

AGING AND LIFE EXPERIENCES OF LOW-INCOME, MIDDLE-AGED AFRICAN- AMERICAN AND CAUCASIAN WOMEN

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The increased longevity of the population has been accompanied by increased research focus on the problems of adult aging. However, although interest in the aged has reached the status of a specialty area in nursing, the same can not be said for their concern with the middle-aged, more specifically middle-aged women. As Stevenson (1983) points out, the lack of nursing research devoted to adult development compromises the ability of the nursing profession to explain how the adult reacts under conditions of health, illness and crisis.

Not only is there a lack of nursing research on adult development, there is a lack of research on low-income, middle-aged women. In addition to the need to explore the development of low-income women, an equal exigency is to examine the variables of race and social class in the adult development of low-income women. The purpose of this paper is to contribute to the nursing literature on the adult development of middle-aged women through an exploration of the influence of life experience on the perceptions of aging in a group of low-income African-American and Caucasian women.

Theoretical perspectives

In nursing today the most prevalent approach used to explain adult development, particularly in nursing text books (Ebersole, 1979; Moore, 1980; Turner & Helm, 1983), is the normative life crisis model (Rossi, 1980). The assumptions underlying in the normative life crisis model are Erikson's (1960) stage theory of human development.

Based upon a series of chronologically-ordered developmental tasks, Erikson's (1963) theory of development, represents a dualistic determination of the interaction between an individual's psychological structures and social role structures. According to Erikson, this dualistic determination is

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psycho-social development and proceeds by critical steps. Furthermore, Erikson believed that certain life tasks were critical to and turning points for development. Erikson referred to these life tasks as moments of decision between progress and regression, integration and retardation. The underlying assumptions of Erikson are evident in studies of middle-aged men by Levinson, Darrow, Klein, Levinson and McKee, (1978) and Vaillant (1977).

Application of the normative life crisis model to middle-aged persons has been examined by a number of authors. Neugarten and Datan (1974), in their review of the research on midlife, non-clinical populations concluded that because many of the events of middle age such as empty nest and climacterium are anticipated, it is inaccurate to view middle age as a crisis period. Barnett and Baruch (1978) pointed out that the normative life crisis model's focus on chronological age and linear stages of development reflect male experience. As a result they deemed the model to be inappropriate for women because it does not take into account the varying role patterns and combinations that a woman may occupy, (e.g. career, marriage, children). In commenting upon the inadequacy of the stage model of development, Steitz (1981) pointed out that the increased pace and diversity of socio-cultural change makes chronological age inadequate as the sole basis for interpreting developmental events.

Another major criticism of the normative life crisis model is that it neglects the physiological aspects of aging (Rossi, 1980X). By neglecting these, the normative life crises model does not deal with crisis that may start because of the physical changes of aging (Basseches, 1984). The normative life crisis model describes movement from stage to stage, but it does not explain how an individual moves through the stages (Riegel, 1976). Thus life-crises are viewed as development themselves, rather than opportunities for development (Basseches, 1984). Furthermore, the normative life crisis places little emphasis on social contexts and the effects of these on adult development (Riegel, 1979).

The life course perspective, a sociological perspective on aging, is concerned with the demographic concept of cohort analysis; that is, charting the historical context in which subjects live out their adult lives (Riley & Abeles, 1982). The principle that aging is influenced by the society in which people live underscores the fact that, within the same society, different groups (African-American and Caucasian, rich and poor, male and female) age in different ways (Riley & Abeles, 1982).

Literature Review

Most of the research on middle-age is concerned with men (Vaillant, 1977; Levinson et al. 1978). More recently there has been an expansion of research

devoted to the special issues and problems of middle-aged women. Unfortunately, this research is either devoted to Caucasian middle-class women (Lowenthal, Thurnher & Chiriboga, 1976; Neugarten, 1979; Rubin, 1979; Scarf, 1980) or focuses on menopause and menopausal symptoms (LaRocco & Polit 1980; Uphold & Sussman, 1981). Both Rubin (1976) and Seifer (1976) explored life experiences among working class women. However, neither of these authors specifically dealt with adult development. As a result of this concentration on middle-class Caucasian women, our knowledge of the adult development of low-income, middle-aged women of either colour is limited.

Giele (1982a), in an examination of midlife women's life course and their social matrix, found that the increased differentiation in women's life patterns were allowing them to recombine their past experiences in new, constructive ways. Nathanson and Lorenz (1982) explored the interactive effects of gender, social role and health in middle-aged women; they concluded that the ways women experience themselves is both a biological and social process. One researcher who focused on biological and social processes of aging in middle-aged women was Rossi (1980a,b); she developed a multi-dimensional questionnaire on life experience and perceptions of aging. The major strengths of Rossi's work were her emphases on the physical aspects of aging and her recognition of the fact that women's lives are inextricably bound up with those of their immediate families. However, the fact that Rossi's sample was Caucasian and predominantly middle-class makes it difficult to generalize her findings either to low-income women or African-American women. Rossi's orientation to the context of women's lives is supported by McBride & McBride (1981) who viewed women's lived experiences as the starting point of all women's health efforts. Despite the research gains in the study of midlife women, there is a lack of comparative research that examines aging and life experience between ethnic or racial groups of middle-aged women in the same society. In suggesting a new research agenda for women in their middle years, Giele (1982b) points out the need for more cross-cultural studies of women's development during the middle years.

The purpose of this research was to compare the the influences of life experience on perceptions of aging in comparable samples middle-aged African-American and Caucasian women. The research posed the following questions.

1. Are there differences between the African-American and Caucasian women's reported aging signs and symptoms?
2. Do women's life experiences differ by group?
3. Do the women desire to be younger than their chronological age?

4. Are life experiences and total aging signs and symptoms associated with desires to be a younger age? If so, do these associations differ by group?

Answers to these questions will assist nurses in recognizing that middle-aged women are not a monolithic group. Recognition of these differences will assist health care professionals in developing culturally-sensitive, age-related care plans.

Method

Subjects

The convenience sample for this study consisted of 100 (54 African-American and 46 Caucasian) mothers, between 32 and 56 years of age. The sample was a convenient one. Women who met the criteria came from two ambulatory neighborhood health centers in a large Midwestern city. There are advantages and disadvantages in using a clinic population in research that includes questions about health. The disadvantage is that the results may be confounded by manifest medical status. A major advantage of using a clinic population was that the researchers had access to a population of predominantly low-income women.

Instrument

A 47-item interview questionnaire was adapted from Rossi's (1980b) 112 item instrument. It included questions about aging signs and symptoms, life experiences, demographics and age perceptions. Each woman was interviewed for approximately twenty-five minutes. Major factors that dictated the use of an interview questionnaire were low educational levels and uncorrected vision problems. This combination made it difficult for many women to either read or understand the questions. The interview protocol involved questions about being a wife and mother, sources of pleasures, worries, social activities and open-ended questions about age perceptions. Reliability was not assessed in this study because the critical issue was the women's responses at the time of the study and not the stability of her response over time. For this type of questionnaire, test-retest would be the only appropriate type of reliability assessment. The constructs being measured are not conceptually defined as stable; as such, test-retest reliability would be inappropriate from a validity perspective, unless it was done within four hours of original administration. On the other hand, test-retest over such a short interval would be contaminated by the memory of the original response.

The variables used in this study were aging signs and symptoms, desired age and life experiences. The variables were measured as follows.

1. Aging signs and symptoms: three-point rating of "better five years ago", "no change", or "better now" of health, eyesight, hearing, energy level, shape of body, sex life, hair condition, weight and teeth.

2. Total aging signs and symptoms: the number of symptoms that the women rated as having been better five years ago.

3. Life experience consisted of six items:

Daily exhaustion: rating from hardly ever to very often on a 3-item index on frequency of daily physical, mental and emotional exhaustion.

Pleasures: three-point rating (from "not at all" to a "great deal") of the following as sources of pleasures: family income, health, husband's health, children's health, children's behaviour, marriage, relationship with children, husband's relationship with children and thinking about your own future as sources of pleasures.

Worries: three-point rating (from "not at all" to a "great deal") of the following as sources of worries: family income, health, husband's health, children's health, children's behaviour, marriage, relationship with children, husband's relationship with children and thinking about your own future as sources of worries.

Social activities: four-point rating (from never to five times or more) on frequency of monthly attendance at or participation in religious services; club meetings; sports events; exercise; movies, concerts or plays; and bars, restaurants or nightclubs.

Desired age: answer to the question "If you could be any age you would like to be right now, what age would you like to be?"

Procedure

The procedures for the protection of human subject's were approved by the Indiana University School of Nursing's Human Subjects Committee. Women who met the study criteria were told of the research by a clinic staff member. Women interested in participating in the research were directed to the researcher. Each potential subject was informed by the researcher that participation involved a twenty-five minute structured interview, and the general content of the interview was described. After the study was explained, potential subjects were asked for their consent to participate in the study. Data collected were summarized by total sample and racial groups.

Results

Chi-square tests were used to compare responses between the racial groups on aging signs and symptoms, income and education. Pearson r correlation coefficients were used to determine the associations among desired age, total aging signs and symptoms and life experiences. The significance level was .05. African-American women reported more aging signs and symptoms than Caucasian women. Both groups desired to be younger than their

chronological age and desired age was significantly and negatively associated with worries.

The Caucasian group was slightly older than the African-American group, bore more children, reported lower employment, lower income and generally less education than the African-American group.

Table 1

Demographic Data

	Both	African American	Caucasian
	N = 100	N = 54	N = 46
Marital Status			
Married	41.0%	33.0%	50.0%
Separated	11.0	17.0	4.0
Divorced	30.0	24.0	37.0
Widowed	11.0	13.0	8.7
Never Married	7.0	13.0	0.0
Mean Age	43.0	42.0	43.0
Mean Number of Children	4.0	4.0	5.0
Mean Number of Children Home	3.0	3.0	3.0
Religion			
Protestant	90.0	93.0	87.0
Catholic	5.0	4.0	7.0
Other	3.0	3.0	0.0
None	2.0	0.0	6.0
Employment			
Employed - Full Time	51.0	52.0	26.0
Employed - Part Time		10.0	15.0
Unemployed	49.0	38.0	49.0
Mean Yearly Income Approx	\$11,350	\$12,690	\$9,780
Education			
Grade School or less	16.0	11.0	22.0
Some High School	40.0	33.0	49.0
High School Graduate	28.0	32.0	24.0
Some College or College Graduate	16.0	24.0	5.0

As shown in Table 1 more than half the subjects had less than a high school education, with 16% having only attended elementary school. Twenty-eight percent were high school graduates and 16% attended college; 4% of those who attended college had completed some graduate work. Family income ranged from less than \$5,000.00 to approximately \$25,000.00 per year, with a mean of approximately \$11,350.00. The approximate mean income for the African-American women was higher than that of the Caucasian women. Fifty-one percent of the subjects were employed at the time of the study. African-American women had a higher rate of full-time employment $\chi^2(1, N = 99) = 5.84, p < .001$ than Caucasian women. There were no statistically-significant differences between the groups in income and education. The predominant religion of the subjects was Protestant.

The first question asked in this study was: "Are there differences between African-American and Caucasian women's reported aging signs and symptoms?" Table 2 displays the findings. The significant differences between the groups were in shape of body, weight and condition of teeth with African-American women reporting more negative changes in these aging signs and symptoms than Caucasian women.

The second question was "Do the women's life experiences differ by group?" The one significant difference in social activities was in terms of church attendance. African-American reported women attending religious services at a significantly higher rate $\chi^2(3, N = 100) = 11.66, p < .01$ than Caucasian women. With the exception of attending religious services, the majority of the women participated in few social activities.

Question three asked "Do the women desire to be younger than their chronological age?" Both groups desired to be younger than their chronological age. The Caucasian women's mean desired age of 27 years was 16.2 years younger than their mean age. African-American women's mean desired age of 29 years was 13.2 years younger than their mean age. In the total sample, only two women wanted to be older than age 56; both were from the African-American group. Nine subjects wanted to be less than age fifteen.

Question four was, "Are life experiences and total aging signs and symptoms associated with desires to be a younger age? If so, do these associations differ by group?" As displayed in Table 3, for African-American women, desired age was significantly correlated with total aging, social activities and worries. Total aging signs and symptoms were significantly correlated with social activities and exhaustion. Social activities was significantly correlated with pleasures and worries.

Table 2

Aging Signs and Symptoms by Group

Aging Sign/ Symptom	Group	Better Five Years Ago	No Change	Better Now
Health				
	African American	55.6%	22.2%	22.2%
	Caucasian	43.5	26.1	46.2
Eyesight				
	African American	50.0	50.0	0.0
	Caucasian	50.0	47.8	2.2
Hearing				
	African American	22.2	77.8	0.0
	Caucasian	26.1	71.7	2.2
Energy Level				
	African American	77.8	18.5	3.7
	Caucasian	67.4	21.7	10.9
Shape of Body				
	African American	81.5*	13.0	5.6
	Caucasian	50.0	32.6	17.4
Sex Life				
	African American	56.6	28.3	15.1
	Caucasian	45.7	43.5	10.9
Hair Condition				
	African American	34.0	47.2	18.9
	Caucasian	41.3	47.8	10.9
Weight				
	African American	74.1*	20.4	5.6
	Caucasian	39.1	39.1	21.7
Teeth				
	African American	63.0**	31.5	5.6
	Caucasian	34.8	58.7	6.5

*p < .01

**p > .01

Table 4 shows that, for Caucasian women, desired age was significantly correlated with worries. Total aging signs and symptoms were significantly correlated with social activities, pleasures and exhaustion.

Table 3

Correlation Coefficients: Desired Age, Aging Signs/Symptoms and Life Experiences - African-American Women (N = 54)

	Desired Age	Aging Signs/ Symptoms	Social Activities	Pleasures	Worries	Exhaustion
Desired Age		-.37**	-.25**	-.37**	.35**	
Total Aging Signs/Symptoms			.43*			-.29**
Social Activities				.53*	-.58*	
Pleasures						
Worries						

*p < .01

**p < .05

Table 4

Correlation Coefficients: Desired Age, Aging Signs/Symptoms and Life Experiences - White Women (N = 46)

	Desired Age	Aging Signs/ Symptoms	Social Activities	Pleasures	Worries	Exhaustion
Desired Age					-.38**	
Total Aging Signs/Symptoms			.31**	.57*		-.44*
Social Activities						
Pleasures					-.36**	
Worries						.36**

*p < .01

**p < .05

Discussion

This research dealt with several questions pertaining to aging and life experiences in African-American and Caucasian middle-aged women and differences between the two groups. The findings on the aging signs and symptoms suggest that the African-American women in this study perceived more negative biological changes associated with aging than the Caucasian women. The differences between the African-American and Caucasian women's reported changes in weight and shape of body is supported by

Allen & White (1983) who note that, regardless of age, African-American women are heavier than Caucasian women and consequently are more likely to be considered obese.

The finding that African-American women reported attending religious services more than Caucasian women, points out the traditional, cultural role of the church in the African-American community. In terms of reported social activities, both groups of women were not very active. The women's limited social activities may be attributable to their lack of financial resources. While some might argue that low-income women may not be inclined toward the activities dealt with in this study, their argument can be considered either presumptuous or ethnocentric. The activities were broadly defined; thus, a concert could be a gospel concert at the church and not necessarily a classical music concert. Dining out may similarly include eating at a fast food restaurant.

The correlation analyses suggest that different variables are associated with the desires of the two groups to be a younger age. For Caucasian women desiring to be a younger age was associated with their current experiences of more worries. On the other hand, Caucasian women with less worries desired to be closer to their own age. However, for African-American women desiring to be younger were associated with more aging signs and symptoms, less social activities and less perceived pleasures and vice versa. These findings, suggest that the women's desires to be younger are more than just subscription to the American socio-cultural norm of youthfulness. Furthermore, these findings support the influence of life experience and life context on women's desires to be younger than their chronological age. The findings on desired age are consistent with Rossi (1980 a,b) who noted that some women believed that being younger would help them escape from current problems.

Large percentages of the total sample reported poorer health and energy loss; as such, the positive correlations between total aging signs and symptoms and participation in social activities suggest that the participation in social activities is associated with a sense of physical well-being. However, the negative correlations between aging signs and symptoms and exhaustion for both groups suggest that women who report more aging signs and symptoms also experience more exhaustion. For African-American women, participation in social activities was associated with their pleasures and worries. Intuitively, it makes sense that the more pleasures in a woman's life, the more she would participate in social activities. However, increased worries decreased African-American women's participation in social activities. On the other hand, more worries were correlated with more exhaustion for Caucasian women.

In summary, with regard to their life experiences and perceptions of aging, this study found both commonalities and differences between a sample of predominantly low-income African-American and Caucasian middle-aged women. Limitations of the study include that it may not be generalizable to a non-clinic population. Furthermore, some of the findings may be attributable to cohort; that is, younger versus older, effects. Theoretically, the findings of this study support the need for the assessment of personal and contextual dimensions in adult development. Through the use of a multidimensional approach, we began to identify experiences that contribute to women's desires to be younger than their chronological age, the similarities and the differences between two groups of women. Although nursing has manifested some interest in adult development, the fact remains that the majority of the literature in the field is based upon studies of Caucasian middle-class persons, male and female. If we continue to apply the findings from research with middle-class males and females to African-American and low-income women, we run the grave risk of applying cultural, economic and gender-bound concepts to a group of women who constitute a large part of our consumer population.

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The research on which this article is based was supported by the Robert Wood Johnson Foundation.

RÉSUMÉ

Vieillessement et expérience de vie de femmes d'un certain âge à faible revenu chez les Afro-Américaines et chez les Américaines blanches

Des aspects multiples de la vie de femmes ont été étudiés dans le but d'explorer l'influence des expériences vécues sur la perception qu'ont les femmes d'un certain âge à propos du vieillissement. 100 femmes américaines à faible revenu ont été interviewées - 54 Noires et 46 Blanches - selon un protocole d'interview examinant la fatigue quotidienne, les activités sociales, les joies, les soucis, les signes et symptômes de vieillissement et l'âge souhaité. Pour les deux groupes, l'âge souhaité était moindre que la réalité. Les groupes différaient en termes de corrélations importantes entre l'âge souhaité et les variables des expériences vécues. Les résultats de cette étude suggèrent que la perception des femmes sur le vieillissement est influencée par les signes et symptômes biologiques aussi bien que par leurs expériences vécues.