

COPING WITH PROBLEMS:  
AN EXAMINATION OF RELIGIOUS AND RACIAL  
MEANING MAKING IN LATER LIFE

By

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To my sister-friends, Grace, Larissa and Rachel, who gently pushed me toward my destiny. I would not have been able to complete this without the love and support of good friends. Much love to my spiritual brothers David and Robbie who remind me that integrity and character are possible even within the belly of the beast. And to Jesus, my best friend, who reminds me that,  
“In the world you will have trouble. But take heart! I have overcome the world.”

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Abstract of Thesis Presented to the Graduate School  
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COPING WITH PROBLEMS:  
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By

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Aging is stressful. For some populations, like elder minorities, socioeconomic disparities and racism, experienced over a lifetime, combine with normative, age-related changes to make later life a time of both acute and chronic stress. Whether the life event or circumstance is a change in health status, death of one's spouse or close friends, or reduced finances, in the U.S. as people age they will inevitably experience stress. Cognitive coping models allow for an examination of the role of meaning making systems in how elders cope with stress. This analysis explores the role of two significant meaning making systems in coping with problems in life: religion and racial identity. Using data from a convenience sample of 16 semi-structured interviews with elders residing in the Southeastern United States, where elders were asked to recall unpleasant events that occurred in the previous week, month, year and their entire life, I was able to explore how African and white-Americans elders, age 55 to 82 years old, graft meaning onto problems and crises in life through their coping responses to stress. Three questions guide this analysis: (1) what problems do elders say they have experienced in life? (2) how do elders say that they have coped with problems in life? (3) what religious and/or racial meaning making coping process have elders adopted to cope with problems in life?

The interview data were explored using the grounded theory method. Findings indicate that: elders are somewhat reluctant to talk about unpleasant events; this demonstrates elders' sense of the precariousness of older age, their need to do impression management, and a belief that entertaining negative thoughts spoils self-image and shows a lack of thankfulness. Women discussed more spousal deaths, family, financial, health and psychological problems than men. Unmarried elders discussed more illnesses, psychological, and family problems than married elders. Paired religiosity scores and age showed no clear differences in the number or nature of problems discussed by elders. White, high SES and educated elders discussed more problems overall, but those problem differed little from low SES and lesser educated elders.

The choice of coping response is shaped by epistemological, material, structural, contextual and problem-specific factors. Five general coping strategies emerged from the data: (1) philosophical or introspective coping; (2) pragmatic, practical or planful coping; (3) help-seeking, collaborative or cooperative coping; (4) negative, self- or other-destructive coping; and (5) coping alone. Elders used religious meaning making to cope with problems in life in three ways: (1) through faith and dependence on the promises and provisions of God; (2) by engaging religion, the support of the church and partaking in religious activities; and (3) by relying on beliefs about the impermanency of life, the nature of death and the afterlife. Racial meaning making was found least often in the interview data and was only discussed by African Americans. Three racial coping themes emerged that stressed: (1) morality, fairness and justice; (2) religious faith and racial frustration; and (3) self-segregation, separation and racial socialization, in coping with problems in life. In the future, researchers might want to focus their analyses of meaning making coping on one particular problem and meaning making system among a well-defined group of elders. Much work remains to be done.

## CHAPTER 1 INTRODUCTION

### **Problem Statement**

As people age they inevitably experience stress. Whether the stress is associated with the transition out of full-time parenting for late middle-aged adults (i.e., the empty nest syndrome), poor health for those in old age, or the deaths of loved ones among the oldest old, aging is stressful. A few statistics help to illustrate the significance of stress in later life:

- parental bereavement is a problem adults in midlife contend with: by age 55, half of all adults have lost both parents (Papalia, Camp, & Feldman, 1996).
- elders 65 and older have the highest rate of suicide of any age group: in 2001 one elder killed himself every 97 minutes (Conwell, 2001);
- depression is the most common mental health problem among the elderly age 65 and older. Estimates are that upwards of 20% of elders living in the community report depressive symptoms (Cummings, Neff, & Husaini, 2003; Roff, et al., 2004);
- one-third of elder alcoholics, age 65 and older, are late onset drinkers who drink in response to stress and family loss (American Psychological Association [APA], 1998; Barnea & Teichman, 1994);
- in 2001 approximately 50% of elder women age 65 and older were widows – 4 times the number of widowers (Administration on Aging [AOA], 2002). Further, 15-25% of surviving spouses have problems with long-term bereavement (Lund, 1993).

For African Americans in later life, aging is sometimes accompanied by both an accumulation (i.e., over a lifetime) and acceleration (i.e., sudden onset) of stressful life events (Bachman & Chase-Lansdale, 2005). Novak (2006) reports that African-American elders have higher rates of arthritis, hypertension, diabetes, heart disease, and cancer than white elders. Loss associated with poor health and diminished physical abilities, coupled with life-long disparities in social and economic resources (Barrett, 2003; Pearlin, 1989; Pearlin, Schieman, Fazio, & Meersman, 2005; Turner, Wheaton, & Lloyd, 1995) and pressures related to the strain of racial discrimination and prejudice (Brown et al., 1999; Din-Dzietham, Nembhard, Collins, & Davis,

2004; Krause, 2005b) can produce debilitating levels of stress. How African-American elders cope with stress – indeed, that these elders actually do cope with stress – is an important subject for sociological inquiry.

### **Conceptual Framework**

The resources people draw upon in order to cope with problems are embedded in both achieved and ascribed identities developed and played out over a lifetime (Clark, Anderson, Clark, & Williams, 1999; Pearlin, Lieberman, Menaghan, & Mullan, 1981; Turner & Avison, 2003). In this study coping will be situated in a meaning making framework. Coping, from a meaning making perspective, is understood in relation to an individual's roles, experiences and ways of understanding the world that are most salient to them. Meaning making coping focuses on situated subjectivities: an individual's will to meaning, shaped and developed over a lifetime within diverse social and structural contexts (Park, 2000). Two important meaning making systems in the United States – religion and race – are the focus of this investigation. Religious and racial meaning making can be thought of as cosmologies of the self – frames through which individuals comprehend the world and make sense of their experiences.

### **Key Concepts and Definitions**

For the purposes of this study elder is defined as an individual age 55 and older. While this age may be considered young from some perspectives, researchers have suggested that age 55 is a better cut-off point for talking about minority aging, than age 65, due to minority elders' shorter life expectancy and health disparities in comparison to white elders (Yang & Levkoff, 2005). Later Life describes the period in life from age 55 onward. A problem or crisis is a situation or event that a person perceives as personally threatening or unpleasant. Stress describes the emotional, psychological and physiological response to a problem or crises. Stressors are the events, situations or experiences that cause stress (Pearlin, 1989). Coping is a

highly subjective, corrective response to problems or crises that brings an individual back to a self-determined state of equilibrium or comfort. Religious coping, “refers to the specific faith-oriented cognitive and behavioral responses that people engage in to reduce, avoid, or eliminate the noxious effects of the stressful life events that confront them” (Schaie, Krause, & Booth, 2004). In a similar vein, racial coping is a race-oriented cognitive and behavioral response that uses cultural, social and historical understandings of racial identity as a way to cope with stress, whether the stress is race-related or not.

A meaning making system is a set of ideas, ideals, experiences and orientations that people draw upon to make sense of the world and their place in it. Meaning making is multidimensional, fluid and complex. Systems of meaning can emanate from any number of experiences (e.g., race, age, the intersection of gender and ability) and are idiosyncratic (e.g., gendered experiences are not the same for everyone). However, some elements of meaning making are a product of collective experience and socialization into highly salient personal identities (e.g., race, gender or religion), social contexts (e.g., family or peer group) or macro-level structural phenomena (e.g., the Great Depression). Both religious identity and racial identity are understood to be important meaning making systems in the context of the United States. Each encapsulates “. . . the cognitive response to the question of identity: Who am I? These include the characteristics, preferences, goals, and behavior patterns we associate with ourselves,” (Howard, 2000, p. 368) and our achieved (e.g., “I am a member of First Baptist Church.”) and ascribed (e.g., “I am an African American.”) identities. Identity is the story we tell about our selves – narrative structure applied to one’s life (McAdams, 1997). Identity, like meaning making, is both individually and socially constructed. Meaning making systems supply

a frame – some aspects socially determined, some self-created. Identity is the portrait we paint of ourselves - selective, inventive, eclectic, proactive, ever-changing, and above all, personal.

### **Research Questions**

This research is designed to explore three questions:

- what problems do elders say they have experienced in life?
- how do elders say that they have coped with problems in life?
- what religious and/or racial meaning making coping process have elders adopted to cope with problems in life?

### **Data and Methods**

Data for this research come from an exploratory study conducted by Ardel (2003, 2005a) of wisdom in a population of community dwelling elders in the Southeastern United States. The goal of the study was to understand how wise and low wisdom elders cope with crisis and to test a scale designed to measure the cognitive, reflective and affective dimensions of wisdom (Ardelt, 2003). In that study, after administering surveys to 180 respondents, 40 elders were selected on the basis of their cumulative score ('high,' 'median,' and 'low') on the three-dimensional wisdom scale, for semi-structured, face-to-face interviews. These interviews took place between December 1997 and December 1999. In the interviews participants were asked to reflect on the most pleasant and unpleasant events they experienced in the previous week, month, year and their entire life. For the unpleasant events, elders were asked to talk about how they coped.

Interviewees were African and white American (n = 7 and n = 9, respectively) and Christian (from several Christian denominations). A convenience sample of fourteen of Ardel's forty interviews was selected for this study. In addition, two interviews from a related, unpublished study conducted by Ardel (using the same series of questions relied upon in the present study) were included in the sample in order to balance out the number of interviews with

African Americans. The interviews used in this study (with the exception of the two interviews from the unpublished study) were selected on the basis of the interviewee's paired intrinsic and extrinsic religiosity score. An attempt was made to vary the paired religiosity scores so that every possible permutation was represented among the interviews selected for the present study. I was blinded to the interviewees' score on the wisdom scale so as not to bias my analysis. After the analysis was complete I integrated respondents' wisdom scores into the write-up of the analysis. The interviews were analyzed, qualitatively, using the grounded theory method (Charmaz, 2006).

## CHAPTER 2 LITERATURE REVIEW

### **Stress in Later Life**

#### **U.S. Aging Trends**

America is a graying society (Centers for Disease Control and Prevention, & The Merck Institute on Aging and Health [CDC/MERCK], 2005; Nelson, 1987; Peterson, 1999). Due largely to advances in medical science (e.g., new treatments for serious illnesses and disease prevention) the average life expectancy in the United States has increased dramatically.

Population trends over the past one hundred years show that the proportion of older people in the United States population is steadily growing (see Table 2.1). In fact, the “oldest old” (composed mainly of women) are the fastest growing segment of the U.S. population. According to one estimate, by 2030 the number of people age 85 and older in the U.S. could exceed 10 million – 6 million more than in 2002. By 2050 their number is projected to reach 19 million (National Institute on Aging [NIA], 2002).

Aging trends like these are cause for concern. Dependency ratios (the proportion of the population 65 and older, to those 18 to 64) are cited with alarm. Demographers predict that, increasingly, the elderly will come to depend on a shrinking number of working people for support. In 1990 the elder dependency ratio was 19.0; by 2050 this figure is expected to increase to 33.9 (Novak, 2006, p. 93). Peterson (1999) has gone so far as to liken U.S. aging trends to a “global hazard” (p. 42), ominously designating the aging of the U.S. population as the “gray dawn,” and aging trends in the West as the “Floridization of the developed world” (p. 43). He writes,

We face a threat more grave and certain than those posed by chemical weapons, nuclear proliferation, or ethnic strife: the "age wave." As life expectancy grows and fertility rates decline, senior citizens will make up an ever-larger share of the total population. The effects of this demographic shift will be staggering. It will come with a whopping price

tag, which will place a massive burden on an ever-smaller working-age population. Economic, social, and even military policy throughout the next century will have to respond to this unalterable trend. Unless the West recognizes the challenges to come and devises a strategy to meet them, the future will be gray and bleak. (p. 42)

As the number of older people in the United States increases, elder social and economic support services are expected to strain under the pressure of mounting demand and dwindling resources (Binstock, 2005). This situation has contributed to anxiety among the aged and those nearing retirement (Putney & Bengston, 2005). Indeed, the elderly – and all working people - have had to face the fact that the over-burdened social security system and increasingly less secure pension plans will not provide the support they once promised. These developments contribute to what Pearlin (1989) calls ambient stress: diffuse stress that emerges from “social structures and people’s location within them” (p. 242). The aging life course is a social structure that interacts, affects and is affected by other social structures like race, gender, class, family and work. In the United States in later life individuals face a number of stressors that arise, predictably, in the process of aging.

### **Sources of Stress in Later Life**

It is a gross overgeneralization to speak of later life as an undifferentiated period. In fact, several distinct periods comprise later life – late-middle (55-64), old (65-79) and oldest-old (80 and older) age (Novak, 2006). The experiences of adults during later life stand-out from other periods in the life course in many important ways. There is, however, no average aging experience that transcends important considerations such as race, gender and class. Adults in later life encounter diverse stressors as they move through life. What stressors an individual encounters in later life are to a considerable degree grounded in past and ongoing events, social statuses and identities, experiences and challenges from birth onward (Elder, Johnson, & Crosnoe, 2003). Past and present health status (e.g., the presence of serious disease or disability)

the timing of events and transition into or out of social roles (e.g., marriage, parenthood or widowhood), history (e.g., having lived through Jim Crow segregation or the Great Depression, serving or having had a loved one who served in World War II, the Vietnam War, or Desert Storm) and social structural factors (e.g., xenophobia, sexism and/or racism) all influence the kinds of events people perceive as stressful and how they respond to them.

Several important milestones mark the experiences of Americans in late-middle, old and oldest-old age. Typically, during late-middle age, families transition from “full nest” to “empty nest” homes. Children move out, go to college, establish careers, marry and begin families of their own. Parents, freed from the burden of child care, are able to disengage from activities that center around the needs of the nuclear family and home. In old age parents become grandparents, many retire from full-time work – some go on to start second or even third careers. For those blessed with good health and sufficient financial resources, more time and relaxed schedules make travel, leisure and recreation an object of full-time pursuit. Others retire and choose to spend their time with family and friends, on hobbies, in clubs or in volunteer or charitable activities. While some of the oldest-old become frail or disabled, many in this group remain vital and healthy well into their eighth decade. The oldest-old might spend their last years in thoughtful contemplation of past experiences, sharing life lessons and accumulated wealth with younger members of their family. Concerns over social or political issues might also encourage elders in this life stage to engage with broader publics to pass on wise counsel for the benefit of future generations.

The picture the above descriptions paint is of an idealized later life – the “Golden Years” – one not punctuated by stress, crises and loss. Stress is an inevitable part of every life. While there is no evidence to indicate that later life is a time of especially severe stress, the stress that

occurs during later life takes on a special meaning because it happens at a time when significant changes in social roles and networks, physical, and in some cases, psychological, health occur. These changes are compounded by those associated with an individual's relationship to social structures, institutions, and custom. While race, gender, and class biases operate alone and intersectionally in younger years, in later life ageism intrudes to exacerbate these biases and the discrimination that often results.

### **Maintenance of social roles and networks**

Changes in the overall age structure in the U.S. correspond to an increase in the number of multigenerational families. "Co-survivorship among generations" (Putney & Bengston, 2005) increases the number of kin available for childcare and other types of family support functions. Greater longevity and health into late adulthood has contributed to more opportunities for intergenerational contact and lengthened the time elders spend in family roles and relationships (e.g., husband, grandparent) (Putney & Bengston, 2005). While co-survivorship has many positive benefits (e.g., assistance with child care, time spent with relatives and friends) more time in kin roles can also mean more time in demanding and stressful relationships. This is especially true for poor and minority families who rely on family and fictive kin networks for support (Putney & Bengston, 2005).

Families play a dual role in stress. Families are, at the same time, a bulwark against stress and a source of strain. For example, during late-middle age, adult children may return to the parental home (popularly called "boomerang kids") as a consequence of economic woes, marital disruption or divorce, or simply as a way to reduce expenses (Mitchell & Gee, 1996; Ramachandran, 2005; Settersten, 1998; Singletary, 2005; Veevers & Mitchell, 1998). Children who are "delayed nest-leavers" may also be a problem to late-middle-agers. In such situations

parents experience stress related to sharing a home, and sometimes limited financial resources, with adult children (Putney & Bengston, 2005).

Stress might emerge in late-middle and old age from care extended to grandchildren. Increasingly, parents are taking full-time custodial care of their children's children (Bachman & Chase-Lansdale, 2005). According to data from the AARP, in 2000 6.3% or 4.5 million children under 18 were living with a grandparent as the head of household, a 30% increase from 1990 (AARP, 2006). Whether as a result of accidental death, substance abuse, marital dissolution, neglect, or incarceration, many more grandparents are re-entering the role of primary caregiver at a point in their lives when they may have expected more 'me-time.' While many parents are happy to extend help, co-residential living arrangements and off-time custodial grand parenting exact a serious toll, for some, due to challenges in the grandparents' physical, psychological and emotional health (Bachman & Chase-Lansdale, 2005).

For elders age 65 and older release from daily work responsibilities through retirement can lead to stress when retirees feel forced into the retirement decision and/or they become disenchanted with their post-retirement activities. In a study of the factors related to retirees' and their spouse's individual and joint retirement satisfaction, Smith and Moen (2004) found that: (1) fewer spouses of retirees expressed satisfaction with the retirement decision than the retirees themselves, and (2) individual and couple retirement satisfaction was linked to perceptions of spousal influence on the decision to retire. The elder couples that expressed the most satisfaction with retirement were couples in which wives felt that their husbands did not influence their retirement decision. The opposite was the case for husbands who seemed to welcome an involved spouse's influence.

Loneliness and bereavement are issues that affect nearly every elder. Widowhood or the loss of close friends and family trigger stress because these losses represent a change in social roles, networks and identity (Barrett, 2003; Diehl, 1999; Diehl, Coyle, & Labouvie-Vief, 1996; Diehl, Hastings, & Stanton, 2001; Howard, 2000; Stets & Burke, 2003). To a great extent, people are who they are in relation to the significant others in their lives (e.g., Samuel's wife, Candace's best friend or Jacob's daughter). The effects of changes in social roles and ties to social networks can be wide-reaching and serious, causing an individual to feel isolated and out of touch with the society (Granovetter, 1983). Depression, suicide and alcohol abuse have all been linked to social role loss, feelings of isolation, helplessness and diminished self-concept (APA, 1998; Barnea & Teichman, 1994; Blazer, 2003).

Spousal loss and bereavement hits elder women hardest (AOA, 2002). In 2001, approximately 50% of elder women age 65 and older were widows – four times the number of widowers (Novak, 2006). Of elders who lose their spouse, 15 to 25 percent have problems with long-term bereavement (Lund, 1993). Emotional numbness, grief, depression, guilt, disbelief, shock, feelings of lost identity, abandonment, and anger are a few of the emotions present after the loss of one's significant other (Novak, 2006).

Feelings of loss and bereavement are not only associated with the death of a spouse. Caring for a disabled or seriously ill parent or partner also causes deep emotional stress. Because wives are generally healthier than their husbands, more spousal caregivers age 65 and older are women. Thirty-seven percent of women, as opposed to 10% of men, in this age group serve as caregivers to their disabled spouse (Novak, 2006). Even when full-time care for a spouse is transferred to nursing home staff, stress sometimes continues for the community-residing partner who may feel guilt and loneliness (MacKenzie & MacLean, 1992).

Having ‘achieved’ oldest, old age does not exempt one from having social role stress. Illness and death of family members and close friends is a frequent source of stress for the very old (Dunkle, Roberts, & Haug, 2001). This loss is experienced in two ways. First, the death or serious illness of a family member absents that person from the elder’s life. The bereavement and grief that results from a death is easy to understand. What is unique to the bereavement experiences of the oldest old is the devastating impact of deaths on social networks of family and friends. For the very old, “weak ties” (Granovetter, 1983) to distant acquaintances are greatly reduced with aging as elders drop-out of work, family and leisure activities that integrate them into society and bring them into regular contact with acquaintances. “Strong ties” to close friends and relatives assume an increased importance. The loss of a family member or close friend – a “strong tie” – impacts social networks by reducing the overall number and quality of social ties and avenues for meaningful personal and social interactions (Granovetter, 1983). Elders in this circumstance feel like orphans - one of a few or the sole surviving member of a family or friend group. On top of grief, these elders feel left behind and completely alone in the world.

### **Physical health**

Perhaps one of the biggest threats to physical health and well-being among those in later life is their own ageism. When elders accept the mistaken belief that nothing can be done to improve their health as they age – that it is all downhill after 30 – they set themselves on a slippery slope that contributes to disease processes that are prevented or, at least, attenuated through lifestyle changes. Physical changes that occur because of underlying disease processes are not a normal part of the life course at any age (Meuleman, 2006). Disease is abnormal and should not be thought of as inevitably connected to advancing age. In the West, generally, peoples’ bodies age well.

There are, however, diseases that are common among the elderly: dementia, osteoporosis, prostatic disease, pneumonia, and urinary incontinence occur more frequently among the elderly than in young people. Among the elderly age 65 and older most deaths are due to chronic (as opposed to acute or preventative) conditions; heart disease, cancer and stroke represent 68% of all deaths among elders 65 and older (Kart & Kinney, 2001). The top five causes of death in old age are heart disease, cancer, cerebrovascular disease, pneumonia and flu, and chronic obstructive pulmonary disease (Gorina, Hoyert, Lentzner, & Goulding, 2005).

Fortunately, in the United States adults are living longer and healthier lives well into late old age. Contrary to ageist stereotypes that portray later life as a time of dependency, mental and physical frailty and declining health, the majority of elder adults in the U.S. live independent, full and active lives (APA, 1998). However, while Americans generally experience better health and increased longevity, there are a constellation of physical changes that appear in the human body as it ages. In middle and late middle age physical changes generally do not signal death; in fact, these changes are far less dramatic than those that occur between infancy and the teens (Kirasic, 2004). Health conditions like arthritis, hypertension, chronic sinusitis, hearing problems, heart disease, allergies, hemorrhoids, diabetes and varicose veins are common nonfatal conditions in midlife (Kirasic, 2004). Between age 30 and 70, for example, cardiac output decreases by 30%, metabolism decreases between 8 and 12 percent, and muscle and bone mass decreases 25 to 30 percent. These changes represent the normal wear and tear process of aging bodies and are hardly perceptible until middle or late-middle age. Physical change, in itself and because it is a telltale sign of the aging process, may however cause emotional, psychological and physical stress.

Normal, age-related physical changes concentrated in old and oldest old age include: hearing loss and impairment (affecting 30% of those 60 and older and half of those over 85), weakening vision and vision impairments, changes in bones and muscle that cause pain and stiffness, and deficits in long-term memory and recall. Common physical ailments in this age group include arthritis, hypertension, heart disease, diabetes and osteoporosis. Sexual dysfunction is also common among elder men and women and can affect quality of life and sexual intimacy. Sleep difficulty, in the form of insomnia, is also common. Any one of these problems experienced over an extended period can increase stress, feelings of loss or vulnerability, and reduce life satisfaction and feelings of well-being (Barrett, 2003; Danhauer, Carlson, & Andrykowski, 2005; Efklides, Varsami, Mitadi, & Economidis, 2006; Gott et al., 2006; Wilhelmson, Andersson, Waern, & Allebeck, 2005).

### **Psychological health**

Midlife is a time when some adults feel that they have, at long last, mastered life. Wiser than they were in their young adult years, midlifers may feel more confident and accomplished in the skills of living than at any other point in their lives. Poised on the summit of life where they are neither focused on what lies ahead of them (like young adults) nor aft (like the old or oldest old) (Kirasic, 2004), adults in midlife appear to be absent the psychological problems, like depression, low self-esteem and anxiety, that plague younger and older age groups. Adults in midlife, generally, view themselves as well adjusted and in control of their emotions (Tierney, 2006). However, psychological stress at midlife can be illusive. Factors present in American culture contribute to the unique contexts in which midlifers experience stress. According to Kirasic (2004), the individualistic and independent cultural ethos of the U.S. can be stress producing. The emphasis on material success and individual personal achievement in every aspect of family, marriage and work life, place a great deal of stress on midlifers, especially

minorities and women who confront obstacles and biases in pursuit of mainstream American standards of achievement.

In the 1960s and 1970s researchers argued that the pressures experienced by American adults would give rise to a need to drastically reevaluate goals and objectives at midlife. This was called the “midlife crisis” and was placed alongside other age-graded developmental milestones as a normal part of the life course between ages 40 and 50. The primary indicator of midlife crisis was believed to be personality change, “depression, anxiety and manic flight” (Rosenberg, Rosenberg, & Farrell, 1999, p. 49).

Today there is near unanimous agreement among researchers that “midlife crisis” is not supported by the empirical data. Drug use, divorce and suicide at midlife are not the result of a midlife crisis; rather these behaviors are cultural artifacts of white, male, middle and upper middle class experiences and culture (Kirasic, 2004; Rosenberg et al., 1999). In spite of the pressures and multiple demands that coalesce around midlife, depression is not a serious problem for midlife adults (Kirasic, 2004). Too, while personality does change over the life course it is, for the most part, stable and predictable over time (Rosenberg et al., 1999). Because of the diversity of experiences among midlife adults, the private, subjective nature of stressors and the way people react to them, the psychology of midlife is in need of more research attention.

The relationship between psychological disorders and stress is more complicated for the old and oldest old. Elders age 65 and older experience fewer diagnosed episodes of the mental health problems that are common to younger adults (APA, 1998). According to the American Psychological Association (1998):

A major population-based survey found that the overall prevalence of mental disorders for older adults was lower than for any other age group. Only cognitive impairment shows a definite age-associated increase in incidence. (p. 10)

However, many serious psychological problems are experienced by those 65 and older (APA, 1998). Generalized anxiety disorder, obsessive compulsive disorder, panic disorder, posttraumatic stress disorder, major depression, and schizophrenia are examples of some of these psychological problems. Of these mental health problems, some are reoccurrences of earlier crises, while others are related to the stress of growing older. Some illnesses like depression, a major problem among the elderly, especially the oldest old, are caused by medications, physical illnesses or biological changes (Tierney, 2006).

There are unique psychological challenges that elders are vulnerable to in later life. Psychological health is lowest among elders who have to cope with the stress associated with poor health, lack of social relationships and inadequate financial resources (APA, 1998). For example, white men age 65 and older have the highest rate of suicide (though women make more attempts) of any age group. In 2001, one white male elder killed himself every 97 minutes (Novak, 2006; Conwell, 2001; Conwell et al., 2002). Alcohol and drug use and abuse are examples of mental health problems with a serious physical component exacerbated by older age. Alcoholism and drug abuse among elders age 65 and older, while quite low in comparison to younger adults (2% - 5% of elder men and 1% of elder women), have an especially deleterious effect on elder physiology. According to the APA (1998),

Common stressors that contribute to alcohol and drug abuse in later adulthood include retirement, relocation, death of a spouse or close relative, conflict within the family, financial concerns, and physical health problems. (p. 16)

There are, of course, psychological disorders, like delirium, age-related dementia and Alzheimer's disease, and trauma caused by elder abuse and neglect, that are found primarily in the old and oldest old (65 and older). The stress normally associated with these disorders is multiplied by the depression, anxiety and paranoia that often accompany them (APA, 1998). Unfortunately, elders, their caregivers and relatives often neglect mental and physical health care

believing bad emotional, psychological physical states are the normal result of aging (APA, 1998). Again, this is the consequence of ageist beliefs that confuse growing older with abnormal disease processes.

### **Macrosocial stressors**

Sources of stress do not emerge solely from individual lives and personal interactions. It is important to look at how aspects of the social structure generate circumstances that lead to stress. Macrolevel social-structural factors, like ageism, sexism, poverty and racism, exert a significant influence on elder evaluations of stress and the ability to cope with problems and crises in life.

**Ageism.** Angus and Reeve (2006) write that, “ageism . . . is widespread, generally accepted, and largely ignored” (p. 138). America is a youth-oriented culture; any reminders of what awaits all of us in the future – old age and death – is shunned or made light of. Like most biases ageism is grounded in fear. We debase, ignore, make fun of and cling to stereotypes of the old as a way of distancing ourselves from what is perceived as a menacing fate. Where there is reverence, particularly of the oldest old, it is only in so much as we all desire the ‘secret’ of living a long life (Tadd, 2000).

Coined by the first director of the National Institute on Aging, Robert Butler, in 1969, ageism is defined as the, “systematic stereotyping of and discrimination against older people” (Tadd, 2000, p. 203). Tadd (2000) expands on Butler’s widely accepted definition:

Discrimination can take many forms, from personal prejudice, through exclusion, marginalization and exploitation to systematic and structured oppression, and one of the main reinforcements of discrimination is stereotyping. Stereotyping is adhering to a fixed, simplistic and negative image of an entire group of people . . . [e.g. believing] Old people are confused and dependent. (p. 204)

Contemporarily, ageism is used more broadly to describe bias on account of age.

Ageism can be motivated by compassion, carelessness or open hostility (Binstock, 2005). Tadd (2000) argues that the danger of ageist stereotyping and discrimination is the tendency it encourages of, “hid[ing] the realities facing individuals” (p. 204). Ageism is rife in elders, as well as younger people. Institutions, especially those that serve the elderly, also perpetrate, intentionally or not, ageist stereotyping and discrimination. Language, too, is replete with epithets that point to entrenched ageism. Recall the many derogatory names that begin with calling someone an ‘Old \_\_\_\_\_!’ All but the most egregious ageism is tolerated in American society. There has been little, if any, national dialog that defines ageism as a problem, identifies its causes and consequences, and proposes remedies for those so victimized.

Ageist stereotypes strike at the heart of coping well with stress and problems in life as such beliefs promote social constructions of aging and the aged that, “have the power to damage social and personal identities” (Angus & Reeve, 2006, p. 139). The idea that older people are dependent, unproductive and ineffectual in dealing with the most basic tasks of life is widespread (Angus & Reeve, 2006). Angus and Reeve (2006) argue that ageism,

Is a concept that impacts on the lives of older people and younger people by obscuring understanding of the aging process, reinforcing structural inequalities, and shaping patterns of behavior in older people that are inimical to their interests. (p. 139)

From a review of research on ageism, Angus and Reeve (2006) identify five of the most common ageist myths. These myths include the belief that old people: (1) are on a slippery slope of mental and physical decline; (2) are alone, lonely and isolated from society; (3) are sexless and have no sex life or sexual desire; (4) are devoid of intellect and creativity; and (5) are nonproductive and burdensome to their families and society.

Among the elderly who buy into these beliefs, these stereotypes contribute to an extreme fear of dependency. This fear of dependency causes some elders to reject help even when it is sorely needed (Angus & Reeve, 2006). Ageist myths support moralistic reasoning that equates

poor health and the need for economic, health or social services with having lived an intemperate life. This has led to public resentment of welfare programs and services directed at the elderly; programs that, thirty or forty years ago, were motivated by compassionate concern for elders now inspire contempt. As ageist reasoning in support of dismantling social services for the elderly would have it, elders are mostly wealthy or well off, unproductive and a drain on public coffers (Binstock, 2005). Elders find themselves between a rock and a hard place – damned if they fit the stereotype of dependency and damned if they fight it.

After thirty plus years of research on ageism Erdman Palmore (2005) concludes that,

Ageism makes a great difference in our society and culture, even though most people are not aware of it. Ageism creates needless fear, waste, illness, and misery, especially among older people. It is a social disease much like racism and sexism. (p. 90)

Clearly, much more research needs to be done in order to assess the extent of ageist stereotypes, the impact on the experiences and perception of older people, especially in regards to stress, and how society might begin to attack ageist beliefs.

**Sexism.** Gender bias is not experienced in the same ways throughout the life course. This is perhaps most evident in the gendered double-standard that pertains to physical attractiveness and aging (Hatch, 2005). We are all familiar with how this bias works: Women get old, while men become ‘distinguished’ older gentlemen; gray hair and wrinkles on a woman undercut femininity. The mass media, advertising and entertainment industries play a large role in both supporting and perpetuating gendered ageist stereotypes and discrimination. Through humor, absence, disparaging stereotypes, simplistic portrayals, and one-dimensional characters older women are marked as less appealing, asexual, dependent, perpetual nurturers or as evil crones. Calasanti et al. (2006) refer to this as “cultural imperialism” (p. 20). Unfortunately, studies show that women are as likely to buy into these stereotypes as are men (Hatch, 2005).

Gendered age bias extends to social policy. In an analysis of the Medicare system Hendricks, Hatch and Cutler (1999) found that the insurance program favored men's health care more than women's. Because payments go more readily to acute illness than chronic care, men reap a greater benefit from the Medicare system than women, who are more likely to experience chronic illnesses. Another dimension of bias in Medicare insurance is provisions that disallow payment for long-term nursing home care. Because women live longer than men and are more likely to outlive their husbands, requiring non-familial caregivers, this policy works against them.

The Social Security system operates with similar gender biases. Because social security is a pay-in program benefits are not available to women who have worked primarily in the home. Also, because women are more likely to earn less over their lives than men, and because work is often interrupted due to pregnancy and family responsibilities, benefits are lower for women than for men. In 2003, the average monthly payment for women was \$764 and \$1,013 for men (Calasanti et al., 2006). Even when a widowed woman receives benefits as a result of the death of her husband, rules require that she have been married for at least ten years and even then she only receives half the payment her husband would have received if he were alive (Hatch, 2005).

Healthcare institutions and workers also evidence gendered ageism. Studies show that in interactions with physicians older women are more likely to be interrupted, have their concerns for care devalued and have their illnesses labeled as psychosomatic. This bias influences the doctor's choice of treatment: women 46-60 are less likely to receive transplants than men and diagnosis of heart disease comes later for women than men, increasing women's rates of mortality (Hatch, 2005).

Feminist scholars have been critical of the lack of attention paid to the impact of sexism and ageism (Calasanti et al., 2006) on women's lives. Calasanti and colleagues (2006) assert:

An inadvertent but pernicious ageism burdens much of women's studies scholarship and activism. It stems from failing to study old people on their own terms and from failing to theorize age relations – the system of inequality, based on age, which privileges the not-old at the expense of the old. (p. 13)

Like the more general issue of ageism, gender, aging and sexism is in need of more research attention. Calasanti et al. (2006) also point out how important it is for scholars to link arms with activists and for both to integrate the others' work on aging, old age and age relations in order to probe issues of gendered age bias. Calasanti et al. (2006) suggest that future research address the middle-class biases inherent in the "successful aging" model and discourse that suggest that elders adopt an individualist mentality to aging, where defying an aged physical exterior (i.e., "age is just a number; it is all in your head") is what is strived for. Also needed is research on the nature of age relations that uncovers, "how all of our positions and experiences rest upon power relations based on age" (p. 17). Calasanti et al. (2006) assert:

Old age does not just exacerbate other inequalities but is a social location in its own right, conferring a loss of power for all those designated as "old" regardless of their advantages in other hierarchies. (p. 17)

Calasanti et al. (2006) highlight the significance of work on age relations while pointing us in the direction of future research and theorizing.

**Poverty.** Ageism is evident in the marginalized economic status of elders. While it is, generally, illegal to deny an older person a job on account of age, ageism in the workplace is woven into "staffing and recruitment policies, career structures, and retirement policies" (Calasanti et al., 2006, p. 18). Income and wealth disparities are greatest in old age (Calasanti et al., 2006). While there are older people who have accumulated large sums of money and wealth over their lives, most retired Americans live off of a more modest financial reserve consisting

mainly of social security pension. For four-fifths of those receiving social security payments, the money is approximately half of their monthly income. Of course, social security does not guarantee that elders live above the poverty line; approximately a fifth of minority men and a fourth of minority women live in poverty despite receiving social security payments. In 2005 12% of elder women and 7% of elder men age 65 and older lived below the poverty line (U.S. Census Bureau, 2006, p. 39). Interestingly, the poverty level for people age 65 and older (\$8,825 in 2003) is lower than for those of younger age (\$9,573). This lower threshold is based on the assumption that older people require fewer calories and thus have lower nutritional expenses.

Older adults are also more likely than younger adults to be targeted and victimized by several types of financial fraud. Ferguson and King (2006) refer to such schemes as “economic terrorism” and include among them redlining, predatory lending, housing piracy and home foreclosure (Ferguson & King, 2006). Minority elders who own homes in urban communities are more often victims of financial fraud than other older Americans. Elder minorities in dire financial straits are deluged with offers to borrow money by using their home as collateral for loans at subprime rates. Subprime lending is a billion dollar a year business. Ferguson and King (2006) report that between 1994 and 2004 earnings for this industry grew from \$35 billion to \$213 billion (p. 149). Millions have been gifted by these lenders – 90% of the proceeds from this technically legal, but unethical enterprise come from elders (p. 149).

Because of the shame of having been taken advantage of in financial schemes, some elders do not come forward to report incidences or ask for help. Here again is an example of how ageist stereotypes (e.g., old people are dependent and gullible) and predatory, ageist discrimination (that depends upon the needs of financially vulnerable elders) combine to undermine the health and welfare of older adults and cause stress. Elder financial fraud

victimization illustrates the importance of looking at stress from an intersectional perspective that grounds analysis in micro (individual), meso (social networks and communities) and macro (institutions) structural factors.

**Racism.** Multiple (or double) jeopardy describes the increased risk of disease, illness, loss, stress and crises borne by minorities as they age (Markides, Timbers, & Osberg, 1984; Yang & Levkoff, 2005). The National Institutes of Health define health disparities as, “Differences in morbidity, mortality, and access to health care among population groups defined by factors such as socioeconomic status, gender, residence, and race or ethnicity.” (as quoted in Dressler, Oths, & Gravlee, 2005). Numerous studies have shown that poor, minority elders have a higher incidence and earlier onset of disease and more pernicious and deadly physical and mental health problems than their white peers (APA, 1998; Anderson, Bulatao & Cohen, 2004; Bulatao & Anderson, 2004; Cummings et al., 2003; Denny, Holtzman, Goins, & Croft, 2005; Kart & Kinney, 2001; Novak, 2006; Pearlin et al., 2005; Zsembik, Peek & Peek, 2000). Dressler, Oths and Gravlee (2005) conclude of the health disparities literature, “On nearly every index measured, African Americans suffer in relation to European Americans, and often to other racial and ethnic groups as well” (p. 232).

In a summary of the research on racial disparities in elder health, Novak (2006) cites medical research findings indicating African Americans have a greater incidence of heart disease, cancer, stroke, diabetes, arthritis, hypertension, and disability compared to whites. In addition, African-American elderly are more likely than whites to rate their health as fair or poor. Yang and Levkoff (2005, p. 43) cite mortality statistics on birth cohorts by race: accordingly, for every birth cohort of 100,000 men, 17,000 fewer African-American men live to age 65 than whites. The figure is 10,100 for African-American women. Curiously, life expectancy and

morbidity rates (e.g., rates of heart disease) for the oldest old African Americans are higher than that of whites. Researchers hypothesize that African-American elders who survive to their eighth decade are among the heartiest elders, regardless of race.

Researchers have also concluded that the health of minority elders is exacerbated by delays in seeking treatment, non-adherence to drug therapies, distrust of healthcare providers and cultural food and folkways practiced over a lifetime that increase the risk of disease and ill health (APA, 1998; Blankenau et al., 2000). Factors related to the availability and provision of healthcare services, failure to include minorities in medical and drug research, and lack of understanding by medical professionals of cultural factors, also contributes to increased risk of poor health among minority elders (Blanchard & Lurie, 2004; Brown et al., 1999; Kuzel et al., 2004; Mandelblatt et al., 2002).

African-American elders reflect these health disparities in their subjective assessments of aging. First, minorities appear to suffer from greater “internalized ageism” than whites due to differences in experiences over the life course, as well as perceptions of minority physical and mental health and access to financial sources and support in old age (Yang & Levkoff, 2005). In addition, when African-American elders are asked about their experience of aging, low socioeconomic status elders report an older age identity and attribute this to having poorer health and less optimistic views about their future health (Barrett, 2003). Barrett (2003) has attributed these findings to the speed with which low socioeconomic status adults pass through life transitions like the completion of formal education, marriage, parenthood, and retirement. According to Barrett (2003) the life course of low socioeconomic status African-American elders is more “temporally compressed.” This means that, “They view the onset of old age as occurring at a younger age, perceive earlier cultural age deadlines for many adult transitions, and anticipate

a shorter life span” (p. S101). This is troubling as research shows that having a youthful age identity is associated with better mental health, life satisfaction, morale, and self esteem (Barrett, 2003; Yang & Levkoff, 2005).

Minority health disparities research is a complex area of inquiry; differences in health outcomes emerge from conditions with important biomedical, historical, demographic, economic and social and cultural elements (Yang & Levkoff, 2005). Several hypotheses have been proposed to explain how race explains health disparities. Theories include those that read racial and ethnic health disparities through the lens of race and genetics, health behavior, socioeconomics, social psychology and stress, and social structure. In a review of findings from studies using these different theoretical approaches, Dressler and colleagues (2005) found that psychosocial stress models (of institutional and perceived racism) and those that examine disparities through a structural-constructivist perspectives, highlighting the importance of perception, cognition, and meaning making in contexts of racial stratification, do the best job of explaining minority health disparities.

Several hypothesis from the elder health disparities literature support Dressler et al. (2005) findings. First, the “weathering hypothesis” assumes a psychosocial stress paradigm and proposes that the cumulative impact of racism over time causes accelerated aging and leads to racial disparities in health (Geronimus, 1992). Ferraro and Farmer’s (1996) “double jeopardy hypothesis,” also emphasizes the role of stress. Ferraro and Farmer (1996) contend that older African Americans are at higher risk for serious health problems due to the combined stress of racism and ageism. John Henryism is perhaps the most well-known explication of the stress-health hypothesis. James, Harnett, & Kalsbeek (1983) hypothesizes that “high-effort coping with adversity” (p. 2) produces stress and ill health in African-American men. James and

colleagues (1983) found that African-American men who adopted active coping in dealing with life challenges were more likely to have hypertension if they lacked traditional resources, like education, to facilitate the achievement of their goals. James and colleagues theorize that experiencing daily stress, over many years will alter the vascular system such that a permanent increase in resting blood pressure is the result (James et al., 1983).

Ecosocial models bridge psychosocial stress theories and structural-constructivist models by highlighting the interaction between racial or racist environments and social factors that produce stress. Living in disorganized communities, conflict with the police, and having dark skin are identified as stressors that cause both mental and physical illness (Clark et al., 1999; Dressler, Oths, & Gravlee, 2005). Elder health disparities between African Americans and whites have also been shown to operate through socioeconomic factors experienced in childhood and as an adult. Level of education (self and parents), employment status (including parental employment and occupation), single-parent family structure and lifetime experience of poverty have been shown to influence morbidity and mortality differentially by race, with African American being more disadvantaged (Farmer & Ferraro, 2005; Warner & Hayward, 2006).

No matter the specific origin, racial health disparities are reason for serious concern given projections that the proportion of African-American elderly will increase in the future. African-American elders, who are now roughly 8% of the elder population, will increase to approximately 10% of the elder population by mid-century (APA, 1998). Now more than ever, it is important to understand the myriad of factors that influence African-American elders' stress and coping.

## **Religion, Meaning Making and Coping in Later Life**

### **Religiosity in the U.S.**

In the present study, religion is limited to Christian Protestant and Catholic, denominations. Americans are overwhelmingly Judeo-Christian. Eighty-five percent of respondents in a Newsweek/Beliefnet poll report being Christian (Adler, 2005). Findings from this survey indicate that Americans take religion and spirituality seriously. For example, 57% of respondents report that spirituality is very important in their daily lives (Adler, 2005, p. 48). Sixty-nine percent of those polled report that they practice religion “to forge a personal relationship with God” (39%) or “to help be a better person and live a moral life” (30%). Only 3% of respondents indicated that they practice religion “to be a part of a community” of believers (Adler, 2005, p. 48). For the respondents in the Newsweek/Beliefnet poll, religious faith and spirituality appear to be expressions of deeply held values, providing tools for living and guiding principles for managing vicissitudes of life.

Elder Americans are especially religious (Schaie et al., 2004). More so than younger people, religion stands out as particularly salient to elder Americans. In an analysis of national Gallup Poll survey data (from 1992-1999) of more than 40,000 adults, Ehmann (1999) found that religion is very important for older age groups: 45% of young people (age 18-29) believe religion is important in their lives, compared to 55% of people 30-49 years old, 70% of those 50 and older and 77% of elder age 75 years and older. Measures of church attendance show similar age-related patterns: 46% of elders age 75 and older say they attend church on a weekly basis, while only 23% of young people indicate that they do so. Further, in a study of religious trajectories over the life course, elders age 65 and older indicated that as they aged they: (1) became more religious, (2) made more attempts to learn about their faith (e.g., through Bible

study), (3) developed a more intimate relationship with God; and (4) expressed less doubt about God's existence (Ingersoll-Dayton, Krause, & Morgan, 2002).

### **Scientific Interest in Religion and Coping in Later Life**

The idea that religion contributes to health and well-being is not universally accepted. Some scientists have argued that religion has an unquestionably negative effect. Sigmund Freud argued that religion was a kind of mental disease, calling Christianity "the universal obsessional neurosis of humanity." (Freud, 1961, p. 43). Albert Ellis, the father of cognitive-behavioral therapy, likened religion to irrational thinking and emotional disturbance, concluding that religion is "health-sabotaging" and pathological (as cited in Koenig, 1997). Wendell Watters, a Canadian psychoanalyst, wrote that "Christian indoctrination is a form of mental and emotional abuse." (as quoted in Koenig, 1997, p. 27).

In the last 10-15 years there has been an increase in scholarly interest in examining the relationship between religion and coping with stress, particularly stress brought on by mental and physical impairments to health (Ellison, Boardman, Williams, & Jackson, 2001; Idler, 1987; King, Burgess, Akinyela, Count-Spriggs, & Parker, 2005; Koenig, 1997; Koenig, McCullough & Larson, 2001; McCullough & Laurenceau, 2005; Neil & Kahn, 1999; Schaie et al., 2004; Weaver, Flannelly, Strock, Krause, & Flannelly, 2005; Wink, Dillon & Larsen, 2005). On balance this research finds salutary effects for religion, however, it is unclear what mechanisms or aspects of religion or spirituality are responsible for its positive effects on coping.

### **Religion, Spirituality, Wisdom and Coping in Later Life**

How might religion contribute to coping? Carl Jung's and Erik Erikson's work integrated religion into a framework healthy adult development. Jung, a psychotherapist, noted the positive benefits of religion and religious practice. While he regarded Christian religious tenets as mythologies, Jung saw religion as a necessary spiritual support (Szasz, 1978). Erikson, a

psychologist, highlighted the importance of religious ethics in his work on human development (Erikson, 1980). According to Erikson, religion was a key part of the last developmental task of adulthood: choosing between the paths of ego integrity or despair. Erikson theorized that religion could facilitate the move toward ego integrity by encouraging a quest for meaning making, acceptance of past life decisions and experiences, and forgiveness of self and others.

The concept of gerotranscendence suggests another mechanism through which positive coping is achieved in later life, emphasizing a person-centered, spiritual experience of the sacred that eschews institutionalized expressions of faith (e.g., observances of creeds, church hierarchy and authority and congregational fellowship). Gerotranscendence, according to Tornstam (1997), is a break with previous stages of life wherein an individual explores and redefines the self. Positive solitude, introspection, “emancipated innocence” – freedom to break away from social role or age conventions - and tolerance of others are all features of gerotranscendence that might help elders cope with stress (Tornstam, 1997).

Wisdom is another attribute that might be implicated in the positive relationship between religion and coping. Researchers who study wisdom, elders and coping have identified beliefs and behaviors that reflect deep spiritual maturity and humanistic concern for others (Ardelt, 2003, 2005a). Since ancient times wisdom has been associated with living well, moral decision making, and success in coping with crises in life. Ardelt (2003; 2005a) identifies three dimension of wise coping: (1) a cognitive dimension that includes pragmatic knowledge of life and human nature; (2) a reflective dimension that embodies cognitive empathy, the ability to see a situation from more than one perspective, and self examination; and (3) an affective component that includes positive emotions and behavior toward others. Though wisdom is not framed in explicitly religious or spiritual terms, the dimensions of wise coping identified by Ardelt (2003,

2005a) do embrace a set of values on par with Christian tenets concerning sin, redemption, fairness, forgiveness, self-sacrifice, and empathy. Wisdom research contributes to our understanding of how religion might influence coping by describing the cognitive disposition of elders who cope well.

The largest segment of research on religion and coping in later life examines the role of traditional, institutional religious affiliation, religiosity and/or religious beliefs on coping with mental and physical problems (Black, 1999; Cummings et al., 2003; Ellison & Taylor, et al., 1996; Ellison et al., 2001; Husaini, Blasi, & Miller, 1999; Krause, 2003; Krause, 2005a 2005b; 2005c; Shenk, Zablotsky, & Croom, 1998). Findings from this research demonstrate that religion offers many benefits to those in late life. Newman and Pargament (1997) summarize the importance of religion in coping as follows: “Religion is seen as a ‘meaning system’ used by individuals to help them find understanding in the world, to help them predict and control events, and to maintain self-esteem” (p. 390). Religion, as a meaning system applied to stressful life events, works in a number of significant ways. Koenig (1997) identifies several possible mechanisms through which religious coping might work to alleviate stress and facilitate effective coping.

#### Religion

- provides people with a positive worldview;
- gives people meaning and purpose;
- encourages hope and motivation to persevere;
- is a means to a sense of personal empowerment;
- contributes to a sense of control in times of uncertainty;
- offers role models for suffering (e.g., Jesus);
- gives divine guidance to believers;
- provides answers to life’s ultimate, existential questions;
- provides social support networks.

The number of studies on religious coping is sizeable and growing (Ellison et al., 2001; Idler, 1987; King et al., 2005; Koenig, 1997; Koenig et al., 2001; McCullough & Laurenceau, 2005; Neil & Kahn, 1999; Schaie et al., 2004; Weaver et al., 2005; Wink et al., 2005). While research findings on religious coping vary in the level of support found for an effect (Cummings et al., 2003; Ellison et al., 2001; Husaini et al., 1999; Krause, 2003; 2005a; 2005b; 2005c) there is clear evidence that religion positively enhances a person's ability to cope with stress. Findings from several studies highlight areas of consensus in this large body of research. In a cross-sectional analysis of data from the Yale Health and Aging Project, Idler (1987) found that church attendance and the number of people known in respondents' congregation were associated with lower functional disability and fewer symptoms of depression among both male and female non-institutionalized elders. Krause (2003) interviewed African-American and white elders nationwide and found that religiously identified elders had higher levels of life satisfaction, optimism and self-esteem. In a subsequent published report, using data from his 2003 study, Krause (2005a) found that elders who said that they "partnered" with God to cope with stress had less death anxiety and higher levels of self-esteem, optimism and life satisfaction. Wink et al. (2005) found an effect for the moderating influence of religion on depression due to poor physical health. Additionally, in a study of elder women Michael, Crowther, Schmid, and Allen (2003) found that religion aided in successfully coping with widowhood.

In a review of the medical literature on religion's effect on stress related to illness and disease, Koenig (1997) found studies that cited a positive effect of religion on: hypertension, stroke, heart disease, and cancer pain levels at end stage. Koenig (1997) also found studies that showed a connection between religious coping and a better recovery from heart and hip surgery (Koenig, 1997). Life expectancies were also found to be higher in the overwhelming majority of

studies that examined the relationship between death rates and involvement in religious activities. It is less clear from the research examined by Koenig (1997) whether results were a direct result of religious commitment or whether healthy lifestyles practiced as a part of religious beliefs (e.g., less drinking, better diet, and no cigarette smoking) explained health benefits. More research remains to be done to clarify the connection between religiosity, religious identity, health, and wellbeing.

### **Race, Religiosity and Religious Coping**

This analysis, as suggested by the scope of the narrative data, is limited to an exploration of African American and white meaning making coping in later life. While the empirical, theoretical and historical literature on religion, religious identity and diverse racial groups' religious experiences is indeed important and instructive (Peña, 1997; 1998; 2002), I will limit my review to key features of the literature on religiosity that shed light directly on how religion might influence coping responses to stress. This strategy allows me to isolate the principal theses of greatest importance to guiding the present analyses.

Intrinsic versus extrinsic religiosity is an important distinction made in the literature on religiosity. Originally coined by Allport and Ross (1967), intrinsic and extrinsic religiosities are ideal-types that describe motivations for religious behavior. Allport and Ross (1967) write:

Perhaps the briefest way to characterize the two poles of subjective religion is to say that the extrinsically motivated person uses his religion, whereas the intrinsically motivated lives his religion. (p. 434)

Intrinsic religiosity can be described as a deeply personal experience of religion motivated by the desire to forge a relationship with God. Extrinsic religiosity, on the other hand, introduces more utilitarian or instrumental elements, like social standing and sociability, into religious experience. Typically, religious behaviors like prayer, meditation and scripture reading have been used to operationalize intrinsic religiosity. Church attendance and participation in church-related

activities are the typical measures of extrinsic religiosity. African-American and white differences in religiosity turn on Allport's and Ross' intrinsic-extrinsic distinction and point researchers in the direction of mechanisms that help to unpack the relationship scientists have repeatedly observed between religion and coping.

Perhaps the most consistent finding in the literature on religious coping pertains to racial differences in religiosity. Studies that compare white and African Americans typically find that African Americans are more religious and realize a greater benefit from religious coping. Researchers have found that religion is an extremely important meaning system among African Americans (Billingsley, 1999; Black, 1999; Cavendish, Welch, & Leege, 1998; Frazier, 1974; Krause, 2003; Lincoln & Mamiya, 1990; Paris, 1995; Taylor, Chatters & Levin, 2004). Why might this be the case? Historically, the church has been a very important institution in the African American community. In times of both great personal stress and group oppression the church and Christian religion have helped African American people make sense of the world and their place in it. As Stewart (1999) explains, African-American religiosity functions to “make sacred black lives that have been profaned, desecrated, and denigrated by the larger culture and society” (p. 68). The church was, and to a large degree still is, the only wholly owned and controlled institution in the African-American community. As such, it has assumed a central role in African-American life, ministering to the emotional, psychological and material needs of many.

Religion is also important to white Americans but, studies suggest, in a way different from African Americans. Unfortunately, few studies examine white religiosity and coping as such. Studies that use white, racially homogeneous samples are useful in helping to distinguish the unique aspects of white- and African-American religious experience and practices. Among

these studies, those that examine women's religious experiences are especially informative as women are, on average, more religious than men (Black, 1999; Neill & Kahn, 1999).

In a study of religion and life satisfaction among 51, community dwelling, widowed, white women age 69 to 93, Neill and Kahn (1999) found that social or extrinsic religiosity (measured using five items from the King and Hunt Dimensions of Religiosity Scale, which measures church attendance and participation in church activities), as opposed to personal or intrinsic religiosity (measured using ten items from the Intrinsic Religious Motivation Scale with measures that include activities such as prayer, meditation and Bible reading done by oneself), was significantly related to life satisfaction. For the group of women in Neill and Kahn's study (1999), church attendance was a highly salient religious experience, as were church social support networks, friends and volunteer activities. It may be that for whites religiosity is largely extrinsic or social; an indicator of group solidarity, community, and a marker of social place and individual obedience to social rules and conventions that distinguishes an "embattled identity" from those of "outgroups" (Ammerman, 1987; Emerson & Smith, 2000; Smith, 1998).

Black (1999) conducted a similar study of female religiosity among a group of 50, community dwelling, widowed, divorced or separated African-American women living in poverty, all of whom were over the age of 70. She found that these women expressed a great deal of intrinsic or personal religiosity. Specifically, the women in the study said that what they valued most was their personal relationship with God. What the women got from this relationship with God was a feeling of self-worth and self-esteem and a way to cope with extreme poverty and despair. The women in this study saw themselves in partnership with God and as survivors engaged in a project wherein God, through His divine plan, sought to build them up and make them better people, blessing them in this world and promising to do so in the next.

For African Americans religiosity is marked by deeply personal or intrinsic motivations. That African-American religiosity emerges and derives much of its potency from experiences of bias and discrimination might help to explain why African Americans gain a greater benefit from religious coping: African Americans simply have more practice in using religion to understand and cope with personal issues, loss and crises (Emerson & Christian, 2000). This difference in experience leads to a difference in religious perspective, practice and coping response to stress.

The findings from these qualitative studies are consistent with those that characterize white and African Americans as being socially (i.e., extrinsically) and personally (i.e., intrinsically) religious, respectively (Carr, 2004; Cummings et al., 2003; Husaini et al., 1999; Jang, Borenstein-Graves, Haley, Small, & Mortimer, 2003; Johnson, Matre, & Armbrecht, 1991; Krause, 2003, 2004, 2005a; McAuley, Pecchioni, & Grant, 2000; Musick, 1996; Nelson-Becker, 2004; Schieman, Pudrovska, & Milkie, 2005; Taylor, Chatters, Jayakody, & Levin, 1996; Winseman, 2004). Further, the intrinsic-extrinsic distinction between African and white Americans holds among gender and age heterogeneous samples. In a study comparing the devotional practices of African American and white Catholics, Cavendish et al. (1998) found that black Catholics had higher levels of “classical devotional practices” (p. 401) (e.g., Bible study, prayer and witnessing) and spiritual experiences than white Catholics. White Catholics, on the other hand, had higher levels of “obligatory devotionism” (p. 401) (e.g., attending mass and communion) than black Catholics. Robert Orsi’s (1985) landmark study of Italian immigrant Catholics in Harlem suggests similar differences. The Italian Catholics in Orsi’s study were much more likely to engage in religious practices that intersected with social concerns around family and community (i.e., this-worldly concerns) than those that indicated a strong personal

commitment and devotion to supporting or building the church or spreading the Catholic faith (i.e., other-worldly concerns).

Racial differences in religiosity have direct implications for research on religion and coping. Not all aspects of religiosity facilitate coping. Research has found that it is personal or intrinsic religiosity that is most closely tied to coping with problems in life (Krause, 2003; 2004; 2005a). Findings from this body of research indicate that, in relation to white Americans, African Americans derive a greater coping benefit from personal religious practices and beliefs like prayer, Bible study, strong religious beliefs, a close personal relationship with God, and a strong sense of religious meaning in life (Carr, 2004; Cummings et al., 2003; Husaini et al., 1999; Jang, Borenstein-Graves, Haley, Small, & Mortimer, 2003; Johnson et al., 1991; Krause, 2003; 2004; 2005a; McAuley et al., 2000; Musick, 1996; Nelson-Becker, 2004; Schieman et al., 2005; Taylor et al., 1996; Winseman, 2004).

There is also some indication that racial differences go beyond personal versus social religiosity. Studies of African-American religiosity have found not only differences in kind (i.e., personal versus social religiosity) but quality or depth of religiosity. There are unique aspects of African-American religious belief and practice that suggest deep, all-encompassing religious devotion. This aspect of African-American religiosity, relative to whites, may be the 'X-factor' responsible for bolstering the effect of religion on coping. Research on African-American religiosity and stress (e.g., illness, disease, racism, well-being, and end of life) (Black, 1999; Ellison & Taylor, 1996; King et al., 2005; Krause, 2003; 2004; 2005a; 2005b; Schieman et al., 2005; Shenk et al., 1998) has found that religion buoys mental and physical health and self-rated wellbeing especially when individuals: (1) claim a personal relationship with God, (2) practice

conversational forms of prayer and communication with God, (3) believe that there is divine control over their life, and (4) view God as a co-partner in problem solving.

Perhaps the utility of deeply personal and highly intrinsic religious practices and beliefs for coping with problems in life explains the growth in evangelical, Charismatic and (Neo) Pentecostal Christian denominations in the United States. Both African- and white-American membership in churches that emphasize emotion, a personal relationship with God and deliverance from hardship and pain has increased in the last one hundred years (Blumhofer, 1993; Smith, 1998) – particularly among those with more education and higher incomes (Ammerman, 1987; Hunt, Hamilton, & Walter, 1997). The advent of the megachurch, large churches with congregations in the thousands and tens of thousands, is a phenomenon driven almost entirely by evangelical, Charismatic and (Neo) Pentecostal Christian religion. While Christian churches remain the most racially segregated places in America on Sunday mornings (Emerson & Smith, 2000), denominational shifts point to the importance of looking at the specific practices and beliefs of people who identify as religious. If researchers ever hope to fully explicate the connection between religion and coping they must move past intrinsic-extrinsic religiosity shorthand and attempt to understand religion as both immanent (i.e., grounded in lived experience) and transcendent (i.e., based on belief in the supernatural) (Peña, 1997; 1998; 2002). Race and social structural factors alone will not explain how religion enhances coping.

### **Racial Identity, Meaning Making and Coping in Later Life**

The literature on racial identity is vast and ever growing. In this section of the review of literature I have limited myself to studies of African- and white-American racial identity as it pertains to meaning making, stress and coping in life. Research on racial identity has mainly been concerned with the experiences of minority children and adolescents. For example,

considerable attention has been paid to the connection between African American youths' perceptions of discrimination and their psychological well-being and healthy transition into adulthood (Tatum, 2003). Unfortunately, far less attention has been paid to how African- and white-American adults - particularly older adults - construct their racial identity and how identity interacts with and influences coping with stress and problems in life.

Among African-American elders, public health researchers have sought to understand the relationship between perceived racial discrimination and stress. This literature gives some insight into the importance of racial meaning making on coping by exploring a constellation of outcomes that seem to be linked to stress through African-Americans racial meaning making. Perceived racial discrimination is defined as, "the subjective experience of prejudice or discrimination . . . not limited to those experiences that may 'objectively' be viewed as racism." (Clark et al., p. 808, 1999). Perceived racial discrimination is "a state of vigilant anticipation" (Pearlin et al., 2005); a form of reflected appraisal (Felson, 1985; Hughes & Demo, 1989) wherein one feels that others hold disparaging beliefs or attitudes that will inevitably lead to racially discriminatory actions. Perceived discrimination is an example of racial meaning making: beliefs, expectations, and ideas that "orient and guide people, consisting of individuals' fundamental ways of construing reality and structuring goals that orient and motivate them throughout life" (Park, 2000). Erroneous or not, perceived racial discrimination works much like W.I. Thomas hypothesized nearly a century ago when he remarked, "If men define situations as real, they are real in their consequences" (Thomas & Thomas 1928, p. 572).

Perceived racial discrimination is a relatively new and only partially understood construct. Research suggests, however, that perceived discrimination among African Americans has a profound effect on a host of biopsychosocial outcomes related to stress. For example, studies

have found a link between distrust of healthcare providers and perceptions of racism (Blankenau et al., 2000). Studies have also noted a relationship between perceived racial discrimination and medical errors (Kuzel et al., 2004), delayed diagnosis of health problems (Blanchard, 2004), and poor disease management (Mandelblatt et al., 2002). Research has also found a relationship between perceptions of discriminatory treatment and poor mental health (Brown et al., 1999), hypertension (Din-Dzietham et al., 2004), and heart disease (Krause, 2005b). Racial cognitions have a powerful impact on experience.

How might this research inform our thinking on the relationship between racial meaning making, stress and coping in later life? Hughes and Demo (1989) argue that the Civil Rights and Black Power movements of the 1950s and 1960s encouraged and increased racial self-esteem among African Americans. The successes of these social movements not only increased expectations of fairness among African Americans, but led to feelings of “fraternal deprivation.” Fraternal deprivation is a collective malaise that shadows African-American experience; a kind of collective dissatisfaction with problems that undermine racial progress and equality. Fraternal deprivation is born of intransigent racism and casts a pall over every aspects of African-American life. Always turned on and tuned in to racial offense, fraternal deprivation operates as a defense mechanism. For African Americans with a strong sense of racial group or self-identity, racial hyper-vigilance is the norm and racial discrimination becomes ever present and hard to ignore. High expectations for fair treatment, combined with the belief that America continually falls short of it promises of equal treatment for all, is a recipe for stress. What remains to be explored is whether African-American racial hyper-vigilance facilitates or undermines coping with stress, and how.

Much less research exists on how white racial identity influences coping with stress and problems in life. It has only been in the last five to ten years that attention has been paid to ‘whiteness’ or white racial identity (Bell, 1993; Delgado & Stefancic, 1997; Lipsitz, 1998) as a topic of study. I have not been able to locate any literature that specifically looks at the influence of white racial identity on stress, crises and coping. However, one piece of research that comes close to examining white racial identity and coping is Nelson-Becker’s (2004) comparison of Jewish and African-American elder coping styles.

In a mixed methods examination of community dwelling elders (n = 75), age 58 to 92, living in four elder adult high-rises in a Midwestern city, Nelson-Becker (2004) found that only the Jewish elders mentioned discrimination (e.g., World War II) as a source of stress. Even though the African-American elders in the sample lived through the Jim Crow era (some in the South, no less), curiously, race was not mentioned as part of a matrix of stressors that elders recalled in talking about problem in their lives. African-American elders in the sample seemed to be very pragmatic, expecting no more than the racial status quo.

This finding can be understood using the meaning making coping model. Because African-American elders’ appraisals of discriminatory events did not challenge their beliefs and expectations about race and race relations, few instances stood out as particularly stressful. Having lived through the Jim Crow era, these elders’ racial cognitions were shaped by virulent racism formally and informally woven into every aspect of American society and culture. Hughes and Demo (1989) hypothesis of “fraternal deprivation” would not fit many of the very old elders in Nelson-Becker’s (2004) sample who were adults during the Civil Rights and Black Power movements and benefited far less from its successes than those in younger cohorts. For these elders, expectations for racial equality and fairness may have been low. For the Jewish

elders' in Nelson-Becker's (2004) study, white racial or ethnic (as well as religious) meaning making was far more idealistic, perhaps shaped by centuries-old experiences of religious intolerance that had been grafted into Jewish consciousness. For the Jewish elders, discrimination was not only something they had experienced, but something they believed they could and should personally fight and overcome.

The Nelson-Becker (2004) study also provides insight into how racial meaning making might be connected to the choice of coping responses to stress. African-Americans elders in the study were more likely than Jewish elders to use religion as a means to cope with stress. Who, from the African-American perspective, but an omnipotent God would have the power to defeat the long standing, endemic problems of white supremacy in America? Jewish elders, on the other hand, were more likely to rely upon personal resources (i.e., savings, self-determination and personal skills) to cope with racial stress. For the Jewish elders the belief seemed to be that through concerted personal effort, planning and sacrifice, positive results could be achieved. It is not clear from Nelson-Becker's (2004) report of this finding that this is not religious coping. Certainly though it is less overt a religious response to stress than what was observed in the case of the African-American elders participating in the study. Why a religious and ethnic minority, would not resort to religion to cope with religious discrimination is an issue in need of further exploration. Though many questions remain, the findings from Nelson-Becker's (2004) research hint at important differences in racial meaning making that influence what events or experiences elders define as stressful, how they respond to stress, and why they choose the coping responses they do.

Needless to say much more research attention needs to be devoted to white elder racial identity. While universalizing identities, like whiteness, are being theorized and interrogated as

to its relationship to power and privilege, little is being done to make explicit the unique, non-hegemonic characteristics of white racial identity that exist outside or along side of the exercise of white skin privilege, prejudice, and discrimination. Unless one subscribes to the untenable position that white subjectivity is essentially about the exercise of power (and as a corollary that African-American subjectivity is essentially about victim status) the extant research on white racial identity is insufficient. Researchers must begin to investigate how white Americans construct their personal life narrative around race and how it is used to make sense of the world and orient beliefs, goals and motivations; this is white-American racial meaning making. More must be done to “look behind the mirror” (Delgado & Stefancic, 1997). This study seeks to make a small contribution in this area.

### **Summary of Extant Literature**

Several conclusions can be drawn from an analysis of the extant literature on stress, and religious and racial meaning making in later life. In regards to stress in later life, findings illustrate that micro and macro level factors contribute to stress in later life. On the micro level, both non-normative (e.g., co-residing adult children, fulltime custodial care giving) and normative (declines in physical health, psychological challenges, changes in social roles) factors must be considered in understanding the impact of stress in later life. Macrostructural factors cannot be ignored; ageism, sexism, poverty and race exert a significant influence over the entire life course and may even exacerbate problems in later life. For example, racial biases accumulate into multiple jeopardies that results in disparities in the risk of disease, illness, loss, stress and crises born by minorities as they age. Studies have consistently shown that minority elders and those in late life have a higher incidence, earlier onset, and more pernicious and deadly physical and mental health problems than their white peers.

Research findings on religion, meaning making and coping indicate that elder Americans are decidedly religious. More so than young and middle aged adults, religion holds a particular salience for elder Americans. While research findings on religious coping vary in the level of support shown for an effect, the effect is consistently non-trivial. There is clear evidence that religion positively enhances coping with stress. The most consistent finding in this body of research is that African Americans are more personally religious or religiously devoted than whites and, as a consequence, realize a greater benefit from religious coping.

As for studies on racial identity, meaning making and coping, a great deal more research exists on African-American racial meaning making, stress and coping. What has been found are a constellation of outcomes that link stress to racial identity through constructs like “fraternal deprivation”, racial hyper-vigilance, and perceived discrimination. More research is needed to explore whether these constructs facilitate or undermine coping among African Americans. Further, efforts should be made to study white racial meaning making, outside of its relationship to power and privilege, so that the relationship between race and coping can be explored among white elders.

### **Conceptual Framework: Coping and Meaning Making**

#### **Coping and Stress**

Stress and its effects on individuals and society has been a longstanding concern of sociologists. As might be suggested by the publication of *Suicide* by Emile Durkheim in 1897, sociologists, almost from the time of the inception of the discipline, have had a keen interest in describing processes, relationships and situations that ‘dis-ease’ and vex the human soul. Stress is defined in *Merriam Webster’s Collegiate Dictionary* (1993) as, “a constraining force or influence.” Coping is a response to stress meant to relieve anxiety and reduce or eliminate its attendant mental (e.g., depression) and physical (e.g., hypertension) manifestations (Pearlin,

1989; Pearlin et al., 1981; Turner & Avison, 2003; Turner, Wheaton, & Lloyd, 1995). As such, coping can be thought of as a corrective, designed to bring individuals back to a self-defined point of stasis or equilibrium.

Coping takes many forms and has been described using a variety of categories: active and passive coping, positive and negative coping, and problem and emotion orientated coping, to name only a few. In this study I will explore a different understanding of coping - meaning making coping - a conceptualization of coping that transcends the aforementioned behavioral dualities, focusing instead on the cognitions or beliefs that undergird coping responses.

### **Meaning Making Coping**

Cognitive responses to stress emphasize personal agency, judgment, thoughtfulness and dissonance reduction, in other words, a process or system of meaning making (Schwarzer & Taubert, 2002). Meaning making systems are defined by Park (2000) as, “the internal cognitive structures that orient and guide people, consisting of individuals’ fundamental ways of construing reality and structuring goals that orient and motivate them throughout life” (Park, 2000, p. 1). Religion and race are important meaning making systems that “orient and guide” individual and group ideas, beliefs, attitudes, emotions and responses to stress. Meaning making systems do not make individual responses to stress identical within a group, rather they operate as a common epistemological reservoir from which people derive ways to interpret and respond to stressful life experiences.

The meaning making coping model does not view coping as a discrete component of a decontextualized, unidirectional, linear process. Rather, meaning making coping is part of an iterative process wherein individuals are actively engaged in making sense of the world and their place in it. Meaning making coping involves negotiating a fit between the demands imposed by a given social context and an individual’s beliefs, goals and motivations. Accordingly, an

individual's beliefs about herself, individually and as a member of society, as well as her perceptions of the world and the exigencies of a given social context, guide responses to stress, indeed, whether stress is perceived in the first place.

Figure 2-1 depicts the recursive and situated quality of meaning making coping. Crises are interpreted through the individual's salient meaning making systems. While race and religion are key meaning making systems in this analysis, other meaning systems, like age and gender, are also relevant.

This study is not a test of Park's (2000; 2005) meaning making coping model as a process. The data for this study would not permit me to examine coping from the incidence of stress to appraisal to problem resolution. In this study I am primarily concerned with exploring and developing a better understanding of one important facet of Park's coping model, namely meaning making. By "unpacking" the concept of meaning making, researchers gain insight into a range of cognitive adaptations in later life (e.g., coping with stress due to illness, bereavement or disability). Delving into the substance of meaning making systems like religion and race helps us to work out the background assumptions of Park's model - how individuals and groups (e.g., Christians, white Americans) define and respond to stress, how event appraisals are made, what responses to stress are selected, how responses are crafted and implemented, and how coping responses are justified. Examining what events elders appraise as stressful and how elders say they have responded to loss, problems and crises through the framework of religious and racial meaning is helpful in understanding just how meaning making coping works. Greater insight into elder meaning making coping will help researchers, and those who work with elders, pinpoint some of the ways religion and race might either undermine or contribute to a renewed

sense of wholeness and restored equilibrium in the midst of stressful life events. That is the goal of this research.

According to Park (2000; 2005), meaning making coping centers on two criteria: (1) a subjective appraisal of the meaning of an event and, (2) a comparison of the event appraisal to beliefs and goals inherent in salient meaning making systems. Figuratively, event appraisal and meaning making systems can be thought of as occupying the balances of a scale; as long as events do not overwhelm meaning systems, throwing the relationship between appraised experiences and meaning systems off balance, events are not defined as stressful. It is only when an event's appraised meaning challenges "peoples' basic goals and assumptions about the world" (p. 1) that it is deemed a stressful event. Stressful events present an opportunity for meaning making coping responses. Meaning making coping, a cognitive adaptation to stress, takes one of three forms according to Park (2000; 2005): (1) redefining or reappraising the stress-producing event; (2) redefining the meaning making system(s), beliefs and goals; or (3) redefining both the stress-producing event and the meaning making system(s).

Certainly all stressful events are not alike. The level of stress associated with an event is contingent upon the extent to which it undermines beliefs and goals integral to meaning making systems. For example, a person who has lost their spouse to a violent hate crime would construe that event as very stressful and traumatic because it both devastates beliefs (e.g., in God's protection, racial justice and fairness) and makes certain goals completely unachievable (e.g., spousal relationship, living free of racial persecution). Alternatively, hearing a racial epithet yelled in a public place might be perceived as less stressful when it not taken as a serious challenge to beliefs (e.g., intrinsic worth of every human being, racial pride) and does not limit the pursuit of desired goals (e.g., use and enjoyment of public facilities).

## **Limitations of the Extant Literature**

Two categories of limitations emerge from the review of literature: methodological and theoretical.

### **Methodological Limitations**

Existing studies rely heavily on quantitative – longitudinal and cross-sectional – data and analytic techniques. Qualitative approaches have much to offer. Qualitative analysis techniques are uniquely equipped to explore concepts like meaning making and coping from a “grounded” perspective (Charmaz 2006; Emerson, 2001). This allows the point of view of the respondent (and the data) to take center stage and frees the researcher to “unpack” novel findings in a way that is outside the scope of even the most sophisticated quantitative techniques. Qualitative methods of analysis also have the added benefit of contributing to theory development.

### **Theoretical Limitations**

Several suggestions for improving theoretical models emerge from the review of extant literature. Future studies on the relationship between religious and racial meaning making and coping with problems in later life should attempt to describe and clarify

- what problems elders say they find stressful in later life and why;
- the relationship between the kind of problem, the contexts in which it is experienced and it's timing and the choice of coping responses;
- how elders invoke meaning making systems to cope with problems as well as to explain problems and coping responses, generally.

This proposed research will attempt to address the methodological and theoretical shortcomings of previous research. Because this is an analysis grounded in narrative accounts, I will forgo the convention of stating hypotheses before discussing study findings. This decision leaves me open to more fully explore the subject matter as well as anticipated and unanticipated themes and processes (Charmaz, 2006). The following chapter describes the methodology used

in this analysis including a detailed description of the data, methods of analysis and study limitations. Chapter Four describes study findings that emerged from an analysis of the data.

Table 2-1. Percentage of population by age: 1900-2000 United States Census

Year	Age						
	≤14	15-24	25-34	35-44	45-54	55-64	65 ≥
1900	34.4	19.6	15.9	12.1	8.4	5.3	4.1
1910	32.1	19.7	16.5	12.7	9.1	5.5	4.3
1920	31.7	17.7	16.2	13.4	9.9	6.2	4.7
1930	29.3	18.3	15.4	14.0	10.6	6.8	5.4
1940	25.0	18.2	16.2	13.9	11.8	8.0	6.8
1950	26.8	14.7	15.8	14.2	11.5	8.8	8.1
1960	31.1	13.4	12.7	13.4	11.4	8.7	9.2
1970	28.5	17.4	12.3	11.4	11.4	9.1	9.9
1980	22.6	18.8	16.4	11.3	10.1	9.6	11.3
1990	21.6	14.8	17.4	15.1	10.1	8.5	12.6
2000	21.4	13.9	14.2	16.0	13.4	8.6	12.4
+/- over 100 years	-13.0	-5.7	-1.7	3.9	5.0	3.3	8.3

Source: United States Census Bureau. (2006). *Statistical Abstract of the United States: 2007*. Washington, D.C.: U.S. Government Printing Office (p. 7).

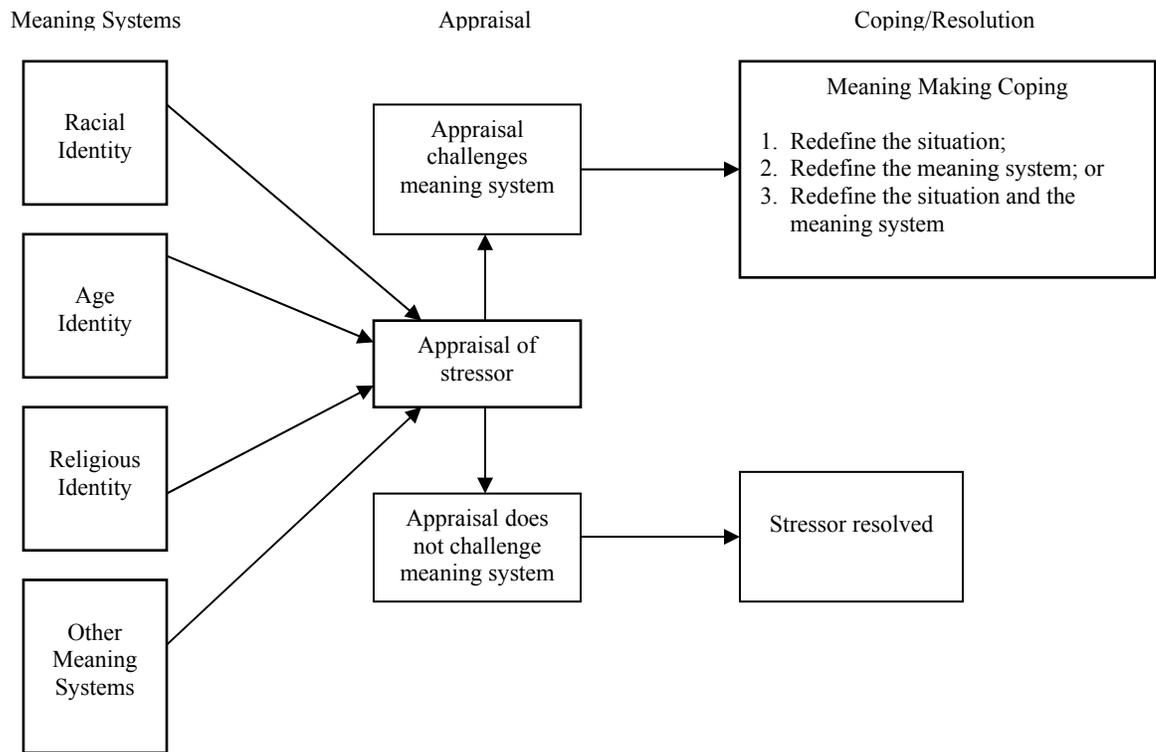


Figure 2-1. Meaning making model of coping. (Park 2005, p. 709)

## CHAPTER 3 METHODOLOGY

### **Study Overview**

This analysis explores the role of two significant meaning making systems in coping with problems in life: religion (Christianity) and racial identity (African and white American). Using data from a convenience sample of 16 semi-structured interviews where elders were asked to recall unpleasant events that occurred in the previous week, month, year and their entire life, I explore how older African Americans (n = 7) and whites (n = 9) (age 55 to 82 years old) graft meaning onto problems and crises in life through their coping responses to stress. Three interrelated questions are explored in this analysis:

- what problems do elders say they have experienced in life?
- how do elders say that they have coped with problems in life?
- what religious and/or racial meaning making coping process have elders adopted to cope with problems in life?

In regards to Park's (2000; 2005) model of meaning making coping, I am not so much interested in testing this model by specifying elders' processes of coping as I am with exploring how elders used religious and/or racial meaning making to cope with problems in life.

### **Sample Data**

Data for this research come from a study conducted by Dr. Monika Ardelt (2003, 2005a). Ardelt's study was an exploratory investigation of wisdom in a population of community dwellings elders in the Southeastern United States. The goal of that study was to understand how wise and low wisdom elders cope with crisis, and to test a scale designed to measure the cognitive, reflective and affective dimensions of wisdom. Respondents were interviewed between December 1997 and December 1999. A total of 180 elders completed a preliminary

survey. From these surveys 40 elders who scored either high ( $n = 12$ ), medium ( $n = 18$ ) or low ( $n = 10$ ) on the wisdom scale were selected to participate in semi-structured interviews.

In the semi-structured interviews Ardel's study participants were asked about the most pleasant and unpleasant events that they experienced during the previous week, month, year and in their entire life and what they did to cope with unpleasant events (see Appendix A: Interview Questions). Respondents were not told the purpose of the study in order to discourage socially desirable responses. Interviewers were also blinded to the study purpose. I was blinded to each interviewee's wisdom scale scores to avoid biasing my analysis. After the analysis was complete I integrated respondents' wisdom scores into the write-up of the analysis.

The present study uses sixteen of Ardel's forty semi-structured interviews: seven African-American elders (3 female and 4 male) and nine white-American elders (5 female and 4 male). Two of the interviews of African-American elders are from a related study conducted by Ardel and were incorporated into this analysis in order to increase the size of the African-American sample and to balance the gender ratio within this group. Only portions of the interview transcripts from these two cases that ask respondents about the most pleasant and unpleasant events that they experienced during the previous week, month, year and in their entire life, and what they did to cope with unpleasant events, are included in this analysis.

With the exception of the two cases noted above, interviews were selected for this study based on relatively extreme scores on intrinsic and extrinsic religious orientation (Allport and Ross, 1967). Intrinsic and extrinsic religiosities are ideal-types meant to represent religious motivation at the poles of a behavioral and attitudinal continuum. Allport and Ross (1967) define intrinsic religiosity as an orientation where the "master motive" (p. 434) is religion, internalized and lived everyday. An extrinsic religious orientation emphasizes an instrumental

or utilitarian approach to religion. A concern for sociability, community and church standing and security distinguish extrinsic religiosity from intrinsic religiosity (p. 434). In selecting respondents with only the most extreme scale scores I sought “pure cases” of these ideal types.

Numerical religiosity scores from Ardel’s investigation were changed to nominal scores of either ‘high’ (H) or ‘low’ (L) intrinsic or extrinsic religiosity. In Ardel’s study (2003, 2005a) a score of 4.0 or higher was the cut-off point for a ‘high’ religiosity score. In this study I use a lower cut-off of 3.5 (or higher = ‘high’; less than 3.5 = ‘low’) in order to introduce variability into this small sample. Since I only looked at cases among the forty with extreme scores on the religiosity scale, it was a fairly straightforward matter to recode scores as either ‘high’ or ‘low’. Because religiosity scores will not be used in any kind of statistical analysis and the central aim of this study is to explore, qualitatively, the substance of respondent’s experiences as narrated in the interviews, I believe the effect of adopting this more lenient standard is minimal.

In making the final selection of cases for this study, I sought a good mix, within and between races, of paired religiosity scores (see Table 1 and 2 for details). Of the 16 interviews selected for this analysis: four had ‘high’ scores on both intrinsic and extrinsic religiosity (HH), eight had a ‘high’ score on intrinsic religiosity and a ‘low’ score on extrinsic religiosity (HL), none of the 16 selected (or among the forty semi-structured interviews) had a ‘low’ score on intrinsic religiosity and a ‘high’ score on extrinsic religiosity (LH), and two had a ‘low’ score on both intrinsic and extrinsic religiosity (LL). Two interviews in the African-American sample (from the second Ardel study) did not have scores for intrinsic and extrinsic religiosity and were selected because there were very few African-American males who participated in Ardel’s forty semi-structured interviews.

The goal of this analysis is to identify themes as they emerge from each, individual narrative. While I am not attempting to make cross-racial comparisons between samples, or correlate scale or demographic measures with responses, it is useful to note similarities and difference within and between the African-American and white-American samples on these measures (see Table 1 and 2). There is some racial variation in religiosity scores among the samples by race: three African Americans scored 'high' on both kinds of religiosity (HH); only one interviewee in the white sample shares this characteristic. Among white interviewees, six scored 'high' on intrinsic religiosity and 'low' on extrinsic religiosity (HL), as do two African Americans. Two interviewees in the white sample, and none in the African-American sample scored low on both measures of religiosity (LL).

Demographically the samples vary in several respects (see Table 1 and 2 for details). Both samples are fairly well balanced by gender. Levels of socioeconomic status and education are evenly distributed within each group; however white interviewees have a mix of high, medium and low SES and education level, while African Americans are divided between high and low SES and graduate and high school or lower education. Within the white-American sample no respondents have very low education levels (no high school) while three interviewees do in the African-American sample. Marital status is very different between African Americans and white Americans: five respondents in the white sample are married, while only two African-American interviewees indicate having a spouse. Lastly, the age range among the white-American sample is slightly higher (55 to 82 years old) than among the African-American (61 to 85 years old) sample.

That this study uses a small, convenience sample might be viewed as a serious limitation. Are the study findings generalizable? Whittemore, Chase and Mandle (2001, p. 524) clarify this

issue: “Qualitative research seeks depth over breadth and attempts to learn subtle nuances of life experiences as opposed to aggregate evidence. Qualitative research is contextual and subjective versus generalizable and objective.” The sample of interviews used in this analysis is not meant to be demographically representative. Nor is the purpose of this study, or any qualitative analysis, to provide standardized measures or findings that can be applied, wholesale, to similar populations. As best could be achieved, I tried to select a balanced mix of interviewees based on both demographic information and religiosity scale scores (given that I was only interested in extreme high and low scores). Lack of generalizability is not a threat to this study; as a qualitative inquiry the goal of this research is to explore, thematically, how religious and racial meaning making influence coping responses to stress. Any conclusions drawn from this analysis are not meant to be generalized to larger populations. However, findings from this research might be generalizable to people with characteristic similar to the elders in this study. The findings from this study might also be useful in grounding future quantitative inquiry and theory development.

### **Method of Analysis**

I received the interview data for this study in the form of transcriptions contained in computer files. The interviews were transcribed verbatim for the primary study (Ardelt, 2003, 2005a); while I did not personally verify the accuracy of the transcription, those who worked on the study before me did. Each transcript bore an interviewee identification number, the date of the interview, and the time of day the interview was tape recorded (see Table 3). In most cases the name of the interviewer was also included; in some cases, however, this information was missing from the transcript and was obtained from Dr. Ardel. Fictitious names were substituted for identification number in the analysis. For the most part, interviews were conducted at the place of residence of elders or at senior centers and lasted from 30 minutes to an hour (this did

not vary by interviewer); unfortunately this information was not recorded for each interview. From the transcript I was able to determine that each interviewer engaged in a conversational style of interviewing, offering probes where needed for clarification, stopping when interruptions took place, offering personal information about themselves in order to establish rapport and allowing interviewees to interpret questions as they best understood them. Interviewers also stayed close to the list of questions and each interviewer stated the question the same way. For every interviewer, the interview was ended only when every question had been asked and answered.

I made a few minor changes in font and formatting to several transcripts to make them easier to read. However, without exception, each transcribed interview was ready for analysis at the time I received it. All notes and coding on the individual transcripts were done in Microsoft Word using the text highlighting and comment functions.

Constructivist grounded theory methods (Charmaz, 2006) were used to analyze and extract themes from the interview data. Charmazian grounded theory methods evolve from the originators of the method, Barney Glaser and Anselm Strauss (Glaser and Strauss, 1967). While Charmaz's method of grounded theory very much reflects the spirit of Glaser and Strauss' explication of the method, there are important differences. Charmaz (2006) describes the essential feature of constructivist grounded theory method as follows:

In the classic grounded theory works, Glaser and Strauss talk about discovering theory as emerging from data separate from the scientific observer. Unlike their position, I assume that neither data nor theories are discovered. Rather, we are part of the world we study and the data we collect. We construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices. My approach explicitly assumes that any theoretical rendering offers an interpretive portrayal of the studied world, not an exact picture of it. (p.10)

The goal of the constructivist grounded theory method is to identify processes embedded in experience by privileging the perspective of the study subject. This is accomplished by first

assuming, not that the truth is out there waiting to be discovered, but rather that there are shades or approximations of the truth present in lived experience that can be used to reconstruct, induce, and generate theories of why people behave and believe as they do. The scientist is able to add to our understanding of people and processes not because she is an expert but rather because she is a human being assuming an empathic and intuitive stance toward the subject of study. The key question to ask when using the constructivist grounded theory method is, “What is happening here?” This method is suitable for the present study as I am primarily concerned with exploring coping and meaning making processes. Constructivist methods offer a flexible approach to data analysis that allows researchers to explore how study participants’ “meaning and actions” are interpreted and lived in varied situations and social structural contexts (p. 11).

To start the analysis of the data, the interview transcripts were read through several times to get a general feel of the scope and content. No attempt was made before the analysis began to construct coding criteria or a coding scheme. Consistent with the grounded theory method, all themes emerged from the actual interview data; that is, the data determined the codes. The data were not made to fit preset codes derived from a review of the extant research literature.

Grounded analysis of the transcript data proceeded in three steps: line by line coding, focused coding and the development of conceptual categories. In the line by line coding of the transcripts I started with sensitizing concepts allied to the research and interview (see Appendix A: Interview Questions) questions. The sensitizing concepts were: problems in life (unpleasant events experienced in the last week, month, year and entire life); general coping strategies (where neither religion nor race are mentioned); and, meaning making coping strategies where the interviewee mentions religious and/or race. While these sensitizing concepts guided line coding, they had to earn their way into the analysis. In other words, if they did not fit the data,

they would have been abandoned. All of the sensitizing concepts proved useful, mainly because the interviews stayed pretty close to these topics; rarely, if ever, did conversations with study participants stray from these areas.

When the interview text suggested any of these concepts, I selected it out for coding. In order to formulate a code I would read and reread small sections of interview text where the sensitizing concept had emerged, and then I would ask myself (Ardelt, 2005b): What is happening here? What is the person saying? What is the person taking for granted? What structures, contexts or situations are having an influence? Using the comment function of Microsoft Word I would then use active words or gerunds and *in vivo* concepts (the actual words of the interviewees) to describe these lines of the text.

After completing the line by line coding on all of the interviews I reviewed and compared the lists of codes and rearranged and consolidated related codes into more general, abstract focused codes. The goal at this stage of the analysis was to construct a coding framework that would cover larger portions of data and more than just one interviewee's experiences. These codes were more analytical than the descriptive line codes that emerged from an analysis of each individual interview. At the end of this process I would go back and compare the focused codes to the line codes in each transcript: comparing between interviews and individual experiences. Using this comparative method I was able to further refine and qualify the focused codes.

Lastly, from the focused codes I developed conceptual categories. Conceptual categories dig into implicit, unstated and condensed meaning by consolidating focused codes. Conceptual categories are more abstract than focused codes and lie closer to theory. The purpose of conceptual categories are to (1) explain properties of the focused codes; (2) specify conditions under which focused codes arise, endure and change; (3) describe processes; and (4) show how

conceptual categories are related to one another. In this study conceptual categories emerged as themes or analytic categories of data for each sensitizing concept: problems in life (unpleasant events experienced in the last week, month, year and entire life); general coping strategies (where neither religion nor race are mentioned); and, meaning making coping strategies where the interviewee mentions religious and/or race. As in the previous stage of focused coding, as conceptual categories emerged I compared them to line codes in the individual interviews and focused code framework. Using constant comparison I sought out negative cases or those that did not fit the emerging conceptual categories; this allowed me to develop themes that fit the interview data and abandon those that replicated others or had what seemed to be minimal explanatory power (Ardelt, 2005b). Codes are presented here as independent; however, it is important to note that codes are artificial in the sense that they seek to capture, in snapshot form, events and reflections that are fluid and dynamic. Coded themes often bleed into one another.

A limitation of using grounded theory methods on secondary data is that it is impossible to return to the field, query interviewees or confirm tentative findings with additional observations. This limitation made comparison within and between transcribed narrative accounts all the more important to this analysis. The findings that emerge from this study are the result of a constant comparative method, the goal of which was to distill from the interview accounts common themes and to identify coping processes. To the extent that interviewees are asked to reflect on their problems and coping responses in four distinct time period across the life course, the data do a good job of capturing problems elders experience and general, as well as, religious and racial meaning making coping processes.

Throughout the entire period of data analysis I engaged in memo writing, primarily to help me see the data, not as a list of discrete codes but more as a set of processes and patterns. To

facilitate this I maintained a visual aid (a diagram representing the line, focused and conceptual codes) that I used to depict findings diagrammatically. Exhaustion of relevant themes, or saturation (Glaser & Strauss, 1967), was determined after multiple readings of the interview transcripts yielded no new thematic content. These themes were then compared to the extant literature; findings are presented in Chapter Four.

Table 3-1. African-American sample (n = 7)

Interviewee	Intrinsic religiosity	Extrinsic religiosity	Sex	Age	SES	Education	Marital status
Debra	High	High	Female	61	Low	No high school	Missing
Sarah	High	High	Female	72	High	Graduate degree	Widowed
Paul	High	High	Male	69	Low	High school	Married
Dinah	High	Low	Female	73	High	Graduate degree	Divorced
Jerome	High	Low	Male	68	High	Graduate degree	Never married
Patrick <sup>1</sup>	Not measured	Not measured	Male	85	Low	No high school	Widowed
Stephen <sup>1</sup>	Not measured	Not measured	Male	74	Low	No high school	Married

<sup>1</sup>This case comes from an unpublished study conducted by Ardelt.

Table 3-2. White-American sample (n = 9)

Interviewee	Intrinsic religiosity	Extrinsic religiosity	Sex	Age	SES	Education	Marital status
Ruth	High	High	Female	81	Low	High school	Widowed
Mary	High	Low	Female	68	High	Graduate degree	Married
Rebecca	High	Low	Female	71	Medium	Bachelor's degree	Married
Abe	High	Low	Male	65	Medium	Bachelor's degree	Divorced
Joseph	High	Low	Male	69	High	Graduate degree	Married
Aaron	High	Low	Male	75	High	Graduate degree	Married
Peter	High	Low	Male	79	Low	High school	Widowed
Naomi	Low	Low	Female	55	High	Graduate degree	Married
Leah	Low	Low	Female	82	Low	Bachelor's degree	Widowed

Table 3-3. Interview information

Interviewer	Interviewer race	Interviewer sex	Date of interview	Interviewee
Lisa	White	Female	10/26/98	Rebecca
Lisa	White	Female	12/14/98	Joseph
Lisa	White	Female	01/07/99	Naomi
Lisa	White	Female	01/21/99	Aaron
Lisa	White	Female	01/30/99	Mary
Lisa	White	Female	02/18/99	Paul
Lisa	White	Female	04/07/99	Abe
Lisa	White	Female	04/09/99	Peter
Lisa	White	Female	05/05/99	Leah
Lisa	White	Female	05/13/99	Sarah
Lisa	White	Female	05/13/99	Debra
Lisa	White	Female	12/21/99	Ruth
Yvonne	African American	Female	11/30/98	Dinah
Yvonne	African American	Female	01/29/99	Jerome
Mark	White	Male	04/19/01	Patrick
Mark	White	Male	07/23/01	Stephen

## CHAPTER 4 FINDINGS AND DISCUSSION

### **What Problems Do Elders Say They Have Experienced In Life?**

From the review of the literature on stress and aging we have learned that there are a host of factors that contribute to stress in later life. Changes in social roles and networks, declines in physical health, and psychological problems, some unique to elders, have the potential of inducing stress by producing loss and crisis in later life. In addition, macrosocial stressors in the form of ageism, sexism, poverty and racism negatively condition the environment in which people live out the life course and experience middle, old and oldest old age. Unfortunately, as instructive and indispensable as the research on aging and stress is, it tells us very little about what elders, from their own perspective, feel are the problems of later life. What problems do elders say they have experienced in the previous week, month, and year and how do these compare to problems experienced in their entire lifetime? What incidents in life do elders identify as being the most unpleasant? Do the problems elders identify reflect the same issues described in the research literature on aging and stress?

Identifying events as problematic or unpleasant may seem like a relatively mundane matter of little theoretical consequence or importance. In light of the meaning making coping model, however, it is very important that we understand problem identification as a cognitive clue that points to an “individuals’ fundamental ways of construing reality and structuring goals that orient and motivate them throughout life” (Park, 2000, p. 1). Problem identification happens as a result of what Parks (2000) describes as the two criteria of meaning making or cognitive coping: (1) subjective appraisal of an event, and (2) comparison of appraisals to beliefs and goals. Circumstances are only construed as problematic when they challenge beliefs and goals. Problem identification is, therefore, an indication that circumstances, events or incidences have

disturbed personal expectations, needs, motivations or, more generally, meaning making systems. What circumstances individuals identify as problems, hints at how people situate themselves in the world by illuminating aspects of identity that they feel are threatened. By examining elders' discussions of their problems, and what these discussions suggests are their most salient meaning making systems, this study is able to ground exploration of aging, stress and coping in the actual lived experiences of older people (Charmaz, 2006).

### **How Unpleasant or Problematic Events are Discussed**

By far the most common initial response to the question, "What were the most unpleasant events that you experienced during the last week/month?" was denying having had any unpleasant events to report. Elders justified or excused their failure to respond to the question in several ways. Many elders saw the question as an invitation to complain about their lives and few wanted to do this. Elders would often express embarrassment or frustration at not being able to list an event or circumstance that they found unpleasant. In an effort to make respondents comfortable the interviewer would allow them to add events they recalled later in the interview. However, few did this as they seemed truly reluctant to talk about negative events. Problems experienced over longer periods (past year or entire life) elicited responses far more readily.

To the shorter term query (past week or month) some elders responded by stating that "unpleasant" is a relative quality. These elders would compare their lives to their friends', family members' or associates' of the same age and conclude that they were doing pretty well and had little reason to complain. Paul, a married 69-year old African-American man with low socioeconomic status and a high school diploma expressed this sentiment in the following excerpt:

Well, in a way, you stick with what they give you, you know. I don't feel any way disgruntled about being in the retirement age. I'm just glad to get here, you know. 'Cause I know a lot of friends of mine that didn't get this far, and some made it right around the corner and then you know, it's just one thing or the other. (#19004, p. 7)

Some elders felt that what unpleasantness they experienced in life was trivial or of no consequence because, they reasoned, everyone has problems. Others saw identifying events as unpleasant as poor social etiquette, bad luck, or as an indication of a lack of thankfulness; 'complaining' about past events, they opined, was gossip, tempting fate, or blasphemy.

Sarah, a highly educated, 72-year old, widowed African-American woman of high socioeconomic status, felt very strongly about not being judged a negative person or being seen as someone who spoke negatively about others (which she equated with discussing unpleasant events in life). For Sarah, such behavior is irreligious and shows a lack of thankfulness and appreciation of God's blessings in her life. This is a philosophy of Sarah's that she indicated she sticks with always. At the end of an interview in which Sarah discussed several unpleasant events that occurred in her life, including the deaths of both parents, her spouse, an infant child, and her sister's Alzheimer's disease, the interviewer asked Sarah to sum up her experiences:

Um, I can't think of anything. I'm not a person that goes and talks unpleasant with people. I don't know anybody that I dislike or hate. But I'm not a person that, if I have some tough problem or something, then I'm all in my neighbors, or what-not worrying about it. I'm not that type of person. And recently, I've gotten the name of being long-winded, but it's not about other people. Not their business, because I try to stay out of that. (#12006, p. 22-23)

Elders very often expressed feeling blessed by God or lucky for what material resources they had, the level of health they maintained or the successes of their children and family.

Talking about unpleasantness was seen as a way to undermine these blessings or good luck and bring about misfortune. From all of these various justifications for initially having no unpleasant events to report, what comes through in the interviews is elders' thankfulness. Across demographic criteria like socioeconomic and educational level, despite health challenges, the

presence or absence of familial support or extended social networks, elders stated again and again how thankful they were for their current status in life. This sentiment is evident in the comment of 81-year old Ruth, a widowed white-American woman with low socioeconomic status and a high school education, whose simple gratitude demonstrates a perspective of thankfulness. Asked about the pleasant events of the previous week Ruth remarks:

Getting up every morning. Waking up to think that it's a beautiful world. How many women at my age can get up and say, "Hey, I can walk!" (#22001, p. 1-2)

Or Patrick, a widowed African-American man, with low socioeconomic status and no high school education, in his eighth decade, who when asked about unpleasant things in the previous year responded:

Patrick: Well, I don't know nothing bad happened to me in the past year.

Interviewer: That's good. It's been a good year.

Patrick: Yeah, and it's been a good year, and I thank God for it. I thanks the Lord every day for my life. Sure enough. Yes sir, I sure enough do. (#35001, p. 23)

What researchers and practitioners can learn from elders' reluctance to talk about unpleasant events is that elders need to be invited to speak about their problems in such a way that they don't feel that they appear judgmental, whining or complaining; this is especially so when the person elders are speaking to about their difficulties is a stranger or someone who is not an age peer. Debra, a 61-year old African-American woman of low socioeconomic status and no high school degree (marital status missing) spoke of the comfort she feels around people her own age who understand her and are able to separate the complaint from the complainer.

When asked about pleasant events in the last week Debra states,

Ah, going to the elders club on Tuesday. I enjoy that because we get together, and we eat together, and we talk, talk that older people talk, you know, we can relate to one another. Better than you would if you were talking to a younger person. (#18004, p. 1)

Debra expressed the need for familiarity and comfort, that is, having someone available to her that is able to understand her and her experiences as an older person. Debra feels that a person has to have walked in her shoes to know her; there is a shared understanding or empathy among age peers that comes with aging and the experiences of later life.

As the findings below will illustrate, it is not the case that elders have no problems in later life. On the contrary, reluctance to discuss unpleasant events or denying having experienced unpleasant incidences is a way elders situate themselves within what is perceived as the precariousness of later life. No one wants to jinx that fine balance by entertaining discontentedness or complaining. Talking about problems in life is also an opportunity for impression management. What impressions are elders most concerned about projecting? The appearance of a good (e.g., Godly) and decent person who does harm to no one; self-sufficiency and the ability to take care of oneself; and, of someone who has the respect, love and support of family and friends. Talking about unpleasantness, particularly before rapport and trust is established, might well ruin a good impression. Lastly, the reluctance to talk about unpleasantness is an indication of elders' sincere thankfulness. What elders appear to need in order to talk about the problems they have experienced in life is what the interviews detailed here provided: a sincere invitation and opportunity to open-up and speak their piece.

### **Number and Nature of Problems**

The number of problems identified in the interview data ranged from a low of three to a high of twenty-four. As indicated in Chapter 3 each respondent was asked each of the thirteen interview questions. A low number of problems can be taken as an indication of a denial of unpleasant events across one or more of the specified time periods. Tables 4-1 and 4-2 list the number of problems identified by each respondent along with their religiosity scores and demographic characteristics. The purpose in citing the number of problems discussed in

interviews is not to present a statistical analysis of the data; rather, this information is merely meant to give the reader an idea of the distribution of problems among respondents and to facilitate a rough comparison between them. The goal of this section of the paper is to compare problems elders discussed in their interviews with what the extant literature on aging and stress indicates are the problems that occur in later life.

Problems discussed in the interviews were focused coded (focused codes are analytic codes derived from small segment of interview data) into a total of sixty-eight distinct descriptions (see Table 4-3). The focused codes are distributed among eleven conceptual codes that condense the meaning of the focused codes. The conceptual codes for problems include:

- deaths
- emotional or psychological problems
- employment or educational problems
- family problems
- financial problems
- illness and medical care problems
- minor difficulties in life
- problems associated with getting older
- racial problems
- religious problems
- social problems

Not only do these conceptual categories condense meaning, they also facilitate comparisons within and between respondents. I will use these problem conceptual categories to examine elder recollections of problems, religiosity scores, and demographic characteristics.

### **Recalling Problems in Life**

The greatest numbers of problems were discussed when elders were asked to recall the most unpleasant events experienced in their entire life. Unpleasant events experienced in the short-term, i.e. in the previous week, month or year, include mainly illness and medical care issues, financial problems, emotional or psychological distress, family problems, and social

grievances or concerns. Problems, as several respondents noted, are relative. However, one might reasonably expect that more recent unpleasant incidents stand out; sore feelings remain or go unresolved making shorter term problems more readily recalled and more likely to be mentioned, than those experienced in the distant past. Do more distant problems lose their sting? Is time a powerful enough factor to erode an unpleasant appraisal of an event and allow for a more neutral perspective? From an analysis of the interview data, the answer to these two questions appears to be no. A greater number of significant problems accumulate over the course of a lifetime and elders were more inclined to talk at length about problems experienced in the distant past. For the elders in this study it might be easier to talk about distant, unpleasant events while not appearing unthankful, judgmental or like a complainer. Too, the unpleasant events experienced over a lifetime and mentioned in the narratives were unmistakably traumatic and life changing – deaths, wartime military service, divorces and serious marital difficulties, childhood problems, and serious health issues figure largely in lifetime accounts of problems. Discussing distant, serious unpleasant events might boost the impression of stoicism, competency and achievement that some elders are careful to cultivate and project.

### **Problems and Religiosity**

Fourteen of the sixteen elders in this study had scores for intrinsic and extrinsic religiosity. Of those fourteen elders, two have low scores on both measures; four have high measures on both measures; and eight have a high score on intrinsic religiosity and a low score on extrinsic religiosity. If, as the literature suggests, religious meaning making has any effect on a person's appraisal of events in life one might expect that the two respondents whose religiosity scores indicate low intrinsic and extrinsic religious motivation and orientation would have the greatest number of events identified as unpleasant (Ellison et al., 2001; Idler, 1987; King et al., 2005; Koenig, 1997; Koenig et al., 2001; Krause, 2003; 2005a; 2005b; 2005c; McCullough &

Laurenceau, 2005; Neil & Kahn, 1999; Schaie et al., 2004; Weaver et al, 2005; Wink et al., 2005). While the number of problems discussed by these two respondents is high (14 and 16) relative to other elders in the sample, their scores are not the highest number of problems discussed. In addition, the low-low religiosity elders appear to have experienced the same mix of problems as other elders; these elders did not characterize their problems as especially grave or serious. Religiosity appears not to influence the number or nature of problems discussed in the interview narratives.

### **Problems and Wisdom Score**

Wisdom scores were generally homogeneous among the respondents in the study and did not vary with the number or nature of problems discussed. With the exception of two white-American males (Abe, age 65 and Peter, age 79) all elders in the study had a 'medium' wisdom score. Other than sharing the same gender, Abe and Peter had the same religiosity score (HL) and were both unmarried. Abe and Peter differed on socioeconomic status (medium and high, respectively), education (bachelors and high school, respectively), and number of problems discussed (9 and 20, respectively).

### **Gender and Problems in Life**

Gender stands out as an important demographic characteristic in terms of the number and nature of problems elders discussed experiencing in life. The total number of problems discussed by elders differed by gender: the eight elder women in the study talked about a total of 111 different unpleasant events while the eight elder men talked about 70 unpleasant events. The literature on aging and stress identifies several important gendered factors that contribute to stress in later life (AOA, 2002; Calasanti et al., 2006; Hatch, 2005; Hendricks et al., 1999; Michael et al., 2003; Novak, 2006) and these same factors emerged in the present study's conceptual categories. Death (of spouse), family problems, financial issues, job and educational

crises, illness and problems in medical care, and the experience of emotional or psychological problems in oneself or close others all showed gendered distinctions among elders. In all of these conceptual categories, with the exception of job and educational problems, women discussed more problems than men. Only two men experienced the death of a spouse (while four women experienced a total of seven spousal deaths); two men discussed two instances of an emotional problem they or a significant other had experienced, four women discussed seven instances of an emotional problem. Women identified more family problems (five women and men discussed 19 and 12 family problems, respectively) and illness and medical care issues (7 women and men discussed 34 and 17 instances, respectively), and three times as many financial problems (4 women and 2 men discussed 10 and 3 instances, respectively). What cannot be determined from the narrative interview data is whether the male respondent's lower numbers of problems discussed is attributable to the absence of problems, a reluctance to speak about their problems due to constructions of gender that call for being stoic, or gender differences in event appraisal and problem identification. Future research should address this issue.

### **Marital Status and Problems in Life**

Marital status and the number and nature of problems discussed by elders in the interviews bear some relationship. Seven elders in the study were married and nine were not; within each marital category gender was almost evenly divided among males and females (with the exception of married African Americans who were represented by two males). Non-married elders discussed more problems than their married peers (117 versus 64); among this group, widowers ( $n = 5$ ) discussed some of the highest number of problems (ranging from 16 to 24), divorced and never married elders ( $n = 3$ ), the least (9 or 10). Non-married elders (regardless of specific non-married status) discussed more problems having to do with illness and medical care (37 versus 14), emotional or psychological problems (8 versus 1) and family disturbances (22

versus 9) – two widowers had particularly high numbers of family disturbances (6 and 9). These findings support the literature that concludes that marriage provides partners with an emotional or psychological benefit that enhances later life (Novak, 2006; Putney & Bengtson, 2005; Smith and Moen, 2004). However, there appears to be some economic penalty connected to marriage; married elders discussed more financial problems (10 versus 3) than non-married elders.

### **Socioeconomic Status, Education Level and Problems in Life**

It appears that socioeconomic status and level of education make some difference in the number of problems discussed in interviews. When elders with low socioeconomic status and educational achievement (including one respondent with low SES and a BA degree) were combined with elders with medium socioeconomic status and BA degrees (n = 7 and n = 2, respectively) and compared to elders with high SES and advanced degrees (n = 7), the number of problems these two groups discussed is comparable (93 versus 88). Differences emerge, however, in the nature of the problems they report in three conceptual categories: illness and medical care, financial problems and job and educational issues. High SES and better educated respondents discuss more problems in these areas: 28 versus 23; 10 versus 3; and, 7 versus 6, respectively. Both high and low/medium SES groups mentioned the experience of illness, caring for a friend or family member with a serious illness, and undergoing medical procedures like major surgeries. Importantly though, only the less well off elders mentioned dissatisfaction with their medical care as a problem they experienced in life. None of the low SES and low educated elders (n = 7) mentioned any financial problems whatsoever. The high and low/medium groups did mention a comparable number of problems having to do with jobs and education, but the poorer elders never discussed educational problems and when they discussed jobs it had to do with losing jobs, getting new jobs to supplement income and being forced out of retirement by the need for additional money. More well-off and better educated elders (medium and high SES)

talked about the difficult or bothersome aspects of their career jobs and about their efforts to attain an education. These findings might be explained by Park's (2000; 2005) notion of problem appraisal: people with chronically low resources (e.g., low SES and education) may have a higher threshold for appraising events as problematic. Alternatively, elders with more resources (high SES and better educated elders) may be more likely to appraise an event as negative that is, complain more, because events occur in a life context where unpleasant events are less frequent.

What was also interesting about these findings was that most elders failed to connect their socioeconomic or educational status to institutional or macrosocial influences. When material and educational deficits are discussed by elders, as with achievements, personal factors (e.g., good/bad luck, perseverance or lack of discipline) are cited as the reason for success or failure. African-American elders came closest to identifying social structural factors as having a significant impact in their past and present lives, when they discussed the workings of racism and white supremacy. Patrick, a widowed 85-year old, low SES African-American man without a high school education, talked about his experiences of racism and the personal impact of living in the Jim Crow South:

**Patrick:** I can't think of nothing else because, just like I said, time was tight when I come along, Lord, and you had the help (inaudible), because everybody didn't have a chance to go to school like you do now. Times was tight, brother. The black people that live in the county, there was no buses picking them up. They had to walk to school, back when I was coming up. Wasn't no buses to pick up the blacks. No.

**Interviewer:** There were small schools too.

**Patrick:** Yes. When the black schools was running there to Branford, the blacks that live in the county, they had to walk to school. Now it's different. A lot of blacks there now, they going to the white schools in Branford. Things are different now. They don't have to walk to school.

**Interviewer:** Did you have experiences that you thought of as – where you were dealing with racism when you were growing up?

Patrick: Yeah, there was a lot of it, racism back then, because back then you couldn't – at these big stores you couldn't go to the bathroom. You couldn't drink no water at the fountain. That was rough. Real rough. John F. Kennedy, John F. Kennedy's brother, Dr. Martin Luther King, Dr. Martin Luther King's mother – they lost their lives trying to make it better for us. They made it better. They bombed a church where them three black girls were killed, you remember? (#35001, p. 30)

While white-American elders mentioned the Great Depression as a significant event in their lives, they discussed it as a discrete event that everyone suffered from and that taught them valuable lessons, like frugality, personal strength and how to be content with very little. These elders did not connect the Great Depression, their socioeconomic position or educational achievements with class- or wealth-based disparities that affected them systematically or as members of a racial or ethnic group.

### **Race and Problems in Life**

Elders' race seemed to make a difference in the number of problems discussed in the interviews but in ways counter to findings in the literature on aging and race (APA, 1998; Anderson et al., 2004; Bulatao & Anderson, 2004; Cummings et al., 2003; Denny et al., 2005; Kart & Kinney, 2001; Markides et al., 1984; Novak, 2006; Pearlin et al., 2005; Yang & Levkoff, 2005; Zsembik et al., 2000). The nine white-American elders discussed more problems than the seven African-American elders (115 versus 66). African-American elders reported only slightly more problems having to do with illness and medical care than their white-American peers (27 versus 24). White Americans discussed more financial problems than African Americans (10 versus 3), while job and educational issues were discussed only slightly more by white Americans (8 versus 5). These results may be attributable to a greater reluctance among African-American elders to discuss personal issues and problems. The results might also point to differential problem appraisal (Park 2000; 2005). If financial issues are more commonplace among one's own or extended family and associates they may be less likely to be appraised as

problematic unless they reach severe levels. Alternatively, having greater financial resources and stability over the life course perhaps makes one more vulnerable to serious upset when unexpected problems occur.

As might be expected race and racism were problems more often discussed by African Americans than white Americans (6 versus 2). In the two occasions when white-American elders spoke about race it had to do with the race of another person. At no time did white Americans talk about whiteness as a source of problems in life.

### **Age and Problems in Life**

Age differences presented no clear variations in the number or nature of problems discussed by elders in the narrative accounts. It is difficult to compare the number and types of problems discussed because of the age distribution of the sample. Most ( $n = 11$ ) of the elders fit within the old age group (age 65-79). Three elders would be characterized as the oldest old (80 and older) and two elders were of late-middle age (55-64). No age group stood out as having discussed more problems than the others. Family, emotional and psychological problems, deaths and financial problems seemed to be discussed as frequently in each age group. Illness and medical care problems were discussed least often by the late-middle aged group; old and oldest old elders discussed illness and medical care problems about as frequently. Findings support the idea that the period commencing with late-middle age ushers in problems and stressors that are pretty well known to researchers (Elder et al., 2003; Novak, 2006). However, because of the limitations of this data, no comparative conclusions between the cohorts can be drawn about elders' experiences of unpleasant events.

### **Why Weren't Problems Associated With Aging Mentioned More?**

The problem conceptual categories discussed in the above sections were those that were mentioned most often by respondents. One might expect that elders would count problems

associated with getting older among the most serious issues that they encounter in life, favoring them in their interview comments. For sure, elders talked about issue of death and dying, feelings of loneliness associated with losing friends and relatives and realizations, as well as expectations, that their physical abilities would wane over time with increasing age. However, for the most part, elders did not frame their health, financial, psychological or familial problems as aging problems per se. This may be due to three factors.

First, elders talked about serious problems mainly when they occurred in the distant past. This preference caused elders to focus on crises experienced at a younger age. Second, elders may have felt uncomfortable or like they were tempting fate talking about age-related difficulties that they were experiencing at the time of the interview (see discussion of “How Unpleasant or Problematic Events are Discussed,” above). Third, and most interesting, when elders discussed problems that were connected to advancing age there seemed to be a sliding scale that adjusted for age-based expectations. These age-based expectations, in turn, discouraged problem appraisals. Just as a 21-year old would not normally lament impeding retirement, elders in this sample did not count, for example, reduced physical abilities as necessarily problematic, because such limitations were expected. In other words, problems that were perceived as “on time” or normative were not problems at all. In those instances where elders did mention age-related limitations or occurrences, most often it was because the onset (e.g., of a disability) or incident (e.g., death of siblings) was sudden, unexpected or in some way traumatic. In the future, it would be helpful for researchers to qualitatively explore elders’ conceptions of growing older to further understand this phenomenon.

### **Conclusion: Problems Elders Experience in Life**

The purpose of this section has been to describe the number and nature of problems elders experienced in the previous week, month, year and in their entire lives. I did not set out to

do a statistical analysis. Instead, I sought a way to describe the distribution of problems among the elders interviewed. The elders in this study described numerous and diverse types of problems they experienced in life. The problems discussed in the narrative interviews were not surprising; research literature on aging and stress has identified each of the conceptual categories that emerged from the interview data as a significant source of stress, loss and crises in later life. The benefit gained from a qualitative exploration of problems in later life is what it reveals about the thought processes of elders and how problems are situated throughout the life course. The devil is in the details; only by listening to elders talk about their problems do we gain an understanding of their personal expectations, needs, and motivations – namely, their salient meaning making systems. Qualitative methods of analysis allow us to transcend ageist, racist and sexist stereotypes of the aging process and later life so that we are able to see later life from the standpoint of elders themselves. In this way flesh is added to the bare bones of theory.

Problem appraisal initiates the meaning making coping process. From the moment an event occurs, individuals begin to make highly subjective appraisals that are influenced by how they situate themselves in the world and what they perceive are the most important beliefs, values, and goals at stake. Coping is an individuals' response to events or incidences that they have appraised as problematic or unpleasant. Coping is an attempt to craft a solution to problematic or unpleasant circumstances in life.

### **How do Elders Say That They Have Coped with Problems in Life?**

Elders in this study described many ways in which they coped with the problems they experienced in their lives. The goal of this section is to describe how elders, in their own words, said they coped. Here I will focus solely on coping that was not described by elders in explicitly religious or racial terms. I will take-up religious and racial coding in the next section when I

discuss what religious or racial meaning making coping processes elders adopted to cope with problems in life.

Coping was assessed from the narratives by coding elders' responses to how they dealt with unpleasant events in specified periods. As explained in Chapter 3: Methodology, these codes moved from line to focused to conceptual codes; constant comparison and consolidation to successively higher levels of abstraction was central to this process. In coding the narrative interview data five coping themes emerged: 1) philosophical or introspective coping; (2) pragmatic, practical or planful coping; (3) help-seeking, collaborative or cooperative coping; (4) negative, self- or other-destructive coping; and, (5) coping alone. These conceptual categories capture a broad range of responses to challenges in everyday life. While not every coping response can be described as positive or helpful it should be remembered that coping emerges out of an individual's unique perspective on life. That perspective is influenced by various factors – epistemological (e.g., whether one is a devout Catholic, a college professor or a rural farmer), material (e.g., class, wealth and poverty), structural (e.g., gender and race), contextual (e.g., coping in the midst of wartime or after one's spouse has died unexpectedly) and problem-specific (e.g., coping with the death of a child versus a respected public figure). Every coping response makes 'sense' according to its own logic. One way to begin to understand this logic is to explore the meaning upon which coping responses rest.

### **Philosophical or Introspective Coping**

Philosophical or introspective coping centers on an individual's feelings and emotions. This is the closest conceptual category, besides religious and racial coping, to Park's (2000) meaning making or cognitive coping model. Here elders tune-in to their feelings, knowledge, past experiences and intuition in order to redefine the meaning of a problematic event or

circumstance. Sometimes all this involves is acknowledging one's grief, disappointment or feelings of guilt in connection with an unpleasant event.

Sixteen elders, the entire sample, used philosophical or introspective coping strategies; a total of 61 instances were coded from the interview data. White Americans reported a total of 38 instances (ranging from 1 to 11 instances for a person) and African Americans 23 (ranging from 1 to 8 instances for a person). Wisdom and religiosity scores did not make a difference here.

Peter, a white-American widower, 79 years of age with low SES and a high school education, and one of two elders in the sample with a high wisdom score, had a difficult childhood including witnessing an emotionally abusive relationship between his parents that involved his mother's leaving the family home to be with other men. After the suicide of his father and death of his mother Peter reflected on how he coped with his parents' deaths, particularly his mother's:

Interviewer: Well, how did you get through, or how did you handle that, your mother's death? I mean...

Peter: No, I felt alright. I had no guilt at all with my mother's death. My father's, I had no guilt either, but I mean, I had no guilt whatsoever. We did very well. We did as much as we could for her. And she...it was certainly a sad situation. She died in the middle of February. You couldn't open the grave, it was so cold and frozen, and things of this nature. She was in the funeral parlor for five days. She had good friends. I mean, all the friends who came to see her, and I, we gave her a good funeral, and she had a Mass, Catholic Mass, and she had a, she had a, we did all we could do for her. I have no problem with that. And my sister and I were the only survivors. I was one of four children. But two daughters, two girls, have already died. So my sister and I were the only survivors. And we settled the estate, it wasn't any big estate. It was a, but we settled, and that was it. I didn't, there's no qualms about that. And then I had more relaxation. I didn't, I moved to the, I could go where I wanted to go then. 'Cause I was always at her, wherever she was at, she was, I was there to visit her. So I mean, I was, it was sort of freedom. It was a freedom. Yeah, it was sort of freedom. I mean, I hate to think of it as that, but it was, that's all there is to it. I mean... (#24047, p. 9-10)

Elders in the study repeatedly spoke of coping in terms of a philosophy of life or way of seeing the world that they applied to all unpleasant circumstances they encountered.

Philosophical coping included: refusing to dwell on bad situations, think or talk negatively about people or circumstances; disdaining a judgmental or complaining attitude; choosing forgiveness and releasing grief or bad feelings; thankfulness in the knowledge that things could be worse; believing that life is generally good and all one needs to do is just keep living; finding the humor in bad events; and, simply not defining a circumstance as unpleasant. Elders were proud to say that these ways of thinking and seeing the world had worked for them in the past and that they planned to continue to use them in the future. Elders who coped in this way spoke of learning these ways of thinking about problems or unpleasant circumstances through trying experiences and through the guidance of family and friends, particularly parents.

Debra, a low SES 61-year old African-American elder without a high school education (marital status missing) recalled how she coped, with the assistance of her mother, when her son was poisoned by drinking kerosene:

Debra: Ah, my oldest son, he drink some kerosene and so it give him pneumonia and so he was living way in the country and they had no car or nothing. And so I took him in my arms and I ran all the way to the store, about two miles, and so the man that was running the store, well, he took him to the hospital and he had pneumonia. He almost died.

Interviewer: Well, um, how did you cope with that? How did you handle it or what did you do to get through that whole experience?

Debra: Well, what I did, I, my mother was living then and so she would talk to me every day, and she would tell me, you know, that don't worry, he going to be alright. I just had her to, you know, to counsel me and tell me 'cause back then I was younger and didn't know too much about how to get through things, but she told me a lot of things, and I find out today what she told me, I'm still living by, you know, some of it, she told me how to get through difficulties. (#18004, p. 5)

A more introspective or emotional form of coping that elders spoke of in connection to particularly traumatic or troubling events like terminal illness or death of a loved one included strategies designed to achieve closure and say goodbyes. In this case elders were concerned with making their peace, wrapping things up before there is a death, and taking time to adjust to

eventual bad outcomes. Dinah, a 73-year old African-American woman, divorced with a high level of education (a graduate degree) and socioeconomic status, embodies this coping strategy:

Interview: What were the most unpleasant events you experienced during the last year?

Dinah: Well, I guess it was the passing of my mother. Um-hm, the passing of my mother. But then I can't say that was, she was 98. My mother was 98, and I was able to go through that. In fact, all of us were because I viewed it as coming down a tall, spiral staircase with my mother. I was the second oldest of ten children so I had lived with her, I had seen her when she was a young person, and I had seen her grow older... So when the end came and because of glaucoma, she lost her sight, and she complained about just being in the darkness, you know. Or just groping in the darkness and so I could see that the quality of life for her had changed. And then I started on this spiral staircase and the closer she got to the bottom, when she finally hit bottom, you could see, hallelujah, she has made it. You know. So the tears and things did not come because you had really lived with her and you had assessed her life along with yours.

Interview: Okay. How did you deal with this particular unpleasant event? I mean, if you could capture that in a paragraph, what kinds of things did you do to get through this?

Dinah: Ah, I think I had gotten through it before she passed because she called, had my brother call me, and I went up home, and I stayed, I rented a car, so I stayed two or three days, and when that time was over, I said to her, "Mama, my time is up and I must go." And she said, "Well, I'm glad you came. And if I don't ever see you again, I am going home to be with my Maker." And I said to her, "And one day, Mama, I will meet you there." And that's what I concentrated on all the way. I never saw her again, I never worried about her. She says, "I'm going to the hospital and when I leave there, I want to go to the nursing home because she could not cut us loose at the house. There were too many things. And she went to the hospital, and I think about the third or fourth day she was there, she expired. (#14005, p. 4-5)

When elders engaged in introspective coping they emphasized: staying calm and not getting overly emotional; being realistic about the situation; accepting the inevitable; putting the situation into proper perspective; stating and understanding the facts; getting on with life; understanding what could be done and what was out of their hands; doing what had to be done, even when it was emotionally painful or difficult; and, remembering that unpleasantness is an inevitable part of life.

## **Pragmatic, Practical or Planful Coping**

All elders talked about the importance of being pragmatic, practical and planful in coping with problems in life. Sometimes stressful events are resolved by learning to adjust to a new reality that requires a slight change in lifestyle or ways of doing things (e.g., changing diet or amount of exercise with the onset of a chronic illness or disability). Being prepared to learn something new or a new way to do things, calling on skills or knowledge used in other unpleasant circumstances or thinking about the problem as an opportunity to explore new possibilities, are all crucial to coping with problems that arise in life.

Every elder in the sample used pragmatic, practical or planful coping strategies; a total of 108 instances were coded from the interview data. White Americans reported a total of 49 instances (ranging from 1 to 11 instances for a person) and African Americans 59 instances (ranging from 1 to 17 instances for a person). Wisdom and religiosity scores did not make a difference here.

Paul, 69 years old, married, with a low socioeconomic status and high school diploma, talked about a “magnificent obsession” that developed from the need to lose weight after a hip and knee replacement:

Paul: I had to lose weight because I was, I was something about 285... And just enjoy life, you know at that weight. I look at it now, after about 255, it wasn't necessary to have all that no way, you know. But what, or really how I handled it was I, I started having a little fun with it. You'll find yourself, you don't eat as much. So, you don't think about whatever you used to feel. I used to, when I was working, you know, I would, I would prepare myself with a meal, 4 or 5 eggs in an omelet, with salami, cheeses and stuff, and other, and chicken livers and whatever, and once I got that in the old facility, I could work four or five hours without a thing. Destruction, because, I was feeling very, very good.

And I wasn't hurting anywhere. And then the doctor came, and my cholesterol was just too much, way out of sight. That didn't seem to push me too much, but you know the mayor, the mayor of Washington, Detroit, or one of them. They, he was a little guy, he was 285, or 290, or something like that, cholesterol way 300. He had the big one, and that's a heart attack and left, and then I came one, two three. "Hey, you're about in the

same category." And no one can take care of that but you. See, because I had everything I needed in the kitchen. And I had the, my doctor wrote a lot of dietary, gave me an order to follow. So I started treating the body as it needed it...and skinned the chicken, and boiled it, make a salad, and take the chicken off the bone, make a big salad. At first it wasn't doing anything. But then I said, "Well, two or three pounds here, eight pounds here," and one day it really, got to really lot of, I was in the office, and he said, "Mr. Reynolds." But see, you come down ten pounds, in a month's time or something, you know, you figure out, I say, "I don't mind losing weight, as long as I don't think I'm sick, or something like that." Ten pounds, you know. And, from 10, I went to 12, 15. Then it becomes a max, a magnificent obsession to say that I lost this weight and I didn't have to. I didn't have to go on a starvation plan. (#19004, p. 37-39)

Practical and planful interventions are sometimes not even thought of as a means of coping but as the only or automatic response to a bad situation. Adultery is a painful problem that Ruth had to cope with in her marriage. Ruth is a low SES and education level, 81 years old white American, currently unmarried but had been married four times - widowed three times and divorced once. In her interview Ruth described her unique approach to dealing with the dissolution of her marriage:

Interview: Well, maybe then we'll switch, you've mentioned a couple of things, but we'll switch over to the unpleasant events. What do you list as the most difficult or unpleasant events of your life?

Ruth: (pause) You don't want me to say.

Interviewer: You know, I uh, if you don't want to answer it, I don't want you to answer it, but if you want to tell me about it, we'd like to hear about it. But, you know, I don't want to pressure you in any way.

Ruth: No, to find out that your husband. You're sitting there in this same chair, expecting that son, and to find out your husband's got somebody else putting it to. The woman called me up thinking I was his mother. And she had to talk to him right away, had to talk to him. I says, "Something I can do?" "Well, maybe you can," she says, "you can start planning a wedding." I said, "A wedding?" She says, "Yes, I'm pregnant." So I said "Are you sure you have the wrong, the right person?" And she told me who she was, and I checked in the phone book, and that was her telephone number. So when my husband came home, he was supposed to be working, and when he came home, he came upstairs, and I stood on the top step, and he said, "Oh, you look so nice," and here I am all like this, you know, and I took one swing at him, knocked him down the stairs. I couldn't help it. That's the only time I've ever been violent in my life.

Interviewer: (pause) So, what, how did you...

Ruth: I got a divorce from then on, January the 3rd, in Duval County Court. And before I left the courtroom, the only way I would give him a divorce, is I made him marry her in that courtroom before I left. (#22001, p. 17-18)

Offering care or comfort to someone in need, borrowing, lending, or earning extra money, resting one's body or other forms of self care, taking prescribed drugs and following doctor's advice, reading books for relaxation or to increase knowledge, going on a diet and monitoring food intake, asking questions, having a social drink, planning ahead (e.g., saving money, drawing up a will, prepaying a funeral plot), and removing oneself from harmful or negative situations, are the many ways in which elders utilized pragmatic, practical or playful coping to deal with problems in their lives.

### **Help-seeking, Collaborative or Cooperative Coping**

Help-seeking, collaborative or cooperative coping is proactive coping. This type of coping entails drawing on others to help with a problem and confronting specific aspects of an unpleasant circumstance that create stress or hardship. Elders who use this method of coping get the support of loved ones, friends and family members; if trouble erupts in interpersonal relationships they seek to get everyone involved pulling together to resolve the situation and solidify relationships. Sometimes just spending time with or talking to people is enough for elders to feel that they have done something to help deal with a problem.

Twelve elders reported 40 instances of help-seeking, collaborative or cooperative coping. More white Americans (eight of nine elders) than African Americans (four of seven elders) reported this strategy. Religiosity score seemed not to make a difference; close to the same proportion of HH, HL, and LL score elders as were represented in the sample used this coping strategy. One of the high wisdom elders, Peter, was represented among this group. Twice as many female as male elders (n = 8, n = 4) were help-seeking copers. All seven high SES elders reported using this strategy; 4 (of 7) and 1 (of 2) low and medium SES elders used help-seeking,

collaborative or cooperative coping. There were no stark differences in level of education among those who used this strategy: nearly all graduate, bachelor's degree and high school educated elders reported help-seeking in response to problems in life; 1 out of the 3 elders with less than a high school education used this strategy. Marital status, too, did not present stark differences: 7 of the 8 unmarried and 5 of the 7 married elders were help-seeking copers. The age range for elders who used this coping strategy was 55 to 75 years old.

Dinah, a divorced 73-year old, retired African-American teacher with high socioeconomic status and education, described how she relied on her family for support when she was experiencing problems with her hip:

Interviewer: And how did you deal with this unpleasant event? What exactly did you do?

Dinah: Well, I let everybody know, especially my sons, you know, that I was incapacitated this way because they're not accustomed to mom doing anything but, you know, being very well and able to move at will. So I let them know and the whole family, so they see me stand and stop and they say, "Alright, get it in gear." And so it was helpful to know that they were with me. (#14005, p. 1)

When elders feel it is necessary, help-seekers might lead them to enlist the help of similarly situated persons (e.g., joining a support group to cope with grief), professionals (e.g., an attorney or mediator) or service care providers (e.g., a nursing home or doctor) for help and advice. An important aspect of this type of coping is its positive, cooperative component. Dealing with a problem might involve confronting a person or situation head on, no matter how difficult or trying; this is an occasion for resolving past grievances, not for fighting, stirring up negative emotions or stimulating acrimony.

After Peter, a widowed 79-year old white American, with a high school diploma and low socioeconomic status (and high wisdom), discovered that the family plumbing and heating business that he depended on for income was closing, he was very angry. Not only had his

parents failed to give him advance notice of the closing, but they expected him to use his own time to finish outstanding jobs. When asked how he got through this hard time Peter responded:

I went to work for someone else. And would you believe this? For the next six months to eight months, I worked on weekends to finish his jobs, so that he could get, they could get that money. I'm, I don't, I don't regret it, I did it my own way. This is my, something I did. So I feel that I paid my debt. I'm, nobody owes me, I mean, I don't owe anybody anything. That's the way I felt.

Interviewer: You are a very good son.

Oh, I did, I felt I was let down badly, but I knew it wasn't his fault. My mother was, like, she's a very strong woman, but she did not, she was always worried about her own self, first. But I felt very strong, very close to my father. I mean, we had a lot of problems, we got through together. (#24047, p. 7)

While Peter had many reasons to feel betrayed he committed himself to resolving the issue, partly by working to understand the issue from his father's perspective. Peter describes working hard to replace bad feelings with empathy for his father and a mature understanding of the circumstances and personalities involved in the situation that were outside of his power to control.

### **Negative, Self- or Other-Destructive Coping**

As the label makes clear, negative, self- or other-destructive coping encompasses negative thoughts, responses or action to an unpleasant or problematic situation. Negative coping was described as such by the elders who engaged in it; no attempt was made in the coding to qualify elders' descriptions of their behavior. Elders who describe coping in a negative, self- or other-destructive way attribute their poor coping response to voluntary and involuntary impulses.

A total of seven elders reported fifteen instances of negative, self- or other-destructive coping. White Americans were more likely to report this coping strategy: five of the seven elders (71%) were white American, a proportion higher than found in the total sample (56%).

Religiosity scores of these 7 elders did not evidence stark patterns: 3 HL, 2 LL, and 2 HH. A lower proportion of HL score elders, a higher proportion of LL score elders and the same proportion of HH score elders used this strategy as were represented in the entire sample. Both of the high wisdom elders are among the group of elders using this coping method. Males and females were nearly equally represented (4 and 3 respectively). More low SES elders used this strategy than medium or high SES elders (4, 1, and 1, respectively). The proportion of low SES elders who used negative coping is also higher than their representation in the entire sample (57% versus 44%). About as many well educated (2 with bachelor's and 2 with graduate degrees) as less educated (2 with high school and 1 no high school) elders used negative coping. More unmarried elders (n = 6) than married (n = 1) elders reported negative self- or other-destructive coping – a proportion not representative of unmarried elders in the entire sample (53%). The age range for elders who used this coping strategy was from 55 to 82 years old.

Abe, a divorced 65-year old white American of medium SES with a bachelor's degree, one of two respondents with a high wisdom score, mused about his response to a bowling game gone wrong:

Interviewer: That is great. Okay, so then I'll ask you what would you say are the most unpleasant events that you've experienced during the last week?

Abe: Today. (laughs) Today, I had three bad games and we were bowling a team that was really not that great. We should have beat 'em. We did take two, but not with my help. I could not hit nothing today. I was way off. I was uncoordinated, uh, and my ball was not working for me and I bowled. In fact, I bowled the worst three games I've ever bowled since bowling. I barely broke a hundred in two games and that's highly unusual for me. So, it's a bad day.

Interviewer: Well, one of the things we are interested in knowing is how you deal with or react or handle unpleasant events and so how would you say you reacted to today's games. What did you do to.. .

Abe: Oh, I talked to myself. I chewed myself out and uh, I said a few words. Cuss words. And, and I did and I hate to do that, but , but I was so disappointed. I just got mad,

internally frustrated and disgusted with my procedure of bowling today. It was awful. I was awful. (#24045, p. 1-2)

Fifty-five year old Naomi, a married, white-American woman with high socioeconomic status and level of education discussed how she negatively coped with the divorce of her daughter. After twenty years of marriage Naomi and her husband had forged a close relationship with their son-in-law and disagreed with their daughter's decision to divorce and move-in with another man.

Interviewer: So how would you say you've, what have you done to cope with it?

Naomi: Oh, I've screamed, I've cried, I've bitched and moaned and groaned and talked to friends and... Yeah, and just, had a glass of wine at night. That's been about it. Not much other way to deal with it. And she and I talk, of course, but we're not coming to terms, on my terms, that's what I keep saying, "we need to do this my way," but anyway, it'll, it's a lot, it's going to be a change in our lives. (#21010, p. 3)

Instances of negative coping described in the interviews also included: gaining weight; lashing out; keeping emotions bottled up; harboring resentment; becoming a workaholic; developing an overachiever mentality; and, having no social life.

### **Coping Alone**

Elders who coped alone describe dealing with problems by resolving the situation on their own. These elder are very independent and don't feel they need outside help. Elders who cope alone pride themselves on resourcefulness and have a strong sense of achievement in overcoming obstacles. Coping alone might also include becoming more active in response to a problem or strictly maintaining routines in order to divert attention from unpleasant events. On the opposite end of the continuum, but still related, is a coping alone strategy that entails doing nothing at all in response to a problem.

Six elders talked about using coping alone as a response to unpleasant events in life. A total of eight instances were coded from the interviews. Just as many African Americans as

white Americans mentioned coping alone (3 from each group). Half of all HL (n = 4) and LL (n = 1) religiosity score elders in the sample reported coping alone, while one quarter of the HH (n = 1) elders did so. One of the high wisdom elders, Abe, discussed using this coping method. Among the six elders who reported coping alone 3 were women; two of the three women were African American and two of the men white. A higher proportion of high SES, well-educated and non-married elders reported coping alone than were represented in the entire sample: four of the six elders who reported coping alone were of high socioeconomic status, all had either a bachelor's (n = 2) or a graduate degree (4 elders) and five out of six were unmarried. The age range for elders who reported coping alone was 65 to 82 years old.

Sarah, a widowed, 72-year old African-American elder with a high SES and graduate education discussed how she coped with her husband's heart condition and the double amputation of his legs:

Sarah: And then I, I'm the type of person too, if anything really bother me a whole lot, or worry me, I can't, tell it. So I continued to work, and my husband was here with me, and then he had some experiences too that were unpleasant for me. He had a, poor circulation in his lower extremities, so his left leg, right leg was amputated...in '74. His right leg. His right leg was amputated first and the left leg amputated in '84. And he died in '94. That's a long stretch. Um-hm. And he had a lot of, a serious, he had a serious heart condition.

Interviewer: How did you cope with that? How did you get through all that?

Sarah: I don't know, I just stayed busy. Sometime when you, have a problem, you're so involved in that, you don't have time to stop and feel sorry for yourself. I'm not one of those types of persons, that I don't stop and feel sorry for myself. I try to keep moving, try to keep doing things, so that's the way that I am.

Interviewer: I know what you mean. Too busy to, too busy to stop.

Sarah: Right. And I know when he was in the hospital in and out of the hospital the first time and the second time. And I was working, and people would ask me, "How do you come to work?" And I said, "Well, he's in the hospital. I know he's being taken care of. So if I have to take some time off from work, I'd rather do it when he's at home. (#12006, p. 17)

### **Conclusion: How do Elders Cope with Problems in Life?**

All coping strategies emerge out of meaning making systems. Doubtless elders' belief in independence, self-help, strong character, helping others, self-reflection, steely determination, planfulness and even some of the more negative behaviors emerge out of an epistemological reservoir that is as deep as it is wide encompassing historical, familial, gender, race, ethnicity, class, religious, national culture and many, many more sources of influence too numerous to list. In order to understand how people cope and why they choose the coping responses they do, researchers must plumb the depths of particularly salient meaning making systems. When we endeavor to understand the logic of meaning making systems our explorations brings us into contact with the indigenous logic that shape peoples' choices – good and bad. Religion and race are two important meaning making systems that have the power to shape cognitive or meaning making coping with problems in life.

### **What Religious or Racial Meaning Making Coping Process Have Elders Adopted to Cope with Problems in Life?**

#### **Religious Meaning Making**

Instances of religious meaning making were coded for in the interview data when elders used their own religion to discuss how they coped with problems in life. Fourteen of the sixteen elders in this study talked explicitly about religion in regards to coping. It is important to remember that elders were not asked specifically how they used religion to cope with problems. Rather, when religion emerged in a narrative it was a spontaneous admission that religious meaning mattered in instances where loss, stress or crises arose. Spontaneous mentions of religion are a strong point of this study and point to the significance of religious meaning making in coping with problems in life. It should be noted that the sample of elders in this study were drawn from the Southeastern United States. Previous research has found that Southerners are

generally more religious than their counterparts in other parts of the country (Chalfant & Heller, 1991; Silk, 2005; Smith, Sikkink, & Bailey, 1998)

Three themes describe how elders use religious meaning to cope: (1) faith and dependence on the promises and provisions of God; (2) engaging religion, church support and partaking in religious activities; (3) religious belief, death and the afterlife.

### **Faith and Dependence on the Promises and Provisions of God**

Eleven elders (6 white American and 5 African American) mentioned faith and dependence on the promises and provisions of God in 37 instances (20 and 17, respectively by race) of coping with problems in life. Faith and dependence on the promises and provisions of God is a more action-oriented strategy of meaning making than simply assenting to belief in religious doctrine or teaching. When some elders talked about faith in the interview narratives they were not merely talking about having strong religious or spiritual beliefs. These elders' faith led them to make cognitively risky choices to believe in good outcomes, despite evidence to the contrary. For these elders faith is a process not tied to specific events. God works in, with and through peoples' lives to produce good outcomes. Therefore, there is meaning and purpose in every circumstance – even bad events have a purpose in God's immutable plan. Joseph, a white, married 69-year old man (HL religiosity score) with a graduate education and high socioeconomic status discussed how religious meaning helped him cope with a serious illness and health scare:

Joseph: But declining health is something that, I guess, a lot of people my age begin to have concerns about, and not just recently, but, oh, it's been, I guess, almost two years ago, I experienced having to have a whatever it's called surgery they use what they call burning out with some kind of electrical process, bladder tumor. And so once you go through something like that you think, well, is some form of cancer spreading to some other, you know, part of the body. And just like any other person my age who has had difficulties healthwise, you know, I wonder sometimes is that the way I might have to go out, suffering from cancer or something that's real painful and hard to live with. Of

course, we all got to go out one way or the other and hopefully not have to suffer, you know, too much.

Interviewer: So how do you deal with thinking about it or?

Joseph: Well, it's very fortunate that the doctor was able to discover that and able to deal with it and that if something else develops, there's hope, you know, it can be dealt with. And I think my faith, my religious faith, I'd have to say that that's one of the keys to facing difficulties of this type. As I have faced surgical procedures before and that's what I wind up doing is just placing my faith in the Lord and He's going to bring me through this, that He's going to guide these physicians that are in charge of this process. And if He doesn't, then it'll be because it's my time to go, and He'll take care of me still. I think that's, I'd have to say that my religious faith really is the thing that I wind up turning to if I'm faced with a scary type situation. (#14019, p.6-7)

Elders' who religious meaning making leads them to faith and dependence on the promises and provisions of God discussed how they coped with unpleasant events in life by: turning their problems over to the Lord; relying on God's will; trusting in God; and anticipating God's blessings and provisions. This was the most frequently alluded to strategy for religious coping; only both the LL, one HH and an elder without a religiosity score failed to mention this strategy. Scores on the wisdom scale did not seem to make a difference; both high wisdom score elders discussed this method, long with medium wisdom score elders. Every adversity was an opportunity to witness God's grace and mercy, His provision and plans in action. This way of looking at and enduring unpleasant events comforted elders as they experienced stress, loss and unresolved crises. This was faith in action. Not only did faith initiate a process of partnership for the individual elder and God, their faith in action had the power to put other people, even unbelievers, in partnership with God. Elders often spoke of doctors and other medical care workers in this respect. Elders also felt that God could use anonymous people or new acquaintances to deliver His provisions, especially in cases where the believer lacked the needed skills or knowledge. Mary, a 68-year old, HL religiosity score married, white American with a

graduate degree and high SES, poignantly discussed how she cared for her terminally ill son with the help of his neighbors that she had never met:

He had AIDS, and we knew, for several years, of course, that he was HIV positive. But in February of '95, he had been ambulatory up to that point, and he had to retire on disability about a year, about a year before. But he called and said he was going into the hospital...And he was dismissed from the hospital on Saturday, and I went, I stayed from the time, this was in Atlanta, from the time it happened until he died, I did not come home. And my son had one neighbor who was retired, a male, who could come at a minute's notice to help, and then there were two nurses that he was very close to across the street, that would come also and help. They were both working, but they would help as much as they could. So the friend helped me get him home from the hospital that day, and we got everything set up...he was able to really, take care of his own personal needs, except for the last few days. But I would have to hook up the feeding apparatus, and learn to do that with the ports, and give him all the injections, and of course, everything was done through those two ports. I did not have to give an injection in through his skin.

But, at any rate, I was there for about five weeks with him before he died. And as I say with, again, family and friends, those three friends of his right there that, oh, I'd call Dick in the middle of the night, and say, "Dick, I need something," and he was right there to help. Or the two nurses, and again, the good Lord took care of me, I just can't say how much because, if I had a need, one or the other just happened to be there. If I was having trouble hooking up something with the IV, those, one of those nurses would happen to walk in. Or you know, Dick, I'd call him with a plumbing problem, he'd be right over and help, so, you know, and I have trouble sleeping at times, but when I was up there, he would need medications at night, and I'd set, I had a little alarm clock, and I would set it to go off. I'd go down, give him what he needed, I come back, and immediately go to sleep. I had no trouble sleeping when I needed to at night, the entire time I was there with him, so it just had to be God's grace that got me through that period. (#25006, pp. 10-12)

Elders spoke of learning faith and dependence on the promises and provisions of God from close friends, family, religious leaders and parents. For these elders, religious socialization led to what was called "spiritual maturity"- the key to reaping the full benefit of religion in coping with unpleasant or problematic circumstance in life. Graduate-level educated, high SES, divorced 73-year old Dinah, quoted at length above, is an example of an elder who put a lot of time and thought into developing spiritual maturity through understanding the Bible's teaching on death and the afterlife. Dinah (HL religiosity score) describes dealing with the death of her mother:

Um-hm, so. I had already made my peace with her, with God, and it was the Christian maturity. I could see that this was God's plan and how God was intervening and how He had left us intact because my father died in '80, and for all of these years here we were and could go back home this past week because of that, so, you know, I can see who we are is because of who they were.

And the things that they did for us. And I was happy to see that my children, who were their grandchildren, of course, they would spend summers up there, so they knew as much about the place as we and really grew to love it. It's a country place, you know. But, ah, I think that's the way I got through it. It was the realization, and I think I had matured as a Christian and I could really see, you know, life and death.

And where you were going. And then I read many books, many books, and I think one of last ones I read was what happens to you one minute after you die, where do you go. And things like this, so I think I am just prepared for that kind of whatever. And sometimes I even think about the fact, my children are on the road, suppose you got a report that there had been a tragic accident and they both had been killed. So you see, I deal with these things even before I get them. (#14005, p. 5-6)

Rebecca, a married, HL religiosity score, 71-year old white-American elder of medium SES with a bachelor's degree expressed similar sentiments:

Interviewer: Is there anything else that you would like to talk about or that you can think of that you think pertains to what we're talking about?

Rebecca: No, I do think that having a background of growing, spiritually, has helped a lot and very important.

Interviewer: How would you describe, I mean, what is growing spiritually?

Rebecca: Growing in your relationship with God. Not just church-going and stuff like that, but I think there's a deeper thing that comes whenever you're faced with a situation, and the more you delve into the Bible and prayer and quiet times and this sort of thing, you grow. Each thing that happens you seem to sort of grow a little bit closer. (#21008, p. 12)

With religious maturity one is able to: remain calm in the face of troubles; be patient and wait on the move of God; be thankful and content in times when there are no troubles; remember that adversity is inevitable and there is a time or season for plenty and for scarcity; sustain an ongoing, deep personal relationship with God; and rest outcomes in the hands of God, being prepared for any eventuality without complaint.

## **Engaging Religion, Church Support and Partaking in Religious Activities**

Seven elders (4 white American and 3 African American) mentioned engaging religion, church support and partaking in religious activities in 18 instances (12 and 6, respectively by race) of coping with problems in life. One of two LL score elders, five of eight HL score elders and one of four HH score elders used this strategy. This form of religious meaning making bridges the gap between Allport and Ross' intrinsic and extrinsic religiosity ideal-type.

Religious meaning making by engaging religion, church support and partaking in religious activities is different in degree, more so than kind, from the other two forms of religious meaning making discussed in this section. The practices this theme encompasses appeared to lack the profound cognitive component that emerged in the other themes. However, the limitations of the data make this difficult to discern unequivocally. Perhaps, these practices can best be described as religious inoculations or as a spiritual first aid kit; this type of religious coping is designed to help one to remain religiously healthy and connected and, when trouble strikes, cope with crises. These are the necessary disciplines that support deeper religious meaning and conviction. One high wisdom score elder, Abe, failed to mention this method.

Debra, a 61-year old low SES African-American elder with no high school education (marital status missing), discussed how she engaged religion in coping with financial difficulties and the need to secure a job to supplement her income:

Interviewer: Okay. Well, as I asked you before we're interested in knowing how you handle difficult things, so then how would you say you've handled, what exactly have you done to cope with or get through not having a job when you want one?

Interviewer: What have you done?

Debra: Well, what I do, I just pray and just ask the Lord, you know, to take care of everything and, you know, do it on His own time because I know He going to do it anyway, and so I just tell Him, "You know what I need; I don't have to just holler on it. You know what I need." And so I just sit back, you know, and just wait. (#18004, p. 4-5)

Peter, a 79-year white-American widower with low SES and a high school education, and one of two elders with a high wisdom score, discussed how he engaged religion and the church to cope with the death of his sister in an automobile accident:

Well, I go to church regularly, and I get some solace out of that. I mean we're, we're all going to go one of these days, and we have to have something to look forward to, and I do, I believe in the Catholic church, and I have a, I haven't gone any deeper into it, but I have maybe prayed a little deeper, things of that nature, you know. I've uh, I seek, I seek, um there's comfort there, you know. But, I'm like, it's really the only way I can figure it is, I have no other way of approaching it. I never thought of another way. I'm not going to come, I mean, I don't feel like I need counseling, or anything of that nature because, I mean, I've taken it, and I've lived with it, it's something, like I say, still every time I think of about it, I feel a pain in my. (#24047, p. 4)

Engaging religion, church support and partaking in religious activities involves practices like: reading Scriptures; praying for oneself or others; getting one's congregation to pray for one's needs; asking ministers to pray or visit and pray over oneself or a loved one; asking to be placed on a prayer list; seeking comfort in church praise and worship (i.e., through music); getting material or moral support from the church body; and, simply attending church.

### **Religious Belief, Death and the Afterlife**

Seven elders (4 white and 3 African American) mentioned religious belief, death and the afterlife in ten instances (split evenly by race) when talking about how they cope with problems in life. No LL score elders (n = 2) mentioned this strategy, while two of the four HH score elders and five of the eight HL score elders did. Abe, one of the two high wisdom score elders did not discuss this method of coping.

This type of religious meaning making is most often invoked in the case of very serious, traumatic or life threatening events, usually the death of a loved one. When no better resolution than death appears immanent, religious beliefs about death and the afterlife take over. Elders discussed how they had no fear of death for themselves or their loved ones because they felt confident that they knew exactly what happened after death. These elders said that they had

spent time thinking about death and were comforted by thoughts of eternal life with Jesus, their relatives, and friends who had passed before them. Eighty-one year old, widowed Ruth (HH religiosity score) talks about an experience where she was overcome with uncharacteristic emotion while driving to church thinking about a sick friend. She reflected on her feelings about death and dying:

Ruth: Wasn't thinking about a thing, all by myself going to church. My partner that goes with me is not well. I'm just driving along, going, and it's way out on NW, SW 122nd, so you know it's way out there. The Family Church. So I was going to church. I guess the sun, reflecting on the mirrors, some, all of a sudden tears just start rolling down my face, and I was not even thinking about anything.

Interviewer: Oh, gosh. Yeah.

Ruth: But I don't usually cry. And even at funerals, and I make everybody furious, because I don't. Even at my mother's and father's funerals, and I loved that man better than anybody in the world. But why? I want to know why I can't cry about this, when somebody passes away, I feel like they're going to a better place, myself. (#22001, p. 10)

Elders who ascribe to a belief in the afterlife reason that death is a natural part of life.

The dead are going to a better place and prayer is to be reserved for survivors who must contend with the world, not the deceased. Jerome, a never married 69-year old African-American man with a high level of education and socioeconomic status (HL religiosity score) discussed his thinking about death after attending the funeral of a friend:

Interviewer: What were the most unpleasant events you experienced during the last week?

Jerome: Oh, I went to a funeral last Saturday morning at one of my former parents, when I was at Lincoln High School. She passed away and that was kind of sad, but I know those things happen...

Interviewer: So how did you do, how did you deal with this unpleasant event? What exactly did you do?

Jerome: I always pray, and leave it to God, really.

Interviewer: You prayed for her...?

Jerome: I prayed, prayed, I don't need to pray for her. I prayed for myself and for those kids who were survivors, because, you know, it's all over for her, don't do no good now, okay? (#14022, pp. 1-2)

Elders who cope with unpleasant events in life using this strategy of religious meaning making are comforted that death is not the worst thing that can happen to a person; there is eternal life after death where they and other believers will be rejoined with loved ones in heaven.

### **Conclusion: How Elders Talk about Religion**

Religious meaning is an important part of the coping repertoire elders discussed in their interviews. Even though elders were not asked specifically about how they used religion to cope with problems in life, they were forthcoming with how religion was central to their ability to surmount unpleasant circumstances in life. What was striking about the interviews was how little religiosity scores, particularly on intrinsic religiosity, coincided with the discussion of religious meaning making. These findings confirm what we see in the research literature. There were 12 elders with high intrinsic religiosity scores whose counts of instances of religious coping ranged from zero to ten; the highest counts were among those with low extrinsic religiosity scores (2 HL score elders with counts of ten each). This is not surprising as Allport and Ross (1967) define HL score individuals as the most religious. The four elders with a HH religiosity score had some of the lowest counts of instances of religious coping (2, 2, 3, and 4); according to Allport and Ross (1967) these are some of the least religious individuals. The combination score on intrinsic and extrinsic religiosity make a difference in the use of religion to cope with problems in life.

Two factors might explain why professedly intrinsically religious elders did not talk more about using religion to cope with problems in life. First, religious elders might not have talked about religious meaning because they were not asked to do so. An elder with a high intrinsic religiosity score may feel her religious beliefs, motivations, and practices are important, but she

may not volunteer this information because she has not being invited to do so. Another factor that might explain why religious meaning making was not always discussed by elders with high intrinsic religiosity is that the elders in this sample rarely talked about using religious meaning making to cope when problems were appraised as minor, experienced recently, or were those that they felt they could resolve on their own. Religious coping – meaning making coping – may not “kick-in” in the short-term; cognitive methods of coping may be reserved for longer term and more serious problems. In addition, for a few religious elders, religious meaning was not discussed when it appeared that they felt God had made His will known on a problem or crisis, as when it appeared that the death of a loved one was inevitable and nothing could be done about it. It also appears elders’ religious meaning making is largely retrospective; elders use religious meaning to understand, process, or explain the totality of their lives. Religious meaning making helps elders to make sense of the story of their lives – the highs and lows, ups and downs, mistakes and successes.

One other possibility needs to be evaluated. It may be that the ideal-type, intrinsic/extrinsic religiosity, fails to capture important elements of religious motivation and practice. This is not an argument against using this measure. On the contrary; every variable has limitations. However, to the extent that researchers adopt this shorthand measures without taking seriously its inability to capture subtler aspects of religious meaning, motivations and practices, misestimation will occur. It is important that study measures – qualitative and quantitative - reflect, as much as possible, lived experiences.

### **Racial Meaning Making**

No white-American elders used racial meaning making. This is not surprising considering the findings from the extant literature that point to white Americans’ conception of white race as normative, unmarked and invisible. Because white race is not problematic to white people, it

follows that white elders would not raise issues in regards to their race nor draw from their experiences of white race as a means to cope with problems in life. This is not to say that race is not a salient meaning making system for white elders. Since white race is normalized in the minds of white Americans, direct questions are needed to uncloak the role of race for white people in coping with problems in life. Because this is a secondary analysis that depended on spontaneous reflections (i.e., no questions were asked specifically about racial coping), the importance of race for white-American elders was difficult to examine. More work must be done in the future to excavate the role of racial meaning making coping among white-American elders.

Racial meaning making as a way of coping with problems in life was resistant to conceptual categorization and coding. Four of the seven African Americans in the sample engaged in a total of 11 instances of racial meaning making. As with religious meaning, it is important to point out that the interview schedule did not include questions asking elders to comment specifically on racial meaning making and coping. It would be expected that African Americans mention issues of race since race would be highly salient to a racialized minority. Doubtless, many elders had stories to tell and could comment on how race impacted their lives. However, the findings of this study are based on the spontaneous revelations of elders who, in the course of discussing problems in life, talked about how their beliefs, values and motivations in regards to race, racism, racial identity, and race relations helped them to cope with problems.

There is evidence from the narrative interview data that African-American elders were racially hyper-vigilant and/or perceived race as having an important negative impact on their lives (Pearlin et al., 2005); a form of reflected appraisal (Felson, 1985; Hughes & Demo, 1989). However, while elders were aware of the history of racism and race relation in America, only

one elder, Patrick, a widowed 85-year old African-American man with low SES and no high school education, invoked race and racism as a feature of United States social structure when discussing problems in life (see discussion on Jim Crow above). Most of the elders who discussed race focused on race as a personal problem or impediment that they had to cope with in life and talked about it very little outside of specific negative circumstances.

Three racial meaning making themes emerged from an analysis of the interview data: (1) racial morality, fairness and justice; (2) religious faith and racial frustration; and (3) self-segregation, separateness and racial socialization. In most instances elders used racial meaning making to cope with problems of a racial nature. It is often difficult to draw the line between religious and racial meaning making; elements of religious thought work their way through discussions of all three types of racial meaning making. Here, perhaps more than anywhere else in the study, the tendency for themes to overlap is evident. This can be best understood by referencing the intersectional perspective (Collins 2000) wherein experience is understood through a lens that takes into consideration multiple, highly salient axes of power and resistance (e.g., gender, race and class) that impact and shape individuals' cognitions, behaviors and choices. Because religion and the church have been the primary instruments with which African Americans have resisted racial oppression in the United States, any discussion of racial coping will necessary include elements of religion. Not only are race and religion inextricably bound in African-Americans' collective history, on an individual level, religious values and ethics of fairness, justice and equality undergird assessments of race, racism and race relations. Race and religion, as well as gender and class, form a matrix of experiences through which meaning is filtered.

## **Morality, Fairness and Justice**

Two elders engaged in seven instances (6 for one elder and 1 for the other) of racial coping whereby morality, fairness and justice was the strategy for racial meaning making. Both of these elders were male and unmarried. One elder had a graduate degree, the other not even a high school diploma; SES for these elders was high for one and low for the other. One elder was 68 years old the other 85. The religiosity score for one elder was HL and missing for the other.

This form of racial meaning making involves situating problems in a moral framework superior to man-made law (i.e., God's law, the Golden Rule), but to which elders believe the law should aspire. Patrick an 85-year old widowed, low SES and education elder relates a story from his childhood where racial justice prevailed:

Interviewer: That's right. So, growing up how did you cope with the racism , just the everyday difficulties that ...

Patrick: Well, it was pretty rough sometimes because sometimes when I leave the hotel, white boy come along and kick me and hit my – why do you want to do that? 'You ain't nothing but a damn nigger.' I haul off and bust him in the nose. The police, Mr. Jack Garver and Mr. George Bass, he looking at it, and the white man told Mr. Jack Garver, 'Why don't you go in and stop it? Don't you see Leroy, what going on?' And he hauled off and kicked me on the leg and hit me on the shoulder. I bust him in the nose. Then he go on home crying and his mama and daddy come down there, want Mr. George Bass to arrest me, he said, 'No, I can't arrest him. You need to teach your child to quit messing with the black children.' (#35001, p. 31)

This same elder relates another story where a rougher form of justice was achieved. Whether the story is true or not, it illustrates a type of racial meaning making where right trumps might, even when the amount of force used to achieve justice is excessive:

Patrick: I remember one time when I was working for the Wilson Cypress Company when the Model A's first come out, they came out with balloon tires on them... [Son Brown, a African-American man] had on brand new khaki pants, khaki shirt...he had two rifles, one in the rumble seat and one behind the seat behind him [in his Model A Ford car]. [The white men couldn't see [the weapons]. [And] He had a .38 in his bosom. [Son Brown] stopped the car right in front of a hardware store...and got out of it. Whilst he was gone the deputy sheriff walked up there and bust one of the tires...[saying it was] too good a car for a nigger. [Son Brown] was a big, heavyset fellow and he got back

there, 'Who bust my tires?' [The sheriff said] 'I bust it nigger, what you going to do about it?' [Son Brown said] 'Well nothing, white folks, there ain't nothing I can do about it.'...So he went down, got a wrench and jack, and he going to loosen all of them bolts before he jacking it up, to where he could scum off [the tire] with his fingers. It wouldn't take him but a few minutes...He put the air in there, got enough in there. He looked out [at the people standing around] and said, 'Something's going to happen over there today ain't never happened in Melrose before.'...

[Son Brown] got behind that tree there. He killed 24 and wounded 25. The rest of them throwed them guns down and went to running. Said that nigger ain't got no sense. That's a crazy nigger. [The wounded white men] went in the hospital, they come out, and they never did walk without crutches.

Interviewer: So what happened to Son Brown? What happened to him?

Patrick: They got him away from there. Ain't nothing happened to him. The deputy sheriff said Son Brown was right. He wasn't bothering those people. 'Too good a car for a nigger.' When I was a boy a black man couldn't drive a car through Mayo without he had a note from the boss man. Now that's bad, man. Yes sir, that Mayo used to be tough. (#35001, pp. 32-34)

The problems and situations that most offend elders' moral framework of right and wrong simultaneously situate or maintain them, as a victim of wrongdoing, in a debased social position, but on a higher moral ground. Elders' discussions of this type of racial meaning making are morality tales where good triumphed over evil (not always black and white, respectively), but not without exacting a pound of flesh in the process. Elders would often end these stories by reflecting on how far we have come in race relations in the U.S.

### **Religious Faith and Racial Frustration**

Two elders engaged in two instances (1 instance each) whereby religious faith and racial frustration was the strategy for racial meaning making. One of these elders was female and the other male; both were unmarried. One elder had a graduate degree, the other not even a high school diploma; one had high SES and the other low. The elders were 73 years old and 85. The religiosity score for one elder was HL and missing for the other.

Here religious beliefs combine with racial insights or experiences in order to help one to cope with problems of a racial nature, and the feelings of anger and helplessness that accompany them. Dinah, a divorced 73-year old African-American woman with high education and socioeconomic status level, talked about how she coped with job discrimination and unfair appropriation of her work:

Dinah: I'm trying to think of some of the other things that just stopped me cold. As an educator, you do, in integrated situations, I don't know whether you've come across this or not. But ah, you find that people use many different ways to cut you off at the pass. I mean, you can be out there, you're really doing something that surpasses what they're doing in the district. See, because they like to put us out there on soft money. But you see, I've always belonged to the Master and whatever He prepared me to do, I would do it with all my heart. So I don't stand around and, in other words, when I come home just as I'm prepared for this workshop tonight, I prepare, I dig in. You know. So when I get back, I know exactly what will work and what will not 'cause I've tried both of them on. Here the same as I've said about if you get the news and both of your sons have been killed, you know. If you ready yourself for that, knowing that there is the possibility, then, you know, but if you do something and then somebody takes it up at a higher level and signs their name to it and sends it on as theirs.

Interviewer: And that has happened?

Dinah: That has happened many, many, many times. Many times, many times.

Interviewer: And what did you do?

Dinah: Well, what else could you do. What could you do. There was absolutely nothing that you could do because at the time you needed your job, you needed to work. So you, it was like slavery.

Interviewer: Was there some kind of self-talk that you did to keep yourself from exploding or?

Dinah: Well, it's this kind of thing: it was like I said, okay, I learned to tie a yellow ribbon around this particular thing. You see, just tie a bow on it, you know. But the main thing I did, see, I go fishing. You take this reel and rod, I say I take them [swish sound effect made]... I don't know where you are, but I know you're out there. Just go on out there. And that's where you get rid of it. Um-hm, just cast it, put it on the end of your reel and just cast it and let it go. Right, right, that's what fishing does for you. Or some other thing. Say, well, just put a bow around it and what you know is not right, shouldn't have happened but just put a bow on it. Or you might say there's another one of those things. That's another one of those things, and you learn to go past it. (#14005, pp. 10-11)

What is distinctive and special about this form of racial meaning making coping is religious transference. Skills, perspectives and philosophies learned through religious socialization help elders cope with racial problems they feel they have no control over - problems that they feel are built into the woof and weave of the American social fabric. Even though African-American elders' racial insights do not contribute to resolving the bad circumstance, it does appear to bring them comfort knowing they have diagnosed the source of their troubles and worked to deal with it on a personal level.

### **Self-Segregation, Separation and Racial Socialization**

Two elders engaged in two instances (1 instance each) whereby self-segregation, separation and racial socialization was the strategy for racial meaning making. One of these elders was female and the other male; one married, the other not. One elder had a graduate degree, the other a high school diploma; one of high SES and the other low. One of these elders was 69 years old the other 73. The religiosity score for one elder was HL and HH for the other.

This way of coping with problematic, racially-charged circumstances entails self-segregation and separation from perceived offenders and probable future offenders, i.e. white Americans. Elders might see this strategy as an important part of the racial socialization of their children or grandchildren, preparing them for interaction with white people outside the home. Elders count this kind of racial meaning making among the most important lessons they have learned over the life course. In talking about her own journey and struggle to receive a college education, Dinah discussed how she supported her grandson's decision to attend a historically black college:

Oh, I tell my grandson now, who's a third-year student at Tuskegee, when he was choosing a school, first of all, he chose a black college because he had relatives there. The vice-president was his mother's brother-in-law. So that was an incentive. But on the strength of that, I said, "Well, I am glad you're going to an all black college." From the time he was, what a babe in arms, everything, every kind of school or nursery or what-

have-you had been integrated. Go and find your own and then after that you can go on back to it; you can go anywhere. Go and learn your people, be free. And find out what it's all about. "Live in the dormitory," I said, "this is an experience you will never forget, the people, the kinds of people whom you meet and with whom you associate." (#14005, p. 7)

Self-segregation and separation is also used by older adults and entails negotiating the interpersonal boundaries of working or professional interracial relationships. This type of self-segregation aims to create a kind of protective buffer around an individual, usually at the inception of a relationship, as a preemptive measure or early warning device to prevent or soften the blow of racial abuse that is perceived as almost inevitable.

Sixty-nine year old Paul, married with low SES and a high school education, discussed his experiences working with a Jewish co-worker and establishing himself as a kosher chef. Paul self-segregated early in a new job by threatening to quit. Paul does this in order to make it clear that he is skilled at his job, a valuable employee and, most importantly, will not tolerate overly close supervision which he perceives as racially motivated. The message sent to Paul's co-worker and supervisor by his threatening to quit is that he should be left alone to do his work, with minimal interference; he believed his actions had successfully set the tone for all future workplace interactions, absenting himself from too close interactions that might potentially lead to racial upset. Paul describes how he made this happen:

...And this Jewish chef was from Miami, he was a good man, but every time I started to cook something, he would take the, the tool out of my hand. And I couldn't tell him one little, I knew he was right, but I just resented the fact that he never did let me finish anything. So I went to, I went to my boss, and I said, "Hey, I think I'm going to need to go." He said, "Why?" He said, "I thought everything would get along." He said, "Joe, he likes you." See, I tried to put a little squeeze on whenever I could, I didn't want to wipe tables all day. I wanted to let him know that I didn't. I had some experience in what I was doing. (#19004, pp. 28)

Self-segregation, separation and racial socialization are seen by elders as a way of coping with racial problems in life by honing a set of skills needed to identify and deal with people or

circumstances likely to generate racial conflict. Self-segregation and separation are also a means of ‘charging one’s batteries’ in safe contexts that affirm one’s identity, ways of thinking, and culture. Racial socialization fosters a lingua franca that African Americans from diverse contexts and social experiences understand. Elders do not see self-segregation or separation as a permanent solution; success, for the most part, is measured by one’s ability to cope in the wider world, while at the same time drawing sustenance from and tending to one’s roots.

### **Conclusion: How Elders Talk About Race**

Each of the racial meaning making strategies describes ways of coping engaged in solely by African Americans and only in unpleasant events in which the elder’s race is implicated. In no instance did white Americans use race to cope with problems in life. However, this does not mean that whites did not talk about race. One way white elders invoked race in the interviews, that was different from African-American elders, was in designating other people’s race or nationality without talking about their own. African Americans would talk about white Americans, but not without also talking about their own race. Further, when race or ethnicity was invoked by African-American elders it was because it was central to the narrative (e.g., discussing job discrimination or a learning to be a kosher chef). For white-American elders, race seemed not to have anything to do with them personally and was always tangential to the narrative.

Much can be learned by exploring further how elders talk about race - their own and others’. White elders are no exception. None of the discussions of race by white Americans could be characterized as racist or even mean-spirited. However, it is important that all people be encouraged to make background assumptions based on race more apparent, doing this facilitates understanding and contributes to healing racial divisions in American society. This is hard work for white Americans unaccustomed to thinking of themselves as racialized

individuals. White elders are an indispensable part of the work of making white race more visible because their lives bridge some of the most turbulent and angry periods of white supremacist activities in the U.S., as well as times when people successfully worked to resist racism. Elder's testimony foregrounds this history, making it easier to chart new directions for the future. We miss out on an incredible opportunity to challenge race privilege when we forget that elders are an invaluable resource for positive change.

Table 4-1. Number of problems coded per interviewee: African Americans

Interviewee	Intrinsic religiosity	Extrinsic religiosity	Sex	Age	SES	Education	Married	Problems	Wisdom score
Debra	High	High	Female	61	Low	No high school	Missing	7	Medium
Sarah	High	High	Female	72	High	Graduate degree	Widowed	24	Medium
Paul	High	High	Male	69	Low	High school	Married	8	Medium
Dinah	High	Low	Female	73	High	Graduate degree	Divorced	10	Medium
Jerome	High	Low	Male	68	High	Graduate degree	Never married	9	Medium
Patrick <sup>1</sup>	Not measured	Not measured	Male	85	Low	No high school	Widowed	5	Not measured
Stephen <sup>1</sup>	Not measured	Not measured	Male	74	Low	No high school	Married	3	Not measured

<sup>1</sup>This case comes from an unpublished study conducted by Ardel.

Table 4-2. Number of problems coded per interviewee: White Americans

Interviewee	Intrinsic religiosity	Extrinsic religiosity	Sex	Age	SES	Education	Marital status	Problems	Wisdom score
Ruth	High	High	Female	81	Low	High school	Widowed	17	Medium
Mary	High	Low	Female	68	High	Graduate degree	Married	15	Medium
Rebecca	High	Low	Female	71	Medium	Bachelor's degree	Married	8	Medium
Abe	High	Low	Male	65	Medium	Bachelor's degree	Divorced	9	High
Joseph	High	Low	Male	69	High	Graduate degree	Married	13	Medium
Aaron	High	Low	Male	75	High	Graduate degree	Married	3	Medium
Peter	High	Low	Male	79	Low	High school	Widowed	20	High
Naomi	Low	Low	Female	55	High	Graduate degree	Married	14	Medium
Leah	Low	Low	Female	82	Low	Bachelor's degree	Widowed	16	Medium

Table 4-3. Problems elders experience in later life. Conceptual categories and focused codes

Deaths

- Attending funerals
- Death by suicide of a child, spouse, friend or family
- Death of a sibling
- Death of child or grandchild
- Death of friend or family member (not including immediate family)
- Death of parent(s) or in-laws
- Death of spouse
- Off-time death (unexpected or accidental deaths)

Emotional or psychological problems

- Depression (clinical and lay diagnosis)
- Drug or alcohol abuse
- Grief or bereavement
- Loneliness or boredom
- Spouse, child, friend or family member experiencing psychological problems

Employment or educational problems

- Being forced to come out of retirement
- Difficulties achieving educational goals
- Learning or adjusting to a new job or job duties
- Looking for or having lost a job
- Off-time, unexpected, or unwanted retirement
- Racism on the job or educational institution
- Trouble dealing with difficult aspects of job (not having to do with race)

Family problems

- Abortion or unplanned pregnancy
- Broken home or family difficulties experienced during childhood or adolescence
- Divorce
- Divorce of an adult child
- Divorce precipitated by adultery (committed by respondent or spouse)
- Emotional or physical abuse experienced in childhood
- Marital problems
- Off-time or early transition into adult roles during childhood or adolescence
- Problems that disrupt family relations (e.g., money, violence, in-laws)

Financial problems

- Growing up or living in poverty
- Involvement in a civil lawsuit
- Loss of income
- Problems with business or property
- Unexpected medical or dental bills or cost of prescriptions
- Unexpected expenses or bills (not medical)

Table 4-3. Continued.

Illness and medical care problems

- Child who is seriously illness or injured
- Concern for provision of care in the event of disease, accident or disability
- Concern over the number or type of prescriptions
- Concerned about weight gain or loss
- Family member's illness, disease, accident or disability (other than child or spouse)
- Friend's illness disease, accident or disability or illness in friend's family
- Illness, disease, accident or chronic condition or disability
- Minor illness, disease, accident or disability
- Problem(s) related to the administration of medical care
- Problem(s) associated with care or treatment of a medical problem or illness
- Provision of care for relative or friend who is ill
- Spouse's illness, disease, accident or disability
- Surgery to be performed on self, friend or family member

Minor difficulties in life

- Interpersonal difficulties with neighbors, friends or associates
- Minor inconveniences or disappointments in life (e.g., bowling poorly or bad weather)

Problems associated with getting older

- Concern over what one will leave behind
- Concern that parent, spouse or self will have to go to a nursing home
- Concern with being the lone survivor of one's immediate family or siblings
- Embarrassment or shame with perceived changes related to aging (e.g., hearing, gait)
- Fear of a slow or painful death
- Fear of death
- Fear of having to adapt to change or doing new things
- Fear of or actual onset of disability or new physical limitations
- Feared or actual financial hardship stemming from retirement

Racial problems

- Growing up in a racially hostile or violent environment
- Having experiences of racial discrimination
- Managing others' perceptions of self, ability in light of race

Religious problems

- Problems related to work or service to church

Social problems

- Victimized by serious personal or property crime
- Death of a prominent public figure or political leader
- Having grown-up during the Great Depression
- Political problems or concern related to the government
- Serving in a war or having a friend, child or family member who served in a war

## CHAPTER 5 CONCLUSION

Later life is an opportunity to explore what it is that makes each of us unique human beings. Thoughtful reflection on pleasant and unpleasant events presents an excellent opportunity to transcend limitations and break free of the bounds of personal and social history, convention and tradition that often work to keep us tethered to negative ways of thinking, acting and being in the world. Later life is also a time of change, and change oftentimes leads to stress. Stress is produced by changes that occur in social roles and networks, physical health, emotions and psychological wellbeing. In addition to these stressors, women, African Americans and the poor have to contend with the impact of macrolevel forces as they age; sexism, racism and class biases have a deleterious effect on health and quality of life by producing ambient stress that saturates social structures, institutions and personal interactions. Ageism, an under-researched social problem, affects all elders. Not only in our youth-oriented culture are social institutions and social relations imbued with ageist biases, elders' own beliefs about the aged and the aging process undermines their health and enjoyment of later life.

Investigating what problems elders experience in later life, how they cope and why they choose the coping responses that they do was the goal of this study. Meaning making coping (Park, 2000) is a way to understand how and why people construct the coping responses to the problems they experience in everyday life. Religion and race are two highly salient meaning making systems in the United States. Prior research on religion and coping with stress has shown positive effects: religious beliefs and practices like prayer, Bible study, faith, trust in God, church attendance and being a part of church social networks enhance a person ability to cope with psychological distress and illness and enhances quality of life. The literature on racial meaning making and stress is far more tentative. While research has shown a relationship

between perceptions of racism and poor health and healthcare, more work is needed to flesh out theory (e.g., racial hyper-vigilance) and identify mechanism (e.g., racial socialization in the family) that explain the relationship between racial meaning making, stress and coping.

### **Summary of Emergent Themes**

Using data from a convenience sample of 16 semi-structured interviews (Ardelt, 2003, 2005a) of elders residing in the Southeastern United States, where elders were asked to recall unpleasant events that occurred in the previous week, month, year and their entire life, I was able to explore how African and whites Americans use religious and racial meaning to cope with problems in life. The interview data were analyzed using the grounded theory method (Charmaz, 2006; Glaser & Strauss, 1967), a constructivist method of research and analysis that generates in vivo themes that emerge from a close examination, description and comparison of lived experiences.

Three questions guided this research: (1) what problems do elders say they have experienced in life? 2) how do elders say that they have coped with problems in life? and (3) what religious and/or racial meaning making coping process have elders adopted to cope with problems in life? Findings can be briefly summarized as follows:

- the way elders choose to talk about unpleasant events is an important indicator of meaning making. Denying or declining to talk about unpleasant events demonstrates elders' sense of the precariousness of older age, their need for impression management, independence and respect, and a belief that entertaining negative thoughts or a pessimistic, complaining outlook on life spoils their self-image and shows a lack of thankfulness that can lead to unfavorable consequences.
- scores on the wisdom scale were assessed after the interview data were analyzed and were generally homogeneous among the elders in the sample. Two white-Americans elders scored 'high' while the balance of the sample scored 'medium'. No differences were observed between 'medium' and 'high' scoring elders' coping with problems in life.
- more serious or traumatic events are discussed when elders are asked to recall problems over their entire lives.

- gender and marital status appear to coincide with a greater number and the experience of some types of problematic events in life. Women discussed more spousal deaths, family and financial problems, illnesses and psychological issues than men. Non-married elders (divorced, widowed and never married) discussed more illnesses, psychological and family problems than married elders.
- findings in regards to religiosity, SES, age and race diverged from the conclusions of the extant literature. Paired religiosity score and age showed no clear differences in the number or nature of problems discussed. White, high socioeconomic status and educated elders discussed more problems overall and few stark difference emerged in the nature of the problems they discussed. It might be that high socioeconomic status and more educated elders have a lower threshold for stress because they have experienced more success in life. Success leads to high expectations that may in turn lead to more profound disappointment when problems arise. Poorer, less educated elders have likely grown accustomed to adversity and developed “thick skins” that the slings and arrows of life’s misfortunes are not likely to easily penetrate.
- coping emerges out of an individual’s unique perspective on life which is shaped by epistemological, material, structural, contextual and problem-specific factors. Every coping response makes ‘sense’ according to its own logic.
- five themes emerged to describe coping strategies, generally: (1) philosophical or introspective coping; (2) pragmatic, practical or planful coping; (3) help-seeking, collaborative or cooperative coping; (4) negative, self- or other-destructive coping; and (5) coping alone.
- elders used religious meaning making to cope with problems in life in three ways: (1) through faith and dependence on the promises and provisions of God which enables them to: make cognitively risky choices to believe in the best outcome regardless of evidence to the contrary, rely on and trust God, and mature and grow spiritually; (2) engaging religion, the support of the church and partaking in religious activities, e.g. prayer, scripture reading and attending church services gives elders a practical set of tools that support deeper religious meaning and convictions; and (3) by relying on beliefs about the impermanency of life, the nature of death and the afterlife in order to cope with the most serious or traumatic problems in life.
- racial meaning making was found least often in the interview data and was the most difficult to conceptualize. Racial meaning making was only discussed by African Americans and mostly in regards to problems having to do with race. Three themes emerged from the interviews: (1) morality, fairness and justice; (2) religious faith and racial frustration; and (3) self-segregation, separation and racial socialization. Each of these themes are shot through with religious meaning. Elders’ racial meaning making evidenced a concern for high standards of morality and fairness in social interactions that could not always be distinguished from religious beliefs and values. Coping through racial meaning making involved the cultivation of skills and strategies that helped one to avoid, identify and anticipate racial problems before they had time to cause harm.

### **Study Limitations and Suggestions for Future Research**

This study suffers from two noteworthy limitations. First the sample is quite small. While representativeness is not a goal of qualitative research, this study would have benefited from a more age, race, socioeconomic level and educationally diverse sample of elders. Second, this study used secondary data for grounded theory analysis. Ideally, primary data would have been best. Being able to return to the field, make further observations and clarify the responses of those interviewed would have helped to refine and expand study findings. This is especially so in the case of the two major concepts used in this study: religious and racial meaning making. The interview schedule for the study did not include question that asked elders specifically about religion, race and coping with problems in life. Though much was derived from their spontaneous discussions, still more may have been revealed if respondents were asked to specifically consider religion and race. Spontaneous mentions of religion and race can also be thought of as a strong point of this study as such revelations illustrate how salient these meaning systems are to the elders who mention them without any guidance from the interview questions.

Future study of the role of religion and racial meaning making in coping with problems in life would benefit from research using qualitative methods of data collection that include in-depth interviews, life histories and focus groups. Researchers might also want to focus on one particular problem and/or the use of one meaning making system among a well-defined group of elders; for example, whiteness and death anxiety among late-middle agers or masculinity and chronic illness among the oldest old African Americans. In addition, researchers should continue their work on unpacking the role of religion in everyday life by looking at Christian and other groups more closely. This is important work with implications for theory and methodology. Too often scientists rely on shorthand operationalizations of religious behaviors, practices and beliefs that erase understanding more so than contribute to it. Practical

consideration attaches to this research methodology (e.g., large commitment of time), however, much can be learned from longer term investigations that seek to ground exploration in day-to-day lived experience. Lastly, much more research needs to be done on older age racial identity; too few studies exist that investigate whiteness from a life course perspective. Before the generation that experienced such monumental changes in U.S. race relations as the struggles and successes of the Civil Rights Movement, the end of legal discrimination, and widespread public rejection of rabid white supremacy passes away, researcher should examine how racial meaning making and identity has evolved for them over their lives.

There is an enormous amount of work yet to be done. "Open your eyes and look on the fields. They are white for harvest" (John 4:35). "The harvest is plentiful but the workers are few. Pray the Lord of the harvest to send out workers into his harvest field" (Matthew 9:37-35).

APPENDIX  
INTERVIEW QUESTIONS

Thank you very much for agreeing to participate in this interview. If you don't mind, I would like to talk to you a little bit about the good and bad things that happened in your life.

1. What were the most pleasant events that you experienced during the last week?
2. What were the most unpleasant events that you experienced during the last week?
3. How did you deal with these unpleasant events? What exactly did you do?
4. What were the most unpleasant events that you experienced during the last month?
5. How did you deal with these unpleasant events? What exactly did you do?
6. What were the most pleasant events that you experienced during the last month?
7. What were the most pleasant events that you experienced during the last year?
8. What were the most unpleasant events that you experienced during the last year?
9. How did you deal with these unpleasant events? What exactly did you do?
10. What were the most unpleasant events that you experienced during your entire life?
11. How did you deal with these unpleasant events? What exactly did you do?
12. What were the most pleasant events that you experienced during your entire life?
13. Is there anything else you would like to talk about?

Thank you very much for this conversation.

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