Koch, & Lu, 2002).

Furthermore, the need for harmony in social life was represented through the importance of social engagement, especially in community activities. Đào, worked as the head of the district’s elderly association, said

Old age should take part in activities like that, I tell you the truth. Many people do not know that. They do not participate because they are shy. It would be joyful if they can join these activities.

The engagement not only improved the older people’s quality of life (Siegrist & Wahrendorf, 2009), but also confirmed the status of individuals in the community and broadened their networks (Huong et al., 2012). Thus, their source of social support was extended. Nonetheless, as in Đào’s statement, older people sometimes needed the encouragement and support from others to join these activities (Wilson, Spink, & Spink, 2017). A possible explanation is that the older adults had not known yet the benefits of these activities, and the limitations of accessibility to such activities, such as distance and transportation, may hinder their participation (Henkin & Zapf, 2006).

Friendship is another important social interaction for these participants and besides family, friends were the main sources of social support claimed by the participants. Older people usually shared social activities with their friends. Thanh said

Normally, friends will visit each other. Sometimes I come to visit my friend, sometimes they come to visit me. The funniest is going out, going out a lot,

persuading each other to go out... My friends also usually invite me to the family events, such as their children's weddings. It was fun already when our group met each other.

The shared activities and discussion included family events, daily life, charity and travel. In fact, friendship directed older people's leisure activities (Burch, 2009) and boosted their sense of belonging (Tang et al., 2017).

Friendship facilitated social engagement due to mutual trust and was built on shared components between friends such as experiences and memories (Forsman et al., 2013). Memories of friends increased in correlation with age (Peterson, Bonechi, Smorti, & Tani, 2010) and they usually had positive effects. During the interviews, the participants usually mentioned their childhood with friends in a joyful manner and saw the childhood time as a 'fairy period' and a 'shelter' where one can find peace, in those reminiscences, after a working day. Hence, it may be easier for older people to participate and enjoy activities with the companionship of friends.

Participants used mail and Facebook as one of the main media to connect with friends. Bích said

[In] my age, now, I reunite with my friends in the past. [I] have to thank Facebook, [I can] meet old friends, talk, recall the memories from a long time ago.

Social networks and technologies helped the participants connect with friends and family as well as be updated with the current news (Hwa, Walden, Celeste, & Sundar, 2017). It also provided channels to access broader communities. Long said

It is not accurate to say that I am addicted to social network sites. While sitting down working, it is always like this. Today this friend does that, that friend does that, they create the positive aspects of my life. My friends are filtered thoroughly, not spontaneously. I no longer feel lonely but living within the people's stream, being friends with each other. Although we do not have a direct connection, [we] still [are] being harmonious in minds, in thoughts with each other. We have the same mindset, the same joy.

Social networks enhanced social communication and bonding in participants. It also enhanced older people's perception of their position and ability to impact the community (Jung & Sundar, 2016). For instance, Hâu used social networks to share his thoughts and critics of the social issues and policies. Social networks, however, contains some risks which impede the older people's use of social networking sites. For example, Huy did not use Facebook because of privacy issues, time consumption and technology accessibility.

The willingness to contribute to the society was another theme relating to interdependence which emerged from the interviews. Engaging in community activities was one of the contributions made by participants. For example, Hà occasionally joined a charity organisation's events

At the moment, I am working with a charity organisation. I feel that although I am already retired, I still can help everyone. I help once in a month, I worked in my professional area. Hence, everytime the organisation goes (doing charity events), they invite me.

Sharing experiences and wisdom was another way older people contributed to the others.

Thanh said

When I am in the later age, the young people like my nieces or nephews love to ask me for my opinion. For instance, if they have some situations, they usually consult me. Like now, I am retired but the officials in the [elderly] association frequently consult me [...] I feel happy, the things I had accumulated, I can guide others to apply it, it became useful.

These contributions were important to the sense of worth in older people. Wisdom and experience were the main things that the participants were proud of and being asked by younger relatives and colleagues to solve their issues confirmed the value of older people in the relationships. Nhu mentioned the importance of knowledge transfer from older to younger workforce. She stated that without the guidance of older colleagues, “*the young people do not have experience of management, go off-track sometimes, destroying every good thing.*” Moreover, the older people also believed that these contributions will effectively help the receiver and the society. Then, as a rule of karma, it will benefit them in return. Đào said

Doing these is like I contribute to society, like I can accumulate blessings for my children. For example, I helped, took care of others, these were not only my duties but also my children will inherit some of my blessings later.

Even if the blessings do not come to them in this life, the older people believed that their children will be benefited. Thus, the participants’ willingness to contribute shared the characteristics of productive ageing (Thanakwang & Isaramalai, 2013). It included the impact of elderly’s contributions to other people and community, and to their own psychological well-being.

The importance of contribution demonstrates the characteristics of an interdependent culture. Although agency was not denied, the well-being of an individual was enmeshed with other people's well-being (Macapagal, Ofreneo, Montiel, & Nolasco, 2013), and evaluation from other people on one's life even became an important indicator of one's well-being. Huy said

My opinion is I have to live somehow so when I was born, everybody smiled, when I die, everybody wept. This is a positive thought, we need to live somehow so that when we lie down, everyone has to shed a tear for us.

However, contributions to others can also create pressure to older people. Hạnh said,

Maybe I feel inferior. Because when I worked, when I was young, I can ... help others. Then... now I just think by myself, just think, back then I had money, I took care of people... so they do not belittle me. Now I cannot help, they say words like "do not listen to her", for instance. It is okay when I am happy, but if I am not, there will be something in my heart. Thinking of that now, they look down on me because I cannot help them anymore.

Expectations of contributions came from older people themselves (Huong et al., 2012) and from collectivist norms, and, failing to do so created a sense of guilt and shame. This feeling of incompetence also led to loss of social status (Fiske, Cuddy, & Glick, 2002) and feeling of being left out. This situation is observed in developing Eastern societies where instead of being respected, older people have to confront the stereotype of uselessness attached to them by others (North & Fiske, 2015).

On a broader scale, interdependence with social structures such as social issues, policies, and historical events have an important influence on participants' well-being. These factors

appeared in older people's everyday life and gained significant attention. Participants worried about many social issues. Hậu said

Eventually, my well-being needs to go together with the well-being of the society. In the part of the family, it is okay. In the part of society, there are still some concerns. If I say that I am 'viên mãn', then I hit the hay, saying nothing, ignoring others, it is another type of 'viên mãn'.

Hậu's concerns on many social issues such as corruption, social inequality and social trust.

These issues negatively correlated with well-being (Fleche, Smith, & Sorsa, 2011).

Corruption is a serious issue in Vietnam (Nguyen & van Dijk, 2012), and impacts on the quality of public services (Nguyen, Bach, Le, & Le, 2017) which indirectly influences older people's lives. The participants in this study showed their attention to politics and were vocal about the impacts on them (Goerres, 2007; Xu, Perkins, & Chow, 2010). Mỹ also held that social issues had an influence on elderly well-being

... society needs to be peaceful, be safe. For instance, the food, it has a direct impact on my health. If there are no wars, no terrorism, I will feel more peaceful. If my family has peace, but society does not [have peace], I still feel anxious, I cannot be peaceful.

From both Hậu and Mỹ's statements, it is noticeable that well-being of older people has to include the society's well-being.

In addition, social policies on pension and retirement were the most prominent factors influencing participants well-being. The low retirement age disturbed many participants, especially for women. In Vietnam, the fixed retirement plan in the public sector set

retirement age at sixty for men and fifty-five for women. Hence, some participants have to involuntarily exit the workforce although they still are able to work and contribute. Mỹ said

Letting a woman retiring at fifty-five is too soon. Like myself, I feel that after sixty I still can work, efficiently work. I think that they should set sixty-five as retirement age.

Likewise, Thanh said

... they must change the planning in the future so the older people in some professional fields should not be retired in the standard age. It means that when they do not come to the point that they cannot contribute anymore; however, that will be very challenging [...] There are some sectors where the older you are, the more experience you get. Their health is still good, meaning they still can contribute, but we force them to retired.

Thanh disagreed with the fixed retirement plan which does not have supporting policies to help older people re-entering the workforce if they want to (Friedman et al., 2001). In order to make a contribution, older people needed to find for themselves new employment in other sectors or do other meaningful activities. The willingness to retire also depended on the older people's health, financial, and social status (Shultz et al., 1998). In this study, the social engagement and respect provided by the working position might be the reason why some older people were reluctant to retire. For example, Mỹ and Nhur were both working in education area, which is a respected profession in Vietnam, and they have not retired.

Thanh also held a high position in local's administration before her retirement.

Moreover, social welfare, especially a pension scheme, was another concern of the participants. For instance, both Thanh and Đào held that the current pension scheme, which grants old-age social allowance only for over-eighty-year-old older people who do not receive any pension, was inappropriate. The social allowance in their region was only 320,000 VND (approximately 23,79 NZD) a month.

The country's turbulent history and dramatic changes in society have particular impacts on older people's well-being. Vietnamese who witnessed the war have some health issues that can be explained by cohort effect (Korinek et al., 2017; Teerawichitchainan, 2014). Thus, it can be assumed that factors leading to participants' well-being were influenced by this period. Bích, reflecting on her past, said

Talking about my generation, when I was young, I lived in another regime. That time was so peaceful, it was very peaceful. After 75, there were so many turbulences.

The fall of Saigon, which changed life courses of many older people, was a very important life event mentioned by many participants. More specifically, Bích showed that the end of the Vietnam war created many “*turbulences*” on her life. She also stated due to that historical landmark, she started to know “*what is suffering*”. Influenced by the change of the social system, she needed to re-enter university to start a new career pathway, and another participant, Đào, also had a different working trajectory after the event. The change of the historical course also affected sources of social support they get. Huy and Bích has friends who emigrated to other countries after the war. Huy shared, “*My friend group, there is only one left in Vietnam, others now live abroad.*”. This can have both negative and positive impacts on older people's life (Marchetti-Mercer, 2012; Nikolova, Roman, &

Zimmermann, 2017). Furthermore, at the end of the Vietnam war, most of the participants were university students then, and there was a policy of labour distribution which scattered university students in urban areas across different provinces. Therefore, since participants lost contact with many friends from the university, most of the friends that they kept contact until now were only their childhood friends. Thanh said

I hardly met my old university friends. My university time was just after the war [...] After graduation, [we are] distributed, some to the cities, some to other provinces. Therefore, [we] do not have an opportunity to meet each other again. University friends, I just have two or three close friends.

The changes in culture also concerned participants. The most prominent consequence of cultural change was the change of family relationships mentioned above, which was attributed to industrialisation. Hạnh shared

Before 1975, I feel that it was more peaceful. The older people lived more easily than nowadays. Today, life seems more developed on the material side. Meanwhile the old days, we always assembled around parents, grandparents [...] Nowadays, they have their jobs, sometimes they do not come home until nine or ten o'clock. They open the door by themselves when they get back.

Participants expressed frustration in the deterioration of family cohesion and changes in filial obligation due to decrease of the number of children in the family. Mỹ said

If the old couple is not healthy, who can take care of them? Now there are few children. My family, we have nine or ten siblings, some passed away (and) there are still eight of us [left]. When my mother gets sick, it is still hard to care for her even when we take turns.

This issue can be traced back to the Vietnamese one-child policy which shared a similarity with that of China.

Besides the personal factors, this theme shows the role of family and social determinations on older people's psychological well-being. Family is always an important part of older people's life. Participants showed the importance of fulfilling family duties as well as the expectation of reciprocal responsibilities from their children, at least in terms of emotional support. On the societal level, harmony, social contribution and friendship are factors highly rated by participants. Macro-level conditions such as policies and the course of history and culture also affect older people's experience. Thus, although well-being is a personal judgement and experience, external factors should not be taken for granted.

Chapter 9: Conclusion

The mean age of the population is rising in Vietnam. Along with this rise is the increase in addressing the needs and concerns of older people. One of these concerns has to do with their psychological well-being. The existing literature, however, fails to capture the way Vietnamese older people understand their psychological well-being. With the increasing need to address well-being concerns, there is an increasing need to understand Vietnamese older people's well-being. Hence, a conceptualisation of psychological well-being experienced by Vietnamese older people is the first step to develop knowledge in this under-researched area.

This study involved interviews with 10 participants. They currently live in urban areas and have a good physical and mental state. Using thematic analysis and phenomenological framework, three themes emerged from interviews. Psychological well-being was described by participants through their experience of their physical being, their sense of self, and their interpersonal relationships.

The theme of physical well-being consists of experiences of participants with regard to their basic living conditions such as health, finances, and time. The analysis of data highlighted the role of acknowledgement and acceptance of these limitations. The evaluation of living resources was closely related to the hedonistic view of well-being in which fulfilment of the basic needs is a firm foundation for the development of a peaceful mind. Lack of satisfaction in some areas, however, can be overcome by acceptance. Being influenced by Buddhism and other traditional cultures, Vietnamese older people do not

hold on tightly to material aspects of living. They show a mindful lifestyle which focuses on the present and positivity as keys to well-being.

Well-being is represented not only by the assessment of current living conditions but also by the identification of personal values and the evaluation of one's existence. The second theme reflects participants' strong view of themselves as autonomous, agentic, and valuable individuals. Older people in the study opposes a lot of stereotypical views and misconceptions of older people society. Although living in a collectivist culture, they still value independence and the ability to support themselves. In spite of physical and health declines bring about by ageing, they assert themselves as having freedom, strengths and having full potentials. The result also suggests that having meaning in life is important for the participants' well-being. Meaning in life can be accumulated through learning new things, participating in religious activities, and keeping moral standards. These aspects help older people to assert their identities and create existential motivations. Death is another important factor emerging when older people mentioned their value of self. Interestingly, it was perceived in a positive light, in which death is seen as a natural life stage and a reason for seeking meaning in life.

The last theme, interpersonal relationships, highlights interactions of older people with other people and with society. The analysis showed that, in congruent with collectivism, close relationships such as family and friends largely affect the psychological well-being of Vietnamese older people. Nevertheless, these connections, especially filial piety, has changed in recent decades and older people had to modify their expectations to cope with this phenomenon. In addition, participants expressed their willingness to engage in society.

Being included, respected, and able to leave impacts on society are huge boosts to their well-being. Furthermore, social policies and historical events were proven to have influence on participants' relationships and their personal life. This illustrates how the psychological well-being of the individual is inseparable from the well-being of society.

Throughout the three themes, the concept of well-being reflects an integration of both eudaimonistic and hedonistic factors. The definition of well-being which focuses on either satisfaction or virtue is incomplete and insufficient to depict the complexity of the human-being. Likewise, the identification of well-being which is merely based on influences of a single culture will ignore the effects of intercultural exchanges in a globalised world. The study suggests that participants give importance to interdependent values. It shares same factors with other studies of well-being in other Asian contexts such as harmony, interdependence, respect, meaning in life, living environment, and close relationships (Ingersoll-Dayton, Saengtienchai, Kespichayawattana, & Aunguroch, 2004; Ip, 2011; Kim et al., 2017).

One unique result of the study comes from factors of well-being relating to individualism. The intra-personal dimensions of well-being from the Western perspective such as autonomy and self-growth appeared in the interviews (Ryff, 2013). Autonomy was also mentioned in another study on Vietnamese older peoples view of wellness (Huong et al., 2012). This study, however, gives a more detailed description on psychological aspects. Huong et al. (2012) see autonomy as a merely factor of physical health which relates to independent functioning. Meanwhile, autonomy in this study is also described as a mental ability to self-monitor, self-assert and to resist against ageist stereotypes. Meaning in life is

another factor that was not identified in the previous study. The source of individualism can be explained by the exchanges of cultures throughout the country's history. In addition, participants' experience in dealing with difficulties in the past might enhance their self-awareness, self-esteem, and self-efficacy which are important parts of individualist traits.

Strengths and limitations

The study has several strengths and limitations. The older people's view of psychological well-being has not been adequately explored in Vietnamese literature. One of the strengths of this study is that it not only filled this gap, but it also allowed older people to describe their well-being by their own voice, using qualitative analysis and semi-structured interviews. The interviews, which focused on participants' daily activities, facilitated the sharing of participants, which enhanced the relationship between the researcher and participants. Interview questions were constructed in a sense that they could help identify the concept of wellbeing which is anchored on the daily experiences and cultural context.

A primary issue of this study is the scope of the concept of well-being. Since there is no equivalent term for the concept in the Vietnamese language, the translation of "well-being" to "viên mãn" may not ensure a similar conceptualisation to that in the Western literature. Moreover, due to the abstraction of Vietnamese language, the word "viên mãn" can be understood in many ways depending on each participant. Therefore, its definition can vary among many aspects ranging from health to social welfare rather than merely focus on psychological experience. This created difficulties for the review of literature and in the process of analysis. This multidimensional perspective of well-being, however, became an

advantage when it illustrated how participants experienced and reacted toward those aspects. Those broad perspectives provided rich data for interpretation and analysis. The study, therefore, was able to identify the underlying themes relating to psychological well-being.

Due to the chosen sampling method, the study may be biased in favour of some groups of older people. All participants are living in urban areas. Most of them had decent jobs in the past, received regular pensions, and had adequate savings. This eliminated impacts of financial difficulties and resulted in a shift of focus on other aspects of well-being. This situation, however, may not reflect cases of older people who have low-income, who need to work involuntarily, or those who live in rural areas. These groups may see well-being from a different and more negative angle (Hoi et al., 2010).

Due to the scope of the study, the sampling process also excluded older people having social, psychological, and physical issues. This can obscure a comprehensive concept of well-being which needs to identify not only perspectives of well-being but also definitions of what is not well-being. Huy said *“research should not only explore the view of people who have a strong foundation [of well-being], it should simultaneously study why someone does not have well-being.”*

Nevertheless, given its qualitative approach, this study aims to thoroughly consider each individual account rather than to seek for generalisation. Hence, the consequences of excluding these groups are alleviated. On the other hand, in qualitative studies, a sample size of ten participants provides rich data for analysis. The homogeneity of the sample–

older people who live in urban areas and do not have physical and mental issues— also allows for an understanding of specific characteristics of this group.

Interestingly, age difference between the researcher and the participants is another issue which was mentioned by the participants. Some participants commented that older people's well-being is a difficult topic for the young generation like the researcher to study. In some contexts, this may hinder the engagement of participants in the interviews (Rowles & Reinharz, 1988). Nonetheless, several measures were applied to ensure the study's quality. A detailed and professional research procedure helped enhancing the relationships between the researcher and the participants. Explanation of the study's goal showed the importance of the study and expressed the researcher's genuine interest in the topic. Moreover, given that having opportunities for meaningful sharing and transferring of knowledge to the younger generation is important for older people (Chan & Lai, 2015; Rowles & Reinharz, 1988), the participants appeared to be open and committed to the study.

Several measures were conducted to ensure the study's validity and rigour. Due to the study's limitation of time, however, the results have not been reviewed by participants. Triangulation of the data by quantitative methods also have not been implemented. Limited Vietnamese literature on the topic, which does not allow for comparisons between studies' outcomes, also affected the study's confirmability.

Directions for further research

The discussion of study's limitations provides several directions for further research. There is a need to research on the perception of well-being in other groups of older people, especially of the underprivileged populations. Moreover, studies which explore perspectives of well-being in older people with various issues will be valuable for the body of research. The results of such research will provide a more comprehensive view toward the topic and enhance transferability of this study's outcome. They will also reveal the differences between groups which will lead to the development of suitable implications for specific groups within the older people's population.

Further studies can be conducted by using other research methods in order to validate this research's results. A mixed method study can enhance the result's rigour. Besides, based on the study's results, a quantitative scale should be built and validated on a bigger population. This measure will facilitate comparisons between researches from different cultures. Furthermore, the same procedure using mixed-methods should be conducted on other Vietnamese age groups. Synthesis of these studies will result in a complete definition of well-being in Vietnamese's perspective.

Implications

The study gives significant implications which can be applied in Vietnam's society. The study hopes for raising society's awareness of current situation of Vietnamese older people. Vietnam has an ageing population which needs more focus and studies from researchers, especially from the field of social sciences. Lack of recognition of those situations and

needs can lead to detrimental effects for older generation as well as for the current younger generation, which in their future, will become the generation of older people.

The research shows an integration between collectivism and individualism in older people's view of psychological well-being. Vietnam's society currently seems to be content with current views toward older people which have ageist biases relating to traditional Eastern views and undermine older people's autonomy and roles. Meanwhile, the findings highlighted that Vietnamese older people treasure their social and familial relationships as well as their autonomy and purposes in life. This study suggests a need to resist to those stereotypes, to embrace a cultural hybrid concept of well-being and to provide support for the development of a concept grounded on both cultural aspects.

Families and communities should respect the independence and create opportunities for older people to seek meaningful activities. Creating aged-friendly communities which provide community activities, accessible transportations, and available paid and non-paid work are strategies that can be applied. Those implications can help older people not only engage in activities which are in line with individual preference but also be part of the community. Facilitating usage of technology in old age is another solution. Technologies bring new opportunities for older people to connect with others while maintaining their autonomy.

Given that family still has an important role in older people's well-being, maintaining the familial values can produce positive outcomes. The study suggests raising awareness of older people's need of supports, especially emotional support from family. This, however,

does not mean that older people need to totally depend on family. Intergenerational exchange of supports should be accompanied by respect from younger generations.

All the solutions presented above cannot be effectively applied without supports from policy-making level. Investments and political support from the government to researches on older people, to community changes, and to families are essential in order to enhance older people's well-being. Furthermore, the study suggests that some policies which directly affect older people should be reviewed. According to participants, restructuring fixed retirement plan, pension scheme and old age social allowance are needed to change.

Motivated by a young population in past decades, Vietnam's society tends to invest on developments for young generations. The situation, nevertheless, has gradually changed and the older generation, therefore, should become another focus of society. This study shows that the perspective of well-being of older people may differ from the society's common sense. Exact understandings of well-being in older age not only enhance older people's quality of life but also benefit society. In Vietnam, there is an expression: "Children are the future of our country". There needs to be an additional phrase: "Older people are the future of our country, too".

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Appendices

Appendix A: Research Information Sheet

Appendix A.1: Research Information Sheet - English



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKĒNGA TANGATA

**DAILY EXPERIENCE AND PSYCHOLOGICAL WELLBEING
OF OLDER PEOPLE IN VIETNAM**

INFORMATION SHEET

You are welcome to a research exploring the experience of wellbeing of older people in Vietnam. This is a part of the Master thesis conducted by Nguyen Hong An, Massey University, New Zealand. The finding of this project will contribute to the understanding of Vietnamese elderly's psychological wellbeing which is important to inform policies and improve services relating to this unique population.

Who can participate in this research?

We are looking for older people:

- From 60 to 80 years old
- Without any severe physical and psychological conditions
- Living in urban area, staying near or with their children

In case that you have ALL the requirements above, please feel free to contact the investigator for further information. His contact details and those of his supervisor are listed below.

If you are not older people or do not meet one of the criteria above, please do not hesitate to introduce the project to other families or suitable older people that you know (e.g. your parents, family members, neighbors, etc.). Your willingness would be a valuable support for this project. Please contact the investigator after having their agreement or give them the contact details below:

<p>Principal Investigator: Nguyen Hong An <i>School of Psychology</i> <i>Massey University, Albany</i> <i>Auckland, New Zealand</i> Tel: [REDACTED] (Vietnam) [REDACTED] (New Zealand) Email: [REDACTED]</p>	<p>Research Main Supervisor: A/Prof. Dr. Paul Merrick <i>School of Psychology</i> <i>Massey University, Albany</i> <i>Auckland, New Zealand</i> Tel: (+64) 9 4140800 Extn 41231 Email: p.l.merrick@massey.ac.nz</p>
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Te Kūnenga
ki Pūrehuroa

School of Psychology – Te Kura Hinengaro Tangata
Private Bag 102904, North Shore Mail Centre, Auckland 0745, New Zealand T +64 9 414 0800 extn 41244 F +64 9 414 0831
www.massey.ac.nz

What is the benefits of participating in this study?

The participants of this project will have the right to receive a summary of the study's main findings when it is completed via mail or email if they wish. The expected completion date is in February 2018. This is a chance for participants to share their own understanding of psychological wellbeing to the next generations and let them understand their worldview. With their participation, a mutual understanding can be built which not only contributes to the improvement of older people's quality of life through services and policies but also maintains our cultural traits of paying respect to and learning from older people.

How will the study be processed?

The participants will be individually interviewed from one to two times, additional interviews may be required if needed. The interview will focus on how they experience psychological wellbeing in their everyday life. Each session will be recorded and take approximately from 50 to 90 minutes. The researcher will not share any interview's discussion with anyone, including the family members, without the participant's agreement. The time and location of the interview will be agreed by the researcher and the participant.

How will the data be managed?

The data will be used only for the purposes of this project. Participant's name will be changed and identifiable information will be excluded so individual identity will not be recognised. Only the investigators of the study (the main investigator and his supervisor) will have access to personal information and it will be kept secure and strictly confidential.

Finding of this project will be written in the researcher's thesis. It may be published or presented at conferences or seminars. However, the participants' identity will remain unable to be identified. At the end of the study the contact information of participants will be disposed of. The raw data which helps to write the project will be kept in secure storage and will be destroyed after 5 years.

Participant's Rights

The participation in this study is voluntary. If deciding to participate, the participant has the right to:

- decline to answer any question;
- withdraw from the study at any point of time
- ask any questions about the study at any time during participation
- provide information on the understanding that your name will not be used
- be given access to a summary of the project findings when it is concluded
- ask for the recorder to be turned off at any time during the interview

Research project Contacts

If you have any further questions or concerns about the project, either now or in the future, please contact either Mr. Nguyen Hong An or his main supervisor. Dr. Paul Merrick (see details on page 1).

Low risk notifications

"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director, Research Ethics, telephone 06 356 9099 x 86015, email humanethics@massey.ac.nz".

Appendix A.2: Research Information Sheet - Vietnamese



MASSEY UNIVERSITY
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TE KURA PŪKENGĀ TANGATA

NGHIÊN CỨU VỀ CUỘC SỐNG VÀ SỰ VIÊN MÃN CỦA NGƯỜI CAO TUỔI VIỆT NAM

PHIẾU THÔNG TIN

Mến chào Quý Ông/ Bà đến với nghiên cứu về trải nghiệm về sự viên mãn của người cao tuổi Việt Nam. Nghiên cứu là một phần của luận văn Thạc sĩ do sinh viên Nguyễn Hồng Ân, đang theo học tại Đại học Massey, New Zealand, thực hiện. Dự án này sẽ góp phần vào những hiểu biết về cảm giác viên mãn của người cao tuổi Việt Nam nhằm góp phần cố vấn cho các chính sách cũng như cải thiện các dịch vụ cho người cao tuổi.

Ai có thể tham gia dự án này?

Dự án tìm kiếm những người cao tuổi:

- Từ 60 đến 80 tuổi
- Không có các vấn đề thể lý và tâm lý nghiêm trọng
- Hiện sinh sống tại Thành phố Hồ Chí Minh với con cháu hoặc gần con cháu

Trong trường hợp Quý Ông/Bà có TẤT CẢ các đặc điểm trên, xin Quý Ông/Bà đừng ngần ngại liên hệ với chủ nhiệm nghiên cứu để có thêm thông tin. Thông tin liên lạc của người làm nghiên cứu cũng như Giảng viên hướng dẫn sẽ được liệt kê bên dưới.

Trong trường hợp Quý Ông/Bà không phải là người cao tuổi hay không đáp ứng một trong các đặc điểm ở trên, xin đừng ngần ngại giới thiệu thông tin dự án đến với các gia đình hay những người cao tuổi phù hợp mà Quý Ông/Bà biết (ví dụ: cha mẹ, thành viên trong gia đình, hàng xóm, v.v.). Sự hỗ trợ của Quý Ông/Bà là nguồn trợ giúp quý giá cho dự án. Xin vui lòng liên hệ với chủ nhiệm nghiên cứu sau khi đã có sự đồng ý của người cao tuổi hoặc cung cấp thông tin dưới đây cho những người phù hợp.

Chủ nhiệm nghiên cứu:

Nguyễn Hồng Ân
Đại học Massey, Albany
Auckland, New Zealand
ĐT: [REDACTED] (Vietnam)
[REDACTED] (New Zealand)
Email: [REDACTED]

Giảng viên hướng dẫn:

A/Prof. Dr. Paul Merrick
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của người cao tuổi thông qua các dịch vụ và chính sách khác nhau. Đồng thời, đây cũng là hành động tiếp nối truyền thống tôn trọng và học hỏi từ người cao tuổi trong văn hoá của chúng ta.

Nghiên cứu sẽ được thực hiện như thế nào?

Sẽ có ít nhất một buổi phỏng vấn được thực hiện với cá nhân Quý Ông/Bà tập trung vào việc tìm hiểu những trải nghiệm về cảm giác viên mãn trong cuộc sống thường nhật. Những nội dung trao đổi trong buổi này sẽ không bị tiết lộ với bất kỳ ai khác, kể cả các thành viên trong gia đình nếu không được sự cho phép của Quý Ông/Bà. Buổi phỏng vấn này sẽ được ghi âm nhằm phục vụ mục đích nghiên cứu và kéo dài trong 50 đến 90 phút. Thời gian và địa điểm phỏng vấn sẽ được thoả thuận bởi người tham gia và người làm nghiên cứu.

Dữ liệu sẽ được xử lý như thế nào?

Các thông tin nghiên cứu cũng như nội dung phỏng vấn sẽ chỉ được sử dụng cho mục đích nghiên cứu của dự án này. Nhằm mục đích bảo mật, tên của người tham gia sẽ được thay đổi và các thông tin giúp nhận diện người tham gia sẽ được loại trừ. Chỉ những thành viên trong nhóm nghiên cứu (Chủ nhiệm Nghiên cứu và Giảng viên hướng dẫn) mới có thể truy cập thông tin cá nhân của Quý Ông/Bà. Tất cả các thông tin trên đều sẽ được giữ an toàn và bảo mật nghiêm ngặt.

Kết quả của dự án sẽ được viết trong luận văn của người làm nghiên cứu. Dự án cũng có thể được xuất bản hay công bố tại các hội nghị khoa học. Tuy nhiên, danh tính của Quý Ông/Bà sẽ luôn được giữ bí mật. Khi nghiên cứu kết thúc, thông tin liên lạc của người tham gia sẽ bị huỷ bỏ. Các dữ liệu được dùng để viết luận văn sẽ được lưu giữ an toàn và tiêu huỷ sau 5 năm.

Quyền lợi của người tham gia

Quý Ông/Bà hoàn toàn tự nguyện khi tham gia dự án này. Nếu quyết định tham gia, Quý Ông/Bà có quyền:

- Từ chối trả lời bất kỳ câu hỏi nào nếu không mong muốn
- Không tiếp tục tham gia nghiên cứu vào bất kỳ lúc nào
- Hỏi bất kỳ câu hỏi nào về nghiên cứu vào bất kỳ thời điểm nào
- Được cung cấp thông tin về việc danh tính của Quý Ông/Bà sẽ được bảo mật ra sao
- Được nhận tóm tắt về kết quả nghiên cứu sau khi nghiên cứu hoàn tất nếu có mong muốn
- Yêu cầu ngưng ghi âm vào bất kỳ thời điểm nào trong quá trình phỏng vấn

Thông tin liên lạc

Nếu Quý Ông/Bà có bất kỳ câu hỏi nào về dự án, xin vui lòng liên hệ Chủ nhiệm nghiên cứu, Nguyễn Hồng Ân hay Giảng viên hướng dẫn, Tiến sĩ Paul Merrick (xin xem thông tin cụ thể ở trang trước).

Xác nhận về Đạo đức Nghiên cứu

"Dự án này được đánh giá đồng đẳng và được công nhận là có nguy cơ thấp. Vì vậy, dự án không cần phải được đánh giá bởi Hội đồng Đạo đức Con người của Trường. Chủ nhiệm nghiên cứu được nêu tên bên trên sẽ chịu trách nhiệm cho việc đảm bảo các vấn đề đạo đức trong nghiên cứu này.


Nếu Quý Ông/Bà có bất kỳ quan ngại nào về các vấn đề đạo đức của nghiên cứu này mà muốn thông báo với một bên khác ngoài người làm nghiên cứu, xin liên hệ với Tiến sĩ Brian Finch, Giám đốc, Ủy ban Đạo đức Nghiên cứu, số điện thoại 06 356 9099 x 86015, email humanethics@massey.ac.nz".

Appendix B: Participants Demographic Information

Name	Interview date and age	Relationship	Children	Retirement	Profession	Religion
Duy	06/05/2017 66 years	Married	Yes	Yes	Businessman	Catholicism
Bich	06/05/2017 64 years	Married	Yes	Yes	Teacher	Catholicism
Thanh	14/05/2017 64 years	Single	No	Yes	Accountant	No
Đào	15/05/2017 64 years	Married	Yes	Yes	Teacher/ Government staff	Buddhism
Hạnh	23/05/2017 63 years	Single	No	Yes	Nurse	Catholicism
Hậu	26/05/2017 61 years	Married	Yes	Yes	Engineer/Driver	Catholicism
Huy	15/06/2017 62 years	Married	Yes	No	Businessman	Catholicism
Mỹ	19/06/2017 62 years	Married	Yes	No	Teacher	Buddhism
Như	22/06/2017 60 years	Married	Yes	No	Lecturer	No
Long	22/06/2017 61 years	Married	Yes	No	Art designer	Catholicism

Appendix C: Participant Consent Form

Appendix C.1: Participant Consent Form - English



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
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TE KURA PŪKENGĀ TANGATA

**DAILY EXPERIENCE AND PSYCHOLOGICAL WELLBEING
OF OLDER PEOPLE IN VIETNAM**

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand that, unless having my permission, the content of the interview and my identity will be remained confidential.

I agree to the interview being sound recorded

I understand that I have the right to:

- decline to answer any question;
- withdraw from the study at any point of time
- ask any questions about the study at any time during participation
- provide information on the understanding that my name will not be used
- be given access to a summary of the project findings when it is concluded
- ask for the recorder to be turned off at any time during the interview

I agree to participate in this study under the conditions set out in the Information Sheet

Signature: _____ **Date:** _____

Full Name - printed _____

Te Kunenga
ki Pūrehuroa

School of Psychology – Te Kura Hinengaro Tangata
Private Bag 102904, North Shore Mail Centre, Auckland 0745, New Zealand T +64 9 414 0800 extn 41244 F +64 9 414 0831
www.massey.ac.nz

Appendix C.2: Participant Consent Form - Vietnamese



MASSEY UNIVERSITY
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TE KURA PŪKENGĀ TANGATA

NGHIÊN CỨU VỀ CUỘC SỐNG VÀ SỰ VIÊN MÃN CỦA NGƯỜI CAO TUỔI VIỆT NAM

GIẤY CHẤP NHẬN THAM GIA

Tôi đã đọc Phiếu Thông tin và được giải thích chi tiết về nghiên cứu. Tất cả những câu hỏi về nghiên cứu của tôi đều được trả lời thoả đáng và tôi biết rằng mình có thể hỏi bất kỳ câu hỏi nào về nghiên cứu vào bất cứ thời điểm nào.

Tôi biết rằng, trừ khi có sự cho phép của tôi, nội dung phỏng vấn cũng như danh tính của tôi sẽ luôn được bảo mật.

Tôi đồng ý để buổi phỏng vấn được ghi âm nhằm phục vụ mục đích nghiên cứu.

Tôi biết rằng mình có quyền:

- Từ chối trả lời bất kỳ câu hỏi nào nếu không mong muốn
- Không tiếp tục tham gia nghiên cứu vào bất kỳ lúc nào
- Hỏi bất kỳ câu hỏi nào về nghiên cứu vào bất kỳ thời điểm nào
- Được cung cấp thông tin về việc danh tính của Quý Ông/Bà sẽ được bảo mật ra sao
- Được nhận tóm tắt về kết quả nghiên cứu sau khi nghiên cứu hoàn tất nếu có mong muốn
- Yêu cầu ngưng ghi âm vào bất kỳ thời điểm nào trong quá trình phỏng vấn

Tôi đồng ý tham gia nghiên cứu này dựa trên các điều kiện có trong Phiếu Thông tin

Ký tên:

Ngày:

Họ và Tên – Viết IN HOA:

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