THE SUBJECTIVE APPRAISAL OF WELL-BEING OF AGING

AFRICAN AMERICAN MEN

by

VANESSA ROBINSON-DOOLEY

(Under the Direction of Nancy Kropf)

ABSTRACT

Little is known about African American male's experience in later life. The purpose of this study was to explore the quality of life and overall well-being of a population of African American males over the age of 55. The study included a sample of 150 African American men. For the purposes of this study, quality of life and overall well-being were measured by analyzing the psychosocial variables of social support, stress, health, and life satisfaction. These variables were measured based on the *perception* (or appraisal) of these participants. Several instruments were used to measure the psychosocial variables, Elder Stress Inventory (ELSI), the Social Support Appraisal (SSA), and the Life Satisfaction Index-Z (LSIZ) was used to measure life satisfaction. A global health question was used to measure self-perception of health status.

The analysis of the data for the African American male participants in this study revealed some mixed results. Analysis of the three instruments used to measure the major variables in this study found that in this sample the men reported an average of 5.89 stressful events in their lives. This analysis also found that the sample reported medium/high levels of social support (on average) and a mean score below that of previous studies on the measurement of life satisfaction. Analysis also found a moderate significant relationship between life satisfaction, social support,

and health. Also, a moderate significant relationship was found between social support and health.

A significant relationship was found between the demographic variable of marital status and life satisfaction. The other significant relationship was found between the demographic variables of income and the variables of social support and life satisfaction.

The testing of the broad research question of whether any of the major variables in study act as predictors of perceived life satisfaction (well-being) found that the perceptions of social support may be the strongest predictor of life satisfaction for African American males in this study.

INDEX WORDS: African American men, Well-being, Life satisfaction, Aging, Subjective appraisals, Social Work

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DEDICATION

To my husband Travis Dooley, and our soon to be born son Bailey Anderson Dooley-the most precious African American men in my world. My life is only complete with the two of you in it.

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It would not have been possible to write this dissertation without the help of my family and friends. Thanks to Elnora Bailey (Momas) and her church members, Uncle Roosevelt Robinson and his church and friends, and my social work colleagues and friends who shared the African American men in their lives for this study.

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CHAPTER 1

INTRODUCTION

The elderly population is the fastest growing population in our society. According to the report from the United States Census Bureau, as a society there will be more older persons and increased longevity (Torres-Gil & Moga, 2001). The median age increased from 32.9 years in 1990 to 35.3 years in 2003 and is expected to increase to 39 years or older by the year. In addition, according to the 1996 United States Census Bureau Report, in the last century, while the U.S. population tripled, the elderly population increased 11-fold (Torres-Gil & Moga, 2001). The 2000 U.S. Census Report found that 12.4 percent of the population was over 65, the percentage is expected to increase to 15.7 percent by the year 2020 and to 21 percent by the year 2040 (Day & United States. Bureau of the Census., 1993; Torres-Gil & Moga, 2001).

Much of the literature on the elderly focuses on those individuals age 65 and older, but the demographic characteristics of the elderly population are more diverse than just age. Until recently, elderly men and women were grouped by the Bureau of Census into the age band of "65 and over," a catchall category that has the effect of glossing over their diversity and reducing them to a demographic afterthought (Applegate, 1997). Applegate (1997) theorized that due to the increased life expectances and the increase in the number of elderly, distinct age groups have been created. The definition of age can have major practical and psychosocial consequences for the individuals involved (Mangum, 1997), therefore it is important that the broadest definition of elderly is used for descriptive purposes. This includes understanding the demographic characteristics of aging individuals below the age of 65. It is important to understand that the

"baby boom" generation impacts the aging demographic. In 2000, there were an estimated 76.9 million people aged 50 and older in the United States, accounting for 27 percent of the total population (Lee & Shaw, 2002). The baby boom generation is aging (the oldest members of this group are currently in their 50s) and with this aging will be a dramatic rise in their proportion of the older population (Lee & Shaw, 2002). The AARP approach to defining the age of those individuals 50 and older is to divide this group into 3 subgroups; ages 50-61 (pre-retirees), those ages 62-74 (young retirees), and those age 75 and older (older retirees) (Lee & Shaw, 2002). This type of grouping accounts for the diversity in the aging population and requires us to begin thinking about this population as one that may encounter different experiences as they age.

The diversity in the aging population can also be seen in the racial characteristics of this population. In 1990, about 4.2 million persons or 13% of the population 65 and over were people of color. By 2025, 25% of the elderly population is projected to be people of color and by 2050, 35% are likely to be people of color (AARP, 1995). African American elders, the focus of this research, form the fastest growing segment of the African American population (AARP, 1995). Between 1980 and 1990, the African American older population increased 20%, but the total African American population increased only 13% (1995). African American elderly have shown consistent growth since as early as the 1930s (Manuel, 1988). In the year 2000, African Americans made up 8 percent of the elderly population, but it is estimated that by 2050 African Americans will make up 12 percent of the elderly American population (Himes, 2001).

African American males comprise a large part of this aging community. Among older African Americans, there are 63 men for every 100 women (AARP, 1995). It is projected that African American men, ages 65 and older, will increase in numbers from being 6.2% in 2000 of the total population to 18.7% of the total population in the year 2020 (Manuel, 1988). It is also

important to remember that minorities, and especially African Americans, are undercounted in most census studies. African American men are generally the most undercounted group in the United States (Kart, 1990; Parsons, 1972). The numbers we do have indicate that they are a significant portion of the population and the social service population cannot continue to ignore them.

Invisibility and the Elderly Male

Although a significant portion of the population, elderly men seem to be ignored in contemporary society. The concept of the aging male would appear to be nonexistent based on what we observe in the media (both print and television). The impact of our current world stressors and common social concerns can be devastating to the elderly, yet we do not see their *faces* amongst those we are told are suffering in our current society. When they are pictured, they are often pictured as poor, standoffish, and ill of health. Often they are imagined to be living alone, following singular paths (Thompson, 1990). Images of popular culture similarly impact how society views the elderly male. In the popular culture men in late adulthood no longer occupy center stage (Thompson, 1990). Men in late life are classified as "senior" or "old", they become what some writers classify as socially opaque (Green, 1993).

Society has contributed to the development of a socially constructed image of how we see older males. Thompson (1990) contends that this socially constructed image leave aging males with two strikes against them. The first is a prejudiced attitude associated with "old age" in general. Elderly men have all of their previous characteristics (job titles, family roles, etc.), displaced with the concept of aging. The other strike against aging men that Thompson (1990) identifies is the idea that older men are genderless. Older men are depicted as sedentary, resting on a park bench, passing time, asexual (Thompson, 1990). Once a male becomes "older", the

images become those of diminished masculinity (Kite, Deaux, & Miele, 1991; Puglisi, 1980-81; Silverman, 1977).

In many respects African American aging men have been ignored by researchers and service providers because their role in the larger society has been marginalized to the point that they are almost nonexistent. Franklin (1992) introduced the concept of the **"invisibility syndrome"** to explain the marginalization of African American men. Although Franklin is referring the African American fathers and their experience in society, this "syndrome" is applicable to the older African American male. Franklin is referring to the paradox that White Americans, while keenly aware of African Americans skin color, fear them and treat them as if they were invisible, thus denying African Americans validation and marginalizing them (included here are the presumptions that African American males are absent and uninvolved in their families). The societal message that African American men lack value and worth creates a sense of "invisibility" that is reinforced by social rules and codes that deny African American men full access to life's amenities and opportunities (Franklin, 1992).

Racism and discrimination play an active role in the manifestation of this concept of invisibility and the continued prevalence of these issues result in stress for African American males. This manifestation of the invisibility syndrome may include severe levels of dysfunction, often characterized by a jaded outlook, chronic indignation, in which injustices are perceived everywhere and become a primary source of personal interpretations about treatment and accomplishments (Franklin & Boyd-Franklin, 2000).

Problem Statement

As argued, little is known about African American male's experience in later life. Important factors are the older African American male's quality of life, overall well-being, and

their perception of well-being. Although studies have focused on various late life factors individually or in combination of one or two, there have not been any studies to date that have analyzed well-being more comprehensively.

For the purposes of this study, quality of life and overall well-being will be measured by analyzing several psychosocial variables. These variables include social support, stress, health, and life satisfaction. These variables will be measured based on the *perception* (or appraisal) of these participants (as revealed by their answers to specific questions). This is what is known as measuring *subjective well-being*. Current definitions emphasize that subjective well-being is an overarching construct that is characterized by a focus on subjective experience (as opposed to objective conditions), the explicit incorporation of positive measures, and the use of an overall assessment of life (Chatters, 1988). Subjective well-being is a person's evaluation of his or her life. This valuation can be in terms of cognitive states such as satisfaction with one's marriage, work, and life and it can be in terms of ongoing affect (i.e., the presence of positive emotions and moods, and the absence of unpleasant affect) (Diener, Sapyta, & Suh, 1998). George and Clipp (1991) summarize what we know about subjective well-being during later life:

> Three major conclusions summarize what we know about subjective well-being during later life. First, there is strong evidence that the vast majority of older persons (about 85 percent in most studies) are satisfied with their lives. Second, levels of satisfaction tend to be stable over time. Indeed a majority of older adults coping with events such as health problems and widowhood rate their lives as satisfying. Chronic illness or bereavement may substantially alter overall life satisfaction. Thirdly, life satisfaction is robustly related to objective life conditions. Among

> the life conditions strongly related to life satisfaction are health socioeconomic status and relationships with family and friends (p. 57).

These authors make the argument that this level of understanding subjective of well-being needs to be expanded by overcoming several limitations, one being the overemphasis on objective conditions (George & Clipp, 1991). In an attempt to overcome this limitation, the constructs of health, stress, social support and life satisfaction will be reviewed in the following chapter. Each construct will be discussed as it relates to the aging population and then further as it relates more specifically to the African American population. The following section will provide a brief overview of the importance of these constructs.

Constructs of Subjective Well-being

The definition of subjective well-being for this study includes the African American male's perception/appraisal of health, stress, social support, and life satisfaction. Health is an important consideration in measuring subjective appraisal of well-being. Health is one the primary concerns in relation to well-being, and some studies have shown that health is consistently and positively related to reports of well-being (Chatters, 1988). Subjective well-being can also be seen as an appraisal of the status of an individual's functioning and outcome along several dimensions including global, mental and physical (Schlosser, 1990). Definitions of health are also helpful in understanding how this construct impacts on well-being. Researchers have advocated for utilizing an operational definition when measuring health, this definition would focus on considering subjective indicators of health (Schlosser, 1990). It is known that African Americans and Caucasians differ demographically in health statistics (Whitfield, 2003), but more needs to be known about how their self appraisal impacts their overall well-being.

Stress and well-being are also interrelated concepts that need to be studied to ascertain their importance to the African American male population. Any change in life that requires a person to adapt to new circumstances can cause stress (Murray & Peacock, 1996). Individuals may respond differently to stress. For example, someone may maintain excellent health in spite of high frequencies of negative life events, and devastating events may affect one individual but have no affect on another (Schlosser, 1990). African American males have historically been challenged by a society that undervalues and oppresses them. These challenges could result in high levels of stress and manifest into physical and psychological concerns. Stress can impact the health status of individuals, but does it impact and individual's self appraisal of their current life status?

Social support can be defined as the resources an individual has available through social ties to people and groups (Billings & Moos, 1984). Social support has been found to correlate possibly with well-being (Bell, Leroy, & Stephenson, 1982). Social support may also be important in relation to cognitive functioning (Whitfield, 2003). It has been noted that individuals with no consistent sources of negative interaction and more total sources of social support reported higher levels of life satisfaction (Murray & Peacock, 1996). Murray and Peacock (1996) further contend that for African Americans "the impact on life satisfaction of various constellations of social support is not clearly explicated in the literature" (p. 20).

Finally, life satisfaction can be seen as an overarching construct for measuring well-being. In this instance, life satisfaction is another variable of self-perception of well-being and will be taken as a separate construct for the purposes of this study. Research findings suggests that African American men may perceive greater satisfaction as they mature (Daly, Jennings, Beckett, & Leashore, 1995). The collective structure of the African American

community and feelings of responsibility to the entire community (and not one individual) may contribute to general life satisfaction (1995).

Purpose of the Study

The purpose of this study is to explore the quality of life and overall well-being of a population of African American males over the age of 55. This age was purposefully selected because it allows for a broader definition of the "aging population." Use of a starting age of 55 accounts for the diversity in the aging population and allows the researcher to include the experiences of those considered the *young elderly*. Also, the age 55 is appropriate because it allows the researcher to consider the concept of "accelerated aging." Accelerated aging refers to the process of "early health deterioration as a consequence of repeated social, economic and political exclusion" (Geronimus, 2001). Accelerated aging has been discussed in the context of African American women. Geronimus (2001), explained that African American women face issues in their lives that include competing obligations, scarcity of resources, energy depleting coping efforts and social stress and the contention is that these issues put them at risk for accelerated aging. These same social and psychological stressful issues occur with the African American male population. The negative consequences of life long oppression, discrimination, and institutional racism could contribute to the accelerated aging of the African American male. Also, African American men are closer to the life expectancy age earlier than other races/genders could result in accelerated aging. African American males in the age group referenced in this study have dealt with inadequate access to health care, poor labor conditions, and the social experience of living during the period of segregation. Jones (2000), contends that African Americans and Caucasians differ in health outcomes in the United States due to accelerated aging of the African American population compared to the Caucasian population. This author

further contends that accelerated aging in the African American population is a consequence of racism in the United States (Jones, 2000). Although this research does not identify issues related to accelerated aging and men, it is feasible that this is an issue that would apply to men.

The concept of "quality of life" has been defined in the literature in a variety of ways. Quality of life and overall well-being, for the purposes of this study, are defined as appraisal of health, social support, stress and life satisfaction. The purpose of this study is to:

1. Identify the demographic characteristics of the aging African American male population (age, median income, marital status, etc.),
2. Measure perceived social support within this population,
3. Measure stress levels in this population,
4. Measure self-assessed health conditions in this population,
5. Measure life satisfaction in this population.

Significance of the Study

The significance of this study is its potential contribution to the profession of social work in the areas of practice, policy and research. It is important for the profession to begin to recognize the aging population as diverse and with varying needs. The NASW Code of Ethics (*NASW Code of Ethics*, 1996) challenges all social workers to learn and appreciate diverse cultures and understand human behavior as it relates to culture:

- "Social workers should be mindful of individual difference and cultural and ethnic diversity" (p. 5) and,
- "Social Workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures." (p. 9).

This study will also provide important information for the social service community to begin to think about developing programs to make a connection with this population and develop programs that will serve to enhance their psycho-social development and needs. This study will also contribute to the area of social work policy. As the "baby boom" generation becomes the "elderly" population, our society and government will need to review policies such as Social Security, Medicare and other programs to determine if these programs will be able to serve this population. Perceptions of well-being are just the beginning of any dialogue about quality of life and satisfaction of needs. This study can begin to shed light on how these policies will affect this population and where social workers need to begin to advocate.

This study is also important to social work research. Social and behavioral science research has traditionally ignored the experiences of the African American male (Daly et al., 1995). The African American male has not had a "voice" in defining what it means to age, both socially and physically. This study will contribute to research by providing information about the African American male's aging experience without use of comparative analysis to other groups or use of a problematic focus. This study will present information on their perceptions of their experiences in later life. This study may increase awareness of the psycho-social experience of the aging African American male and begin to develop an understanding of their experience through their own self appraisals.

CHAPTER 2

LITERATURE REVIEW

For the purposes of this study the "African American male" is defined as any male self-reporting being born of African descent. This section will take a historical look at the African American male's experience, highlighting significant events and challenges confronting him. The issue of resiliency will also be discussed and how this concept has played a role in the African American male experience across the lifespan. An overview of the variables being considered in this study (health, stress, and social support), and the research findings on these variables will also be discussed.

African American Male and History

In order to begin to understand the challenges and triumphs faced by the African American male, it is imperative that there is a basic understanding of his experience in this last century. This cohort understanding, beginning in the 1900s, will set the foundation for understanding the experience of the males of interest for this current research.

The history of the African American male must include mention of the slave trade, the historical event that brought many African Americans to this country. A full historical analysis of the slave trade is beyond the scope of this writing but it is important to note the importance that the African tradition has on the African American male today. Estimates of the number of slaves differ depending on the source. The estimates most widely accepted are those made by Edward E. Dunbar in 1861 which state that an estimated "887,500 slaves were imported in the sixteenth century, 2,750,000 in the seventeenth, 7,000,000 in the eighteenth, and 3,250,000 in the

nineteenth" (Franklin & Moss, 2000). Africans entered the New World in horrible and dire conditions. Africans were brought to the Americas via the "middle passage", where overcrowding, the inability to sit, stand or lay was common (Franklin & Moss, 2000). "Chained together by twos, hands and feet, slaves had no room in which to move about and no freedom to exercise their bodies even in the slightest" (Franklin & Moss, 2000).

Although Africans arrived in this country under dire circumstances, many of the traditions and rituals from the homeland survived. Kinship bonds and extended family networks remain a tradition that still exists for African American families (Martin & Martin, 1985). The ideas of patriarchy and the male role in the family are also concepts that extend from the African community. "Men, particularly older men, had dominant roles as chiefs, priests, healers, rainmakers, prophets, teachers, sages, warriors, counselors, and power wielders" (Martin & Martin, 1985).

Another significant period for the African American male was his involvement in the military. During both World War I and World War II, African American males played a significant role in defending a country that had to yet to acknowledge them as equal members in society.

> Blacks have fought in every war in the nation's history, often acquitting themselves with great distinction and valor. Yet second-class status and inferior treatment of black personnel was official military policy, and this continued during World War II (Jaynes, Williams, & National Research Council (U.S.). Committee on the Status of Black Americans., 1989).

Though they fought in the same war, the policy of segregation remained common place. "With a few small and highly "experimental" exceptions, blacks and whites served in segregated

units, and most black soldiers were kept in the United States, usually in the South (Moskos & Butler, 1987). Also, African Americans faced other unfair treatment, even in their ability to serve in some branches of military service. "While African Americans were barred altogether from the marines and permitted to serve in the navy only in the most menial capacities, they served in almost every branch of the army except the pilot section of the aviation corps" (Franklin & Moss, 2000).

Segregation and discrimination continued to be a systematic and social aspect of the African American male's life through the 1940s and into the 1960s. Many historians have noted that World War II and for several decades to follow, the nation's economy began to improve (Jaynes et al., 1989). With this improvement in economic opportunities came the migration of many African Americans to the North with dreams of improved social conditions and economic opportunities.

> The war led to increased black migration to urban and northern areas, provided greater economic opportunities for blacks, brought many blacks and whites into close social contact for the first time, broadened the social and political horizons of many blacks, and led increasingly to views that the racist ideology and practice were evils inconsistent with basic democratic principles (Jaynes et al., 1989).

With increased contact and the desire to limit the access of African Americans to *equal* opportunities, the 1960s saw continuation of Jim Crow laws and actions to limit African American access to voting, schools, and even local eateries. This period was defined by African Americans fighting the struggle through social action. This social action came in the form of marches (March on Washington), desegregation of public schools (Little Rock Nine), and the Montgomery bus boycott, just to name a few (Daniels, 2001; Freyer, 1984; Williams, 1988). As

a result of this social action, there were also numerous court and congressional decisions in the 1960s (Civil Rights Act (1964), Committee on Equal Employment Opportunity, Executive Order 11063-discrimation in federal assisted housing, Voting Rights Act of 1965, etc.) the opportunity for increased participation became a *legal* reality. Yet, violence against African Americans (primarily males), was also on the rise.

> The South was not the only area of America that was hostile to African Americans in the early years of the new century. Crowds of white hoodlums frequently attacked blacks in large Northern cities. On several occasions whites dragged blacks off the streetcars of Philadelphia, with cries of "Lynch him! Kill him!" (Franklin & Moss, 2000).

The African American male has faced many challenges in the history of the United States. These challenges can be traced to the lack of value placed on being an African American male. The majority of African American males were brought to this country from Africa as slaves over 600 years ago. Once freed, African Americans still faced the challenge of obtaining employment and trying to earn a living in a society that considered them "property" and inhuman. The African American was faced with literacy challenges and constant roadblocks to obtaining basic freedoms that included being able to vote, marry, and obtain a decent education. Later, during the 1960s African Americans battled Jim Crow laws to obtain these and other basic civil rights. Many African Americans died, laws changed, but society had established a social structure and a stereotypical definition of the inferiority of the African American (especially the African American male) and had established a legacy of oppression.

Resiliency and the African American Male

Resiliency has been defined several ways in the literature. "Resilience is the ability to recover strength, spirits, good humor and so forth, following misfortune or change" (Lewis & Harrell, 2002). Resilience has also been defined as "the maintenance, recovery, or improvement in mental or physical health following challenge" (Ryff, Singer, Love, & Essex, 1998). Probably the most useful definition for the population of interest for this study (African American aging males) is "resilience in old age is continued competence across the life span despite adversity and serious stressors" (Lewis & Harrell, 2002).

History has shown that some of the most difficult and trying social events have happened to the African American male. "For several reasons, African Americans should not be viewed as a homogeneous group. Research studies have shown that African Americans respond differently to their environments as a function of psychological variables, socioeconomic backgrounds, and socialization experiences" (Harris & Majors, 1993). In spite of these events (and quite possibly because of these events), African American males have been resilient in the face of racism, oppression, and historical and economic challenges.

African American males (across generations), have lived in an oppressive society. Green (2002), defines oppression as a process in which the dominant group(s) in a society imposes a negative view about a minority group's value or place in the world. These groups ultimately face issues of limited access to resources such as employment, healthcare, and political power. Some authors have theorized that the oppressor is the central location of political, economic and social power (Hooks, 2000). "The oppressor has control of the resources and dominates the choice of cultural and linguistic forms used in the social structure" (Greene, 2002). "As a result of the domination, the group lacking power and resources are at the margin, or outside the main

body of society" (p.249). African American males have held this place in society since being brought to this country as slaves, but they have survived, and, in many cases, made great strides educationally, professionally, and politically. Many African American males have been successful despite history and social circumstances (Gary & Leashore, 1982). "Much of their success can be attributed to individual and family resilience, the ability to "bounce back" after defeat or near defeat, and the mobilization of limited resources while simultaneously protecting the ego against a constant array of social and economic assaults" (Daly, Jennings, Beckett, & Leashore, 1996).

African American Male and the Present

The world is constantly seeing the image of the African American male on television and in print, but the African American male is a member of the least understood and studied of all sex-race groups in the United States (Staples, 1986b). Several authors have addressed the issues confronting African American males and what is seen as a "crisis" in society. Noguera (1997) further noted that by identifying the past and current experiences of the African American male in this country as a 'crisis", it is assumed that this state is temporary, that it will eventually improve. This 'crisis' is the experience that African American males have with economics (unemployment and underemployment), health (declining life expectancy) and education (literacy and high drop-out rates) (1997). This 'crisis' was also discussed by Bryant (2000), and his essay on the disappearance of the African American male:

> Our nation still faces a crisis with the African American males born since the 1960s. It is not uncommon to read statistics which report rates of African American student drop-outs, most of whom are males…..Often statistical reports place the African American male as the highest group among the unemployed or

> underemployed. It is common to hear reports that during the summer months that 50 percent of eligible African American male students are unemployed (p.14).

Although there is not a significant amount of literature that focuses on the African American male, what does exist focuses primarily on the plight of this population (Gordon, Gordon, & Nembhard, 1994), describe the various eras within the social science literature. From mid-century to mid-1970s, the focus was on the dysfunction of the male, his contribution to the problems of the African American family, and the impact of slavery on his behavior. Near the end of the 1970s, the literature began to focus on urbanization, poverty, and single-parent families (the absence of the African American male). From the early 1980s until the present, the focus has been on economics, politics, social and psychological issues such as unemployment, lack of opportunity, institutional racism, and discrimination (Gordon et al., 1994). The research literature tends to focus on these categories: demographic and statistical issues, psychosocial issues, political/economic issues, and educational issues (Gordon et al., 1994). These authors conclude that the literature should focus on examining how African American males cope, cultural roles, stereotypes and pathology resulting from these challenges.

Psychosocial Constructs in Later Life

Constructs involved in this study empirically investigate the development of the person in the context of the larger environment and how that environment may have impacted the African American male's perspective regarding their well-being. Well-being for the purposes of this study is defined as life satisfaction as measured by perceived stress, social support, and health status. The following section will discuss research on the variables on interest for this study: stress, social support, health, and life satisfaction.

Stress

The term "stress" is commonly used in the literature with varying definitions. In some instances the definition can be straightforward and refer to simple tasks or even complicated constructs that are difficult to apply to daily practice. One very practical and useful definition is when stress "refers to that quality of experience, produced through a person-environment transaction, that, through either over arousal or under arousal, results in psychological or physiological distress" (Aldwin, 1994b). In addition, Mason (1975) developed a method of defining stress that included three separate definitions of the concept. The term stress can be used to refer to an internal state of an organism, an external event, or an experience that is the result of an exchange between the person and the environment. Stress has also been defined as the relationship between the person in the environment that is appraised by the person as relevant to his or her well-being and which the individual's resources are utilized, or if their resources are not able to meet the needs of the stressful event or situation (Lazarus & Folkman, 1984). It has been stressed in the literature that the concept of stress should not be viewed simply as a result of some external situation, but should also be considered in light of how the situation is perceived or appraised by the individuals (Aldwin, 1994b; Lazarus & Folkman, 1984). Others have emphasized the importance of understanding culture and its impact on understanding stress with a population:

> Culture can affect the stress and coping process in four ways. First, the culture context shapes the types of stressors that an individual is likely to experience. Second, culture may also affect the *appraisal* of the stressfulness of a given event. Third, cultures affect the choice of coping strategies that an individual utilizes in

any given situation. Finally, the culture provides different institutional mechanisms by which an individual can cope with stress (Aldwin, 1994a).

The following section will discuss the research in the literature that utilizes the concept of stress as it is defined above. Much of the literature has analyzed stress as a physical health domain. Other studies have linked a social transition or major life event to stress levels.

As stated, an area where stress has been researched is health functioning. Downe-Wamboldt and Melanson (1998) conducted a longitudinal study to find the best predictor of psychological well-being for elderly individuals coping with arthritis. This study looked at the relationship between stress emotions, coping strategies, psychological well-being, social economic status, gender, and severity of impairment. The sample of individuals for the study included elderly men and women, ages 60 and older (n=78). Although this study included a cross section of males and females, the majority of the sample was female and Caucasian. The authors stated that the study was based on the concept of stress as it is defined by Lazarus and Folkman (stress=relationship between person in environment as appraised by the person). Stress was measured by using the Stress Questionnaire, a sixteen-item, Likert-type scale that measures harm, challenges, and benefits of stress emotions. Coping was measured by using the Coping Scale, a 60 item Likert-type scale that measures degree of coping and perceived effectiveness of coping behavior. The Mental Health Inventory, a thirty-eight item scale, was used to measure anxiety, depression, and loss of behavioral/emotional control. The findings of this study indicated that individuals scoring high on the stress factor also reported higher levels of psychological well-being. Also, the researchers found that the more severe the physical impairment, the more frequent the report of harm and less frequent the report of emotional challenge or benefit. The severity of the health impairment was also found to have a direct effect

on psychological well-being. The authors emphasize that one of the major findings of this study is that it confirms the importance of understanding how people perceive their ability to manage stress and stress interactions in their environment.

Manfredi and Pickett (1987) also framed their study on perceived stress and coping strategies within the theory of stress developed by Lazarus and Folkman. The purpose of this study was to investigate the types of stressors identified by the elderly and what coping strategies were utilized to manage the perceived stressors. The study sample included a convenience sample of fifty-one individuals living in a senior citizen facility in Rhode Island. The individuals in this study were all ages 60 years and older. Race was not reported in the descriptive information, but an overwhelming majority of the individuals were women with only 17.6% of respondents being male. The Ways of Coping Checklist, a sixty-six item checklist measuring methods of dealing with stressful events, was used to measure coping and coping strategies. Individuals were also asked to describe a stressful event experienced in the previous month. From the data the authors were able to develop a typology of stressful events where loss and conflict received the highest percentage of individuals designating these as stressful. The category of loss included loss of health, loss of significant relationships, and loss of economic resources. Conflict included stress that is the result of interpersonal conflicts with children, spouse, or siblings. The findings of this study provide relevant information or events or situations that may be stressful to elderly individuals.

Kraaij, Garnefski, and Maes (2002), conducted a study on the joint effects of stress, coping, and coping resources for the elderly population. The purpose of this study was to examine the effects of stressful life events, coping strategies and coping resources and their ability to predict emotional problems in the elderly population. The sample for this study

included individuals ages 65-94 (n=194). Race was not indicated in the study results, but the data were collected from a city in the Netherlands. Stress was measured by utilizing the Negative Life Events Questionnaire, a 107 item instrument used to identify negative life events that impact the self and any significant others. The researchers also measured social support as an indicator of coping resources. Social support was measured by the Short Form Social Support Questionnaire, a six-item instrument used to measure perceived support and satisfaction with the support. Coping strategies were measured by the Coping Inventory for Stressful Situations, a 48-item Likert-type instrument used to assess ways people react to stressful situations. These researchers also measured depressive symptoms with the Geriatric Depression Scale, a 30 item instrument in which higher scores indicate presence of depressive symptoms. The results of this study found that life stress was one of the strongest predictors of depressive symptoms (in addition to specific coping orientations). The findings also indicated those reporting more life stress reported less satisfaction with social support. Those reporting more life stress or more emotion-oriented coping strategies also had higher scores on the depression instrument. Interestingly, the interaction between life stress and emotion-oriented coping was found to be significant for men but not for women. In their discussion of their findings the authors make a case for developing programs that focus on an individual's self-appraisals of their ability to cope with life's demands and their satisfaction with social support.

Mireault and DeMan (1996), conducted a study on stress, social support, and investigated suicidal ideations among the elderly population. The purpose of this study was to identify predictors of suicidal ideations among the elderly. The sample for this study included fifty-three men and 51 women, ages 65-100 years. These authors also neglected to report race descriptors, but did report half of the respondents were married. Life stress was measured by the Life

Experiences Survey, a scale requiring respondents to rate the impact of stressful events experienced in the previous year. Social support was measured by the Social Isolation subscale (of the Alienation Scale), where respondents are asked to rate their opinions on nine items describing social isolation. Health was assessed by asking the respondents to rate how satisfied they were with their health (five point rating) and suicidal ideation was measured by the Scale for Suicide Ideation, a 19-item scale that measures the extent of suicidal thoughts and the individual's attitudes about these thoughts. The authors also measured depression (Beck Depression Inventory) and self-esteem (Rosenberg Self-Esteem Scale). The authors found that individuals who reported isolation, limited satisfaction with social support, and perceived their health as less than satisfactory had greater suicidal ideation. Interestingly, men, individuals living alone, and in senior citizen facilities measured higher on the suicidal ideation instrument. The study also found their results to be congruent with other studies that have found that elderly men are less likely to seek social support to buffer stress in their daily lives.

Finally, in reviewing the literature on stress, only one study was found in which the primary focus of the research was African American adults. The other studies reported above may have included African American participants, but the author's neglecting to provide this information in their descriptive statistics makes this contention doubtful. Chatters and Taylor (1989) conducted a study on the factors that may impact the effects of stress caused by life events experienced by African American elderly. The authors acknowledged the limited information on stress and coping among the older populations and more specifically with older African Americans. This study utilized a national sample of adults ages 18 and older in the United States. The study utilized the 1970 census to stratify and cluster areas by geographic and racial composition. One individual was randomly selected from each household and interviewed

for the study. The findings reported here are the result of further research conducted on 581 respondents, ages 55 years and older, taken from the national sample. The sample included both male and female participants. Life stress was measured by asking the respondents to read a list of ten life domains and discuss whether this was a problem they had experienced in the previous month. The researchers used multivariate analysis to determine if the relationship between demographics and characteristics of reported life problems. The authors found that older individuals reported fewer problems than younger individuals (age was significantly associated with number of problems). Also, males and individuals with higher income identified less impact from life problems (less stress). Interestingly, males and individuals with health problems reported longer durations of their problems. The authors concluded that the life problem areas of health and finances were the most significant concerns of older African Americans. The findings also supported the findings in the literature on older adults and their reporting of life events and stress. This study found that older individuals reported fewer problems and lower distress in response to stressful life events than younger individuals.

Social Support

As mentioned previously, the literature has indicated that social support has been linked to having an impact on perception of overall well-being in individuals. The concept of social linkages as coping mechanisms utilized to assist individuals with handling crises, life transitions, and difficult environments was first introduced by authors in the early 1970s (Caplan, 1974; Cassel, 1974). Cobb (1976) offered the possibility that social support has stress buffering abilities, which in turn may have an effect on health and social functioning. The contention of the health benefit of social support continues to be offered in the current literature on the concept. It has been observed that social support is also influential in maintaining health and

preventing disease for men and women, even helping individuals cope with medical problems, strengthening coping abilities, and effecting immunological and psychological defenses (Glass et al., 2000; Pilisuk & Minkler, 1985).

Research on social support and the elderly population has often been focused on comparisons of populations on factors such as gender or race. Many of the studies in this area have as their primary focus the investigation of the benefit of social support (and social networks) on some aspect of an older adults daily living (stress, health, etc.). However, the samples in the study will be used for comparison purposes. These comparisons are frequently based on race (African Americans versus Caucasians) and/or based on gender (male versus female).

Social support has also been defined in various ways. Social support has been defined as "the emotional support, advice, guidance, and appraisal, as well as the material aid and services that people obtain from their social relationships" (Ell, 1984). This definition encompasses the variety of ways that social support is defined and reported in the literature. In some instances, the concept of social support is defined as the number of people in a person's "network" of social ties and in other instances social support is viewed as the type of support an individual receives (Hurdle, 2001). Social support to the elderly can take many forms including the provision of instrumental or material aid (e.g. food, money, etc.), cognitive aid (e.g., advice counseling), and emotional assistance (e.g., companionship)(Taylor, 1988). Any discussion of social support and social networks should also include kinship ties and the interaction with extended family. The extended family could be characterized by frequent interaction, close affective bonds, and the exchange of goods (Taylor, 1988). The network of kin may be an important factor in the social support provided to the elderly.

Much of the research on social support and the elderly has been focused on the evaluating the impact that formal or informal social support has on symptoms of depression. Depression is growing health problem for the elderly and symptoms of depression are one of the most common metal health problems in later life (estimated to afflict up to 20 percent of those age 65 and older) (Cummings, Husaini, & Baqar, 2003). Bothell, Fischer, and Hayashida (1999) conducted an exploratory investigation with low income seniors living in a housing facility in Honolulu (a facility managed by the local housing authority). The purpose of this study was to determine what factors could assist in predicting depression in the elderly. The authors attempted to isolate the variables with hopes that they would be able to determine which ones were significant to predicting depression and thus provide information that could be used to work with the elderly in dealing with depressive symptoms. The sample for this study included 135 subjects, ranging from ages 40-91 years old. The sample was multi-ethnic (Japanese, Chinese, Caucasian, Korean, Filipino, and Hawaiian) and the majority (68%) were women. The Provision of Social Relations (PSR), a 15-item scale, used to measure the person's perception for social support as an environmental variable. The Generalized Contentment Scale (GSC), a 25-item scale, was used to measure depression. This instrument is designed to measure degree, severity, and magnitude of non-psychotic depression (Bothell et al., 1999). The authors also used the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL) to measure basic functional activities (bathing, walking, etc.) and more complex personal care activities (financial management, shopping, etc) respectively. The findings of this study confirmed that social support is an important factor in daily functioning and self-reported depression. There was a significant difference between those reporting support and those reporting non-support. The differences were found in depression scores, ADL scores and IADL scores. The authors

concluded that social support was the “most powerful” predictor of depression in this sample (1999).

Others have conducted studies on social support and the elderly with populations of elderly whom were currently diagnosed as depressed. Brummett, Barefoot, Siegler, and Steffens (2000) investigated the association between depressive symptoms and social support. The sample in this study included 115 patients at a mental health clinic at Duke University. The individuals in this study were ages 60 and older and all had a recent episode of depression. The Center for Epidemiologic Studies Depression Scale (CES-D) was used to measure depression. This is a 20-item self report scale that measures symptoms that may have been experienced in the previous week. The Hamilton Depression Rating Scale (HDRS), a 17-item instrument, was used to quantify clinical interviews with patients. The Montgomery-Asberg Depression Rating Scale (MADRS) was used to assess the severity of depression in the population. Instrumental activities of daily living were measured with a 9-item scale and social support was measured by administering the Duke Social Support Index, a 22-item scale that measures subjective social support and received social support. The findings of this study indicated that subjective appraisal of reports of social support were associated with self-reported depression symptoms, but not related to the clinical measures of depression. Interestingly, these authors found that the social support factor that had the greatest impact on predicting depressive symptoms was actually received social support and not perceived social support.

Another important study that investigated the relationship between social support and depression was conducted with a population of elderly with a more severe depressive diagnosis, unipolar depression. Hays, Steffens, Flint, Bosworth, and George (2001), investigated whether social support was a significant factor in protecting elderly individuals from decline in their

treatment for depression. The sample used for this study was 113 patients participating in the National Institute of Mental Health (NIMH) Mental Health Clinical Research Center. The participants were aged 60 and older and visited the center on an outpatient basis. The Hamilton Depression Rating Scale was used to measure depression severity and the Duke Depression Evaluation Schedule was also used to assess depression symptoms. Social support was measured by administering the Duke Social Support Index, a 35-item instrument that measures size of social network, social interactions, instrumental support, and subjective social support. The authors only found partial support for their hypotheses. They found that social support did serve to ease the effect of depression severity and that social support served to buffer continued decline among the most severely depressed individuals. The authors concluded that their findings made a strong showing for the use of social support among the severely depressed and could assist these individuals with being able to perform the most basic daily tasks.

The literature on social support and the elderly also focuses on the use of informal social support and how it is utilized by older adults. Scott and Roberto (1987) conducted a study to investigate the use of informal social support among rural and urban adults. The purpose of this study was to compare the use of informal social support (family and friends network) by older adults living in rural and urban communities. The sample was comprised of 180 Caucasian adults, ages 65-90 years (urban sample) and 145 Caucasian adults, ages 65-89 (rural sample). This study did not include the use of all formal instruments; instead data were gathered through the use of interview questions. The researchers collected information on helping behaviors, social activities, income, and background variables. The only formal instrument utilized in this study was the Philadelphia Geriatric Center Morale Scale, a 17-item scale used to measure morale (agitation, attitude toward aging, and lonely dissatisfaction) in older adults. The authors

found that there were few significant differences between the communities when measuring help from children. Regarding male participants, these researchers found that urban males reported receiving more social support assistance than rural males. They did not find any significant influence by support network variables on the morale of the individuals in the sample. An important finding of this study was that health was an important factor in morale for both the urban and rural adults, but the impact was more significant with the rural adults. More specifically, it was found that the use of informal supports in the rural areas was an important factor to buffer the lack of health care services in their community.

Research on social support has also included investigating whether social support has an impact on health outcomes. Choi and Wodarski (1996) conducted research with a sample of 695 elderly white males, all other males (African American, etc.) were excluded from the sample "to avoid the compounding effect of race". The original data for this investigation was drawn from The National Health Interview Survey: Longitudinal Study on Aging. Data were collected on physical health (medical conditions, doctor visits, ADLS, IADLS), income, and living arrangements (social support). The findings of this analysis included that social support had an effect on health outcomes. It was determined that higher levels of social support resulted in improved health outcomes. Also, the authors found that the social support networks in this sample were inflexible, speculating that this could be an area where formal support could supplement the existing informal support.

Mindel, Roosevelt, and Starrett (1986) conducted an investigation of informal and formal social supports systems in African American and Caucasian populations. The hypothesis for this study was that African American elderly would have similar or more supportive informal support systems than would Caucasian elderly. The sample included 1,519 individuals, ages 65

and older, with one third of the sample being African American. The information about this population was collected by the General Accounting Office (GAO) as a part of the "Study of Well-Being of Older People in Cleveland, Ohio" (p.280). Data were not gathered using formal instruments. Participants were asked questions about their current support services and these were characterized as either formal (provided by public or private agencies, doctors) and informal (services provided by family or friends). Participants were also asked about any recent problems that may have occurred in the previous 12 months. The findings indicated that the largest difference between the two populations was with the use of formal services with African Americans using more of the formal services. This study also found that African American elderly used informal support services more frequently then Caucasians, but these findings were not statistically significant.

Biegel and Magaziner (1991) investigated the use of social support networks among African American and Caucasian elderly at risk for institutionalization. The primary purpose of this study was to determine what effects social support would have on life stress and health for these individuals. The sample included 191 elderly individuals 75 years or older. The authors defined "risk for institutionalization" as those individuals over the age of 75, living alone, and poor. Eighty-three of the participants were African American. This study utilized the CESD to measure depressive symptoms, the Social Readjustment Rating Scale to measure life stress, and subjective identification of social support services and social networks. Interestingly, these authors found that the belief that stress is buffered by social networks and social supports proved true for the Caucasian participants in the sample, but not true for the African Americans in the sample. African Americans in this study had larger networks and higher levels of social support and more often reported their health as poor (more often than the Caucasian respondents).

Two important studies that specifically focused on African Americans also based their findings on comparisons based on gender. Brown and Gary (1987) conducted an investigation into whether increased social support would result in improved health outcomes. The sample included 451 African American adults, ages 18 and older. The average age of the respondents in the study was 42 years old. The participants were administered the CES-D to assess depressive symptoms, the Social Readjustment Rating Scale (SRRS) to assess stressful events, a religiosity index to measure religious involvement, and a scale to measure perceived social support. The participants were also asked to list their neighbors, friends, confidants and relatives available to assist them when they are in need. The authors found that social networks had an impact on health for African American males. Specifically, African American males with higher numbers of confidants also had declining physical health. This was not found to be true for the female participants in the study. For females, higher scores on the religiosity index seemed to have a direct impact on dealing with stressful life events and health.

Chatters, Taylor, and Neighbors (1989) investigated the importance of informal helping networks among African Americans. The data for this study were retrieved from the National Survey of Black Americans (NSBA), the first nationally representative cross-section of adult African Americans in the United States (p.670). The sample for this study included 1,322 individuals who responded to the survey and indicated a serious problem at some point in their life. Several variables were measured. The authors gathered information on the aforementioned problem, both subjective measures of severity and type. They also gathered information about family networks, size, frequency of contact, and perceptions of the value of the contact. Available helpers were measured by gathering information about family, parents and children. The analysis of the data yielded interesting findings about African American males and social

support. The authors found that males were more likely to seek out support from fathers and brothers (and women would consult with daughters and sisters). The authors also found that gender had an effect on network size. Men were found to have smaller network sizes than women. Both men and women included siblings as a part of their informal helping network.

Health

Health within the aging population has been covered extensively in the literature. Research on public health concerns, specifically illness (pervasiveness and severity) and causes of death, are often the primary topics of research on the elderly. The social science literature, in its coverage of the concept of health, has been challenged by the problem of developing an appropriate definition of "health" to suit the needs of the type of research being conducted. Here are some of the examples of the definition of health in the literature (Gary, 1981):

(1) "The age-old view of health as the absence of disease" (Schwab & Schwab, 1978);

(2) "Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity"(World Health Organization, 1958);

(3) "A physical and mental state fairly free of discomfort and pain which permits the person concerned to function as effectively and as long as possible in the environment where chance and choice has placed him" (Dubos, 1965);

(4) "Health is a positive state of well-being…It refers to a level of physical fitness and physical-emotional harmony that affords maximum resistance to disease and supports a sustained joy of living" (Bloomfield & Kory, 1978).

In his review of the numerous definitions, Gary (1981) contends that the lack of consistency in the defining of health limits the satisfaction with the definition (for use in writings) and limits its scientific usefulness. Gary recommends measuring health from a multidimensional perspective: mortality, morbidity, health expenditures and (in support of this study) health status.

Liang (1986) has discussed the need for physical health to be carefully defined by distinguishing between the theoretical concept of health and the operational definition of health. Liang (1986) makes the argument that health is primarily viewed in a physiological mode (medical model), a social definition (functional model), and a subjective definition (psychological model) (p.249). Liang explained that the subjective health model represents the individual's health concerning the individual's self-perception, representing various aspects of health in a single summary rating (Coke & Twaite, 1995). In linking the three models above, Liang emphasized that objective health observations will affect their performance in their societal roles. An individual's self appraisal is not just a measurement of their "observable" health status. Liang concluded that an individual's subjective self appraisal of their health status is a result of their objective health status and that individual's perception of how adequately he is performing his social roles (1995). Other studies take this idea one step further. In several studies, it has been found that subjective measurements of one's health is also related to subjective measurements of well-being (Gunter & Kolanowski, 1986; Liang, 1986).

Self perceptions of health have been found to be associated with mortality (life expectancy). Mossey and Shapiro (1982) conducted a secondary analysis of data collected as part of a six year study in Canada. The sample for this study included 3,128 non-institutionalized elderly. The individuals provided information on the number and severity of

illnesses, medical background, and completed a self-appraisal of their health status. The results of the study indicated that those individuals who assessed their health as poor were more likely to die than those who assessed their health as excellent. The next strongest predictor of mortality was the age of the individual.

Research conducted by Kaplan and Camacho (1983) supported the findings in the previously mentioned study. In their follow-up research with 6,928 adults, these researchers found that men and women who described their health as poor had an adjusted mortality risk in comparison to those who described their health as excellent. They found that the effect of self appraised health status on mortality was independent of measures of health practices, social networks, psychological status, and physical health status (Idler & Stanislav, 1991). A similar study conducted by Idler and Stanislav (1991) also found that self-evaluation of health status may predict future mortality. These authors measured the vital statistics over four years and self-rated health for 2,812 men and women ages 65 and older. They also collected data on health care utilization, external resources (support with daily tasks), and internal resources (religiosity). The findings indicated that poor and fair self-rated health did predict early and late deaths for both males and females.

Self-appraised health is not only important in looking at mortality of older adults; it also has implications for morbidity (rate of disease or proportion of disease in a population). "The disproportionately large number of health problems experienced by elderly African Americans is extremely important, because both objective health status and self-perceptions of health are related strongly to psychological adjustment and subjective well-being. These relationships have been demonstrated for both the elderly in general and for the African American elderly in particular" (Coke & Twaite, 1995). The National Caucus and Center on Black Aged (NCBA)

distributes an annual report on the mortality and morbidity of the African American aging population. The report for 2003 presents some startling facts about the current health status of this population. The report details the leading causes of death among men 65 years and older and they are as follows: heart disease, cancer, stroke, COPD (Chronic Obstructive Pulmonary Disease), pneumonia and influenza, diabetes, nephritis, unintentional injuries, septicemia, and hypertension (Federal Interagency Forum on Aging, March 2001).

The NCBA report also found that the health disparities reported in the literature are still in existence currently for the African American aging population. They also reported that African American elderly have greater difficulty accessing formal health care (in comparison to Caucasian elderly), and that the health care that the African American aging receive is usually inferior to that care provided to Caucasian elderly. This care has been characterized as "welfare medicine" (p.38).

Finally, this report makes recommendation that support the need for research like the study proposed here. First, NCBA designates one of the most important immediate needs is to deal with the health disparities and work to close the information gap we have specific to people of color. Additionally, "information must be pinpointed more to focus on older African Americans (rather than African Americans in general) in order to permit more appropriate and thorough assessment of the health status of aged African Americans" (NCBA, 2003).

Life Satisfaction

The importance of understanding an individual's satisfaction with their life status has been emphasized in the literature. Surgeon General Dr. David Satcher explained the importance of psychological well-being to the lives of older adult's health and functioning (DHHS, 1999). Dr. Satcher warned of the importance of understanding the mental health status and

psychological well-being of older adults and how this important issue could impact on the larger society. Studies have documented that social support and other factors could provide protection against negative health and mental health outcomes and impact a person's assessment of their psychological well-being (Cummings, 2002).

The challenge in studying the construct of life satisfaction is in defining what it is that is being measured. Phillips (1986), explained that the difficulty is in arriving at an agreed upon definition and a consensus on what will be the units of measurement. For example, some have defined life satisfaction as a progression toward a desired goal, while others may define it as related to some purpose in life (external to that individual).

Life satisfaction is also discussed in the literature under the auspices of overall well-being and psychological well-being. The terms are used interchangeable in the research. Regardless of how it is defined or what terminology is used, the construct of life satisfaction is an important one and a complex variable highly interwoven with value judgments (Phillips, 1986).

Early research on life satisfaction and the elderly focused on finding correlates of this construct in the lives of older adults. Spreitzer and Snyder (1974) conducted a study analyzing data from the National Data Program for the Social Sciences conducted by the National Opinion Research Center at the University of Chicago. The data from this study included the results of interviews with individuals ages 18 and older (N=1,547). The participants were administered a questionnaire that included questions about life satisfaction, self-assessed health, financial satisfaction, and subjective social class. The findings of the analysis were that women up to the age of 65 years reported higher rates of life satisfaction than men in this age range. This study also found that after the age of 65, men were more likely to report a high degree of life satisfaction. The researchers also found that perceptions about financial status (subjective

measure) were a stronger predictor of life satisfaction than objective measures of socio-economic variables.

Other studies have attempted to replicate these same findings and determine what factors will predict life satisfaction in the elderly. Levitt, Clark, and Rotten (1987), attempted to determine how social support, perceived control and health would impact older adult's perception of their well-being. The sample for this study included eighty-seven individuals living in an area that had been targeted for massive redevelopment. The individuals in this sample ranged in age from sixty-one to eighty-seven years of age. Of this group, fifty were female and thirty-seven were male. The participants in this study were interviewed and administered several measures to collect data on the variables of interest. Social support was measured by collecting information on social networks (social network diagram), where respondents were asked to place, in three concentric circles, individuals by their level of importance. Personal control was measured by administering the Reid and Ziegler Desired Expected Control Scale, an instrument developed for use with the older population to assess how they believe events are under their control. Health status was measured with a 14-item checklist of major health problems. Well-being was measured by the Bradburn Affect Balance Scale, a scale measuring positive and negative affect. The researchers also measured life satisfaction by asking questions related to satisfaction with residence, income, friends, family, housing, and standard of living. They also included one item that asked respondents how satisfied they are with their life as a whole. The findings of this study indicated that perceptions about control and personal well-being were related. It was also found that quantity of support and well-being were related; social support, health and control were significant predictors of affect. These same

variables were also significant predictors of satisfaction on several of the domains measured for life satisfaction.

Cummings (2002) conducted a study on predictors of psychological well-being among older adults living in assisted living facilities. The purpose of this study was to gain a better understanding of factors that would contribute to older adult's perceptions of their well-being and the effect this perception might have on the functional impairment of the individual. The sample in this study consisted of fifty-seven residents of a moderate size assisted living facility in the southeastern United States. The author measured psychological well-being by administering instruments that measured depression and life satisfaction. Instruments were also used to measure social support and health. Depression was measured by administering a modified version of the Center for Epidemiological Study Depression (CESD). Life satisfaction was measured by administering the Life Satisfaction Scale-Z, which was specifically designed to measure satisfaction among older adults. Functional health was measured by asking questions about ADL and IADL. Health status was also measured by using one global health question asking respondents to assess their overall health by using a five point Likert-type scale. Social support was measured by administering the Perceived Social Support scale. Respondents were also asked to rate their satisfaction with friends, family, and indicate the number of contacts and activities for them each week. The author found that a significant number of the elderly individuals in this population suffered from "impaired psychological well-being" (p.299). The author also found that females and males in this setting differed in their levels of depression and their assessment of life satisfaction. Females indicated significantly higher levels of depression and lower levels of life satisfaction than the males in this study. The results of this study also indicated that psychological well-being was not related to the number of social programs that an

individual participates in, but was significantly related to the individual's *perception* of the amount of social support they received.

Abu-Bader, Rogers and Barusch (2002), conducted a study to determine predictors of life satisfaction in a frail elderly population. The purpose of this study was to examine the relationship between life satisfaction, physical health, emotional health, social support, and locus of control. The participants in this study were also participants in The Alternative Program (TAP) in Utah. TAP is a program that provides adult day care and home services to low-come individuals whom are considered at risk for being placed in a nursing home facility. The sample size for this study was ninety-nine individuals age 60-101 years of age. The majority of the participants were Caucasian and female. Life satisfaction was measured by administering the LSI-Z. The Iowa Self-Assessment Inventory was used to measure emotional health, physical health, social support, economic resources, and cognitive status. The Geriatric Scale of Recent Life Events was used to measure the life events of the previous three years. Locus of control was measured by administering the Multidimensional Health Locus of Control Scale (MHLC). The ability of individuals to carry out basic living tasks was measured by the Index of Activities of Daily Living (ADL). The authors found that the elderly in this study reported lower levels of life satisfaction when compared to other samples of healthy elderly. Interestingly, they found that only about half of these participants reported low life satisfaction, the other half reported high levels of satisfaction. Also, these authors found that *subjective measures* of physical health and personal health were significant predictors of life satisfaction. Personal health appraisal was the strongest predictor of life satisfaction.

Research on life satisfaction and the African American elderly population also focuses on finding correlates and predictors of life satisfaction. Coke (1991) conducted a study on the

relationship between life satisfaction and perceived health, perceived adequacy of income, family role involvement and participation in church. The sample in this study included one hundred sixty-six African American individuals, ages 65-88. The gender of the participants was almost evenly split; 87 males and 79 females. Life satisfaction was measured by administering Diener's Life Satisfaction Scale. Perceived health was measured by utilizing items from the Spreitzer and Snyder (1974) study mentioned earlier in this writing. Family role involvement was measured by asking individuals to answer several open-ended questions about relationship with family members, total number of activities with family members, services performed for family members, contact hours with family members, and self-rated closeness to family members. Church involvement was measured by asking respondents to report their time participating in church activities. The findings of this study indicated that life satisfaction was related to family role and church participation for men in the sample. For the women in the sample, life satisfaction was not significantly related to family role or to time spent in church activities. Reports of religiosity were significantly correlated with life satisfaction for women. The author reported that one of the most important findings in this study was that among men there were greater differences related to attitude and religious factors and among the more subjective factors of family role, church activities and socioeconomic status.

Levin, Chatters, and Taylor (1995) also conducted a study on the correlation between life satisfaction, health status, and religion. The data from this study were taken from the NSBA (National Survey of Black Americans), a nationally representative cross-sectional survey of the African American adult population ages 18 years and older (p.S157). The total sample for the national study was 2,107 individuals; only 1,848 individuals from that group were used for this analysis. The authors identified questions from the original data in the following areas:

organizational religiosity, non-organizational religiosity, subjective religiosity, health status, and life satisfaction. The authors found that health and organized religiosity are both related (similarly) to life satisfaction. They also found that formal religious behavior and health are important in looking at overall well-being for African Americans. This study's results emphasize the importance of not relying on one "model" for measuring well-being. The literature frequently mentions the importance of religion and spirituality in the African American community, but this study indicates that health can have as important a place in self-assessed life satisfaction.

In summary, the literature on the aging population is mostly "problem focused." The literature on African American aging males focuses on the "plight" of this population. The writings primary focus is on problems in the African American male population and dysfunction and pathology are usually found somewhere in the findings. Studies have been conducted on the variables of stress, social support, and health on the elderly, but the studies are problem focused and attempting to find incidents of prevalence and/or severity. Those studies that focus specifically on the African American aging population continue this same trend, but include mainly comparisons to some other population (Caucasians, African American females). The literature on life satisfaction does utilize measures of self-appraisal to find correlations and predictors of life satisfaction among the elderly, but a variety of predictors and correlations have been found in the older adult population and in the African American aging population. What is missing from the literature is a comprehensive look at the overall well-being of the African American aging male. The definition of well-being needs to be broadened to include self appraisal by the African American aging male about his satisfaction with his life. Again, well-being for the purposes of this study is defined as life satisfaction as measured by perceived

stress, social support and health status, providing us with a perspective that focuses on the African American male, as told by the African American male.

CHAPTER 3

CONCEPTUAL FRAMEWORK

This chapter will review the ecological perspective of human development as the theoretical framework used to define and direct this study.

Ecological Perspective

The ecological perspective will be used as the theoretical foundation for this analysis of the overall quality of life of African American males over the age of 55. The debate about the ecological perspective has been ongoing. There is concern that this theory is not a theory, but instead a general framework and this has been a topic of discussion in social work for many years (Wakefield, 1996). The challenge for using this perspective is the understanding that its attractiveness comes from the idea that this perspective is "general" enough to be applied to any individual, concern, agency, or community. Some of the concern about this perspective may come from the lack of understanding of its concepts and principles and their application to researching the human experience.

An understanding of this perspective begins with an understanding of its origin. The term "ecology" was introduced to the world by Ernst Haeckel in 1868. The term was used to refer to the interdependencies among organisms in the natural world (Ungar, 2002). The term ecology is currently defined as "the interdisciplinary scientific study of the living conditions of organisms in interaction with each other and with the surroundings, organic or inorganic" (Naess, 1989). The idea that individuals are affected by, and their behaviors a result of, their interactions with their environment clearly delineates why this perspective is important to the

profession of social work. What separates the profession of social work from other fields is that social work challenges practitioners to not rely on pathology, but to extend our understanding of individual and group circumstance to include the perspective of individuals. In doing this, social workers must consider that an individual's perceptions and reactions are a result of environmental influences.

Although the conceptual framework for the development of the ecological perspective can be traced to the work of Haeckel and others, the *father* of the ecological perspective, as it is used in the social sciences, is Urie Bronfenbrenner. Bronfenbrenner (1979) defines the ecology of human development as:

> The scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between the settings, and by the larger contexts in which the settings are embedded (p.21).

Further clarification of some parts of this definition, and their applicability to the proposed study, are necessary to support the idea of using this perspective as a framework for the proposed study. First, Bronfenbrenner identifies the "developing person" as someone who is not just going through specific stages of development (Erickson) or as someone whose development is established by predefined stages of development with markers which identify that the individual has successfully navigated this stage of development. This individual is also not just a part of the environment as this "blank slate" where the environment makes impressions on the person's development. Bronfenbrenner provides us with a definition of the "developing person" as someone living and growing as part of a larger environment. The person is one who is moving through a larger community that is ever-changing, and with these changes the person

may adapt, grow, change, and evolve as a result of community or environmental changes. This is an important aspect of this study on African American males. Recognizing that the general growth and development of African American males includes their development in the midst of community and societal changes is the start to appreciating the importance of their perceptions of their status in society.

Next, Bronfenbrenner acknowledges the influence of the environment on the individual as requiring a process of mutual accommodation; the interaction between the person and environment is viewed as two-directional, also defined as reciprocity (Bronfenbrenner, 1979). It is imperative that we begin to recognize the contributions that African American males make to their development, and also to their community/environment. It is much easier for the social science literature to identify problems and issues in the community that *make the African American male behave in the manner that he does*. But we need to broaden the context of our definition of environmental influence to not just be in one direction (environment impacting the individual), but include this idea that the individual has some influence on his environment and this "mutual accommodation" results in adaptability, coping mechanisms, and change.

Finally, the definition of "environment" as more encompassing than just an individual's immediate surroundings is another facet of this definition. Bronfenbrenner (1979) asserts that the environment that is relevant to the development process for individuals is extended to include interactions with their immediate setting as well as interconnections between, and external influences from, larger surroundings. The environment has also been defined as any event or condition outside the person that either influences or is influenced by the developing person (Bronfenbrenner & Crouter, 1983). These authors also emphasize the importance of "perception" on behavior. Bronfenbrenner and Crouter (1983) emphasized the patterns of

behavior and how these patterns result in developing perception and thus are representative of developmental change.

The African American experience in this country has included interacting with a culture in which the individual is expected to assimilate or suffer the consequences. The result has been the establishment of support systems within their own communities (churches, networks, etc.). In addition to the influences of these systems, the African American community has no choice but to interact with a larger community that does not welcome their presences and still challenges their abilities. This has been a major challenge for the African American male. According to the ecological perspective, the experience of interacting with a larger, unsupportive community will impact on an individual's perception of their value in a community and ultimately impact their development. This is another impetus for this type of research.

Bronfenbrenner's conception of the environment included interrelated structures, each, when viewed pictorially, are nested or contained within the next. These structures are defined as the microsystem, mesosystem, exosystem, and the macrosystem.

Microsystem

The most popular definition of a microsystem is that it is the most basic structure of observation. "The microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979). The term "experienced" is critical to any understanding of the microsystem. This term indicates that the system under observation is not just one that can be identified objectively, and described in concrete terms. The "environment" in this system includes not only the external influences affecting the individual but also how the environment is viewed by the individual. Bronfenbrenner credits Lewin's theory of "life space" as influencing

his definition of the microsystem. Lewin (1935) proposed that the most significant factor in understanding behavior and development is not reality or the objective world, but rather how this world appears in the mind of the person (and that perception affects the person's interaction with their surrounding environment). In theory, the perceived is viewed as taking precedence over what is the actual. The individual assist with constructing the setting (an active participant) and at this level is where the most direct interactions occur with other individuals and organizations.

Mesosystem

The mesosystem can be defined as the relations between the microsystems. These relations could be family experiences to school experiences, family experiences to peer experiences, or community experiences to individual experiences. "A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as, for an adult, the relations among family, work, and social life)" (Bronfenbrenner, 1979). The mesosystem focuses on interconnections, links in social networks (formal and informal), and communication between settings.

Exosystem

"An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person" (Bronfenbrenner, 1979). The focus of this system are the experiences in a social setting which an individual does not have an active role in, but that the person still is influenced by, or has some immediate reaction to, as a part of their own development. An example an exosystem would be an elderly person's adult child may have job experiences that affect his/her family life (travel, choice of residence, job stress). These

experiences, in turn, may affect their relationship with their parent (visiting, communication, ability to be supportive).

Macrosystem

The macrosystem is the larger system which involves the attitudes and ideologies of the culture in which the individual lives. Bronfenbrenner (1979), defines the marcosystem as "referring to consistencies, in the from and context of lower-order systems (micro-, meso-, exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems, or ideology underlying such consistencies" (p.26). The focus of the macrosystem is the differentiation of settings. For example, it is clearly understood that people are raised in society with values, beliefs, and ethical standards. These concepts may differ from group to group based on such dynamics as socioeconomic status, religious beliefs, even family structure.

Chronoystem

One other system is included in Bronfenbrenner's ecological perspective of human development. The chronosystem can be described as the environmental events and transitions as they occur over the life course. This system includes the resulting effects created by time or other major life moments in the person's development. Socio-historical conditions, and their effects on life circumstances, are also included in the system.

Ecological Transition

"An ecological transition occurs whenever a person in the ecological environment is altered as the result of a change in role, setting or both" (Bronfenbrenner, 1979). Bronfenbrenner contends that these transitions occur throughout the life span, with the final transition being death. The importance of understanding ecological transitions is that they are precipitator and consequence of the development process. Bronfenbrenner (1979) explains that the transitions

are a combined function of biological changes and altered environmental circumstances…..transitions represent the ultimate in mutual accommodation between individuals and their surroundings. Any study about how satisfied an individual is with his life as result of any variables should focus on the idea of ecological transition and how these transitions occur across systems and throughout the entire life span.

Cultural Ecological Perspective

Various theorists have reframed the experience of African Americans in a more culturally committed way. After years of studies and use within the social science literature, John Ogbu offers a refinement to the ecological perspective of human development. Ogbu developed what he called the cultural-ecological model for cross-cultural research. This cross-cultural model is based on the cultural ecological perspective. Cultural ecology provides a framework for broadening our conception of environmental influences on competencies and their acquisitions (Ogbu, 1981). Cultural ecology is defined as the study of institutionalized and socially transmitted patterns of behavior interdependent with features of the environment (Goldschmidt, 1971). Bennett (1969) further explains that cultural ecology is the study of two related phenomenon: one phenomenon is how a population's use of nature influences and is influenced by its social organization and cultural values. The other phenomenon is the population's adaptive personality and behavior in their environment. This adaptive personality would include focusing on an individual's coping mechanisms (derived from their environmental circumstances), their ways of interacting with others in the population, and their use of available resources in order to gain subsistence goals and learn to resolve new and continuing problems. Individual's responses to problems or their behavior toward subsistence demands are different. Ogbu (1981) contends that individuals develop strategies and utilize different resources because

their environments are different. Environments differ on the available resources, their history of exploitation, and their search for protection. The consequence of this differentiation is that people will develop strategies appropriate for their circumstances (environment) and utilize those strategies for survival.

Cultural ecology does not focus on an individual or groups total environment, only on the aspect of that environment that are related to their subsistence quest and how they protect their well-being (Ogbu, 1982). Thus, utilization of the cultural ecological perspective would require an understanding of how a population adapts to changes and crisis in his/her environment. This includes looking at stressors and coping factors. With this theory individual human development would include protective factors and perceptions of situations that are a result of their cultures influence.

Cultural ecological perspective is based on one major underlying assumption. The assumption is that individuals develop human competencies through the completion of culturally defined tasks. These tasks may be gender appropriate or age appropriate, depending on how these tasks are defined in one's culture. Ogbu (1981) contends that minority groups maintaining a kind of symbiotic relationship with a dominant group in specific environment (like the United States) tend to evolve alternative instrumental competencies which are characteristic of a spatially distant and non-symbiotic culture (p.417).

Finally, the cultural ecological perspective views activities or patterns of practice within a population as neither random nor accidental. Developing strategies for child rearing, how we treat our elderly, communication patterns, or even daily social activities, are formed from "a part of a culturally organized system which evolves through generations and collective experiences in tasks designed to meet environmental demands" (Ogbu, 1981). This refinement of the well-

known ecological perspective of human development is important to this study. If it is agreed that individual's perceptions are a result of their interactions in their environment then cultural ecology takes us a step farther in understanding individual perception. Cultural ecology requires acknowledging that individuals are not a part of one monolithic community, where patterns of behavior are transmitted to everyone (and understood) the same by all people. What this perspective tells us is that individual cultural experience is an important factor in any observation about behavior, perception and life status. An individual's cultural experience defines their adult tasks, teaches survival strategy, and has impact on how individuals view the world around them.

The above discussion of the ecological perspective of human development and cultural ecology provide the conceptual framework for this research on African American males' appraisal of their overall well-being. Living one's life as an African American male most likely included experience with oppression and discrimination; life challenges that are experienced across the life span.

CHAPTER 4

METHODOLOGY

Research Design

The design of this study is a correlational design, exploratory-descriptive survey type to explore the quality of life and overall well-being of a population of African American males over the age of 55. Quality of life and overall well-being are defined as appraisal of health, social support, stress, and life satisfaction. This chapter will define the sample, describe the instruments used to measure the variables in the study, discuss the protocol used for administering the survey, and explore how the data will be presented and analyzed for this study.

The unit of analysis for this study is the African American male, age 55 and older. There are no specific criteria other than the age parameter (55 and older), thus for the purposes of this study the "African American male" is defined as any male self-reporting being born of African descent.

There were no specified hypotheses for this study due to it being an exploratory research venture. Data were collected on the following variables:

- social support
- stress
- health status
- life satisfaction
- demographics of the sample

The purpose of this study is to:

1. Identify the demographic characteristics of the aging African American male population (age, median income, marital status, etc.),
2. Measure perceived social support within this population,
3. Measure stress levels in this population,
4. Measure self-assessed health conditions in this population,
5. Measure life satisfaction in this population.

Although there are no stated hypotheses, the variables above were analyzed to explore if any (or all) act as predictors of perceived life satisfaction in African American males over the age of 55.

Sample

African American males, ages 55 and older make up the population of interest for this study. Due to the exploratory nature and the assumption that African Americans, and males in particular, might be more reluctant to participate in research studies with unknown individuals, it is difficult to define the sampling frame for this study (Shavers, Lynch, & Burmeister, 2002). Snowball and purposive sampling were used to identify and administer the survey.

To determine the necessary sample size the researcher must first choose a significance level. Significance testing informs us of the probability of committing a Type I error (rejecting the null hypothesis-relationship by chance- when it is true). The significance level selected for this study is .05, meaning there is a .05 chance of the null being true. Next, a statistical power analysis needs to be conducted to avoid a Type II error (failing to reject a false hypothesis). Using Cohen's (1988) power tables to estimate risk of a Type II error, choosing a medium effect size (r=.30), the minimum sample size required for this study was 90 participants completing the

survey (power would equal .83). Actually, a sample size of 84 participants would yield a power of .80 (Cohen, 1988). Cohen recommends a maximum of a .20 probability of committing a Type II error (Rubin & Babbie, 2001). This researcher utilized a sample size of 150 African American males, ages 55 and older.

Measurement

There were three instruments used to measure the variables of interest for this study. The following section will summarize these three instruments and provide operational definitions of each variable: The Elders Life Stress Inventory (ELSI), the Social Support Appraisals Scale (SSA), and the Life Satisfaction Index-Z (LSIZ). All of these instruments are self-report measures used to measure the variables of interest for this study. Health status was measured by a global question on health status and a checklist asking each participant to identify any current health problems. Demographic information was also collected from the study participants.

Stress

Stress, for the purposes of this study, is defined as egocentric (event based) and nonegocentric (process based) experiences of individuals (Aldwin, 1994c). The Elder Life Stress Inventory (ELSI) was used to measure stress in this study. The ELSI was used to measure egocentric and nonegocentric stress in the aging. Egocentric stress is stress that results from an "event" based approach, stress that happens to the self. Examples of this type of stress include divorce, job changes, relocations, etc. Nonegocentric stress focuses on a "process" based approach, stress that is experienced as a part of the interaction individuals have with their environment. "An egocentric approach to stress is incomplete. As so much of the social support literature shows, individuals' lives are intertwined with those in their social networks. Harm, loss, or threat experienced by loved ones is stressful, whether or not it has any direct bearing on

our own well-being" (p.52). For the purposes of this study, stress is the only mental health variable included in the study.

The Elder Life Stress Inventory (ELSI) was developed by Carolyn M. Aldwin and her research with the elderly population. The ELSI is a 29-item instrument designed for use with older adults, and encompasses both event- and process-based approaches to stress (Aldwin, 1994c). The ELSI can be scored by a simple count of the number of events designated (summed items) or as a sum of ratings (Aldwin, 1994a). Aldwin (1994c) explains that the development of this instrument was a result of trying to contrast the stereotype that stress in later life for the elderly is a result of their vulnerability and the predominance of loss in later life. The ELSI is an alternative approach to looking at stress. The foundation of this instrument is that it is focusing on how older adults perceive their strengths and the contribution this population makes to their family and their social surroundings.

The ELSI was developed based on two studies, one with a population of aging individuals in California and as part of a longitudinal study in Boston, Massachusetts. The California study was conducted on a sample of 862 potential respondents. The survey was mailed out to these individuals, and 308 questionnaires were returned (response rate of 36%). The age of the sample was from 56 to 90 years old, with a mean age of 74 years. The average number of items checked with this sample was 2.64, and the authors report this is consistent with the number of items checked in studies utilizing larger scales (1994c).

The Boston study involved a final sample of 2,280 males, ages 21-80 (the majority of the sample comprise of men ages 30-50). The majority of the sample was Caucasian males. This study also involved mailing the survey (in 1985 and 1988) to participants and the authors

received an 83% response rate (1,565 and 1487). The average responses for this sample were 1.83 and 2.38 (Aldwin, 1994c).

The authors do not report any information on the reliability of the instrument. The ELSI is reported to be significantly correlated with physical symptoms. Although the instrument is also reported as being reasonably valid (author's state that it correlates modestly with health outcomes), validity has not been determined.

Social Support

Social support, for the purposes of this study, is defined as "the beliefs that one is loved , respected, and esteemed and involved with family, friends, and others" (Cobb, 1976). These beliefs are what make up the subjective appraisal of information provided by the presence of supportive relationships and the occurrence of supportive interactions (Vaux et al., 1986). Social support was measured by the Social Support Appraisals Scale (SSA).

The Social Support Appraisals Scale (SSA), developed by Vaux, et. al, was developed to be used as an instrument to measure subjective appraisal of social support. The SSA is a 23-items instrument, scored by reverse scoring five items and then adding all of the items for a total score. Lower total scores indicate a higher subjective appraisal of social support. The instrument was developed based on the definition of social support developed by Cobb (1976).

The SSA was administered to a population that included college students and community residents. The final sample for the study was comprised of a total of ten samples. The study sample included 979 respondents age mid-teens to 48 years old. The majority of the sample was female and Caucasian. Divergent and convergent validity were assessed with other social support measures and relationships with support network resources and psychological distress were examined. The authors found that the SSA had good validity based on its convergence

with other measures. The SSA was also found to have predicted associations with measures of distress and well-being. The authors report good internal consistency (alpha coefficients of .81-.90) and good concurrent, predictive, known-groups, and construct validity.

Life Satisfaction

Life satisfaction is defined as an individual's self-appraisal of life (past and present), satisfaction with life and happiness (Neugarten, Havighurst, & Tobin, 1961). The Life Satisfaction Index-Z (LSIZ) was used to measure life satisfaction.

The Life Satisfaction Index-Z (LSIZ) was developed by Neugarten, et al. (1961), to measure psychological well-being in older adults. The LSIZ is an 18-item instrument, scored by assigning one point to 11 items answered correctly ("agree"). The other items are assigned one point if the individual answers "disagree." The LSIZ is actually a scale developed from a larger rating scale, the Life Satisfaction Rating Scale. The Life Satisfaction Rating Scale was created because the authors contend that defining and measuring psychological well-being of older adults had been undertaken by various writers, with the intentions of these definitions being used to refer to "successful" aging (Neugarten et al., 1961). These authors explain that much of the research on aging and defining life satisfaction (psychological well-being) focused on two separate areas. The first area of focus was defining this concept by looking at an individual's overt behavior, with attention to how success is socially defined. Important aspects of this definition are level of activities and social participation. The second area of focus is on the individual's "internal frame of reference", with only minimal attention paid to social participation. The emphasis in this definition is on the individual's self-appraisal of life (past and present), satisfaction with life and happiness (1961). The authors developed the Life Satisfaction Rating Scale based on the second definition.

The Life Satisfaction Rating Scale was normed on two samples of individuals living in the Kansas City area. The ages of both samples ranged from 50 to 60. The 18-item instrument to be used for this study was normed on a sample males and females, ages 65 and older. The study data analysis calculated a mean score of 12.4 (with two additional items included on the instrument).

The psychometric properties for this instrument are limited, but the authors indicate inter-observer reliability with the rating scales from which the LSIZ was developed. Concurrent validity was found due to a small correlation with the Life Satisfaction Rating Scale. The authors also indicate known-groups validity based on being able to distinguish high and low scores on the original scale.

Health

The survey for this study also included a global question asking the respondent "*overall, how would you rate your health over the past year?"* Respondents were asked to choose "excellent", "good", "fair", "poor", "very poor." Research has shown that self-appraisals of health status have been shown to predict life expectancy, in some cases beyond what some other instruments are able to predict (Idler & Stanislav, 1991).

Participants in this study were also asked to select from a list of health problems, health problems that the literature has indicated are the primary health concerns for African American males (NCBA, 2003).

Demographics

The survey for this study also included demographic questions to assist in providing a broader "picture" of the African American male population being studied. The demographic

information that was collected included the age of the respondents, city and state of residence, current employment status, marital status, and household income.

Procedures

The sample for this study was contacted through various informal methods. Personal acquaintances, professional colleagues, and agencies that have contact with African American males over the age of 55 were contacted and assisted with administering the survey. Key individuals with various organizations acted as recruiters and helped distribute the questionnaire. Although this may not be a "traditional" procedure for data collection, the researcher believes that this was the most comfortable (for the participants) and efficient method to collect data from this population. Any reluctance that they might have felt about talking to someone about the issues being studied was hopefully alleviated since the survey was given to them by someone they are familiar with.

The appropriate permission was gathered from the agency and individual participant. The researcher decided on the manner of collecting the data after being advised by the agency worker or colleague. If a personal visit was requested, then the researcher attended the appropriate gathering and explained the study to the potential participants. Contacts and participants were also given the option of completing the survey by mail. Packets were sent to agency staff, with the necessary documentation, and directions on how to complete the survey and what materials needed to be mailed back to the researcher.

Individuals were also asked to provide informed written consent. Those providing informed consent were then administered the survey (depending on literacy ability) or given the survey to complete and hand back to the designated person. The instrument took approximately

15 minutes to complete and each respondent was given a gift certificate to a local drug store (valued at $10) for completing the survey.

Data Analysis

The survey data collected for this study were quantitative data. Survey responses were scored and analyzed utilizing SPSS version 9.0. Descriptive statistics are provided for demographic information. Since the focus of this study is how self-appraisals of social support, stress, and health relate to self-reported life satisfaction, a general model of regression was used. Multiple regression analysis provides an overall correlation between each set of independent variables and an interval- or ratio-level dependent variable (Rubin & Babbie, 2001). The ***dependent variable*** in this study is life satisfaction (score on the life satisfaction instrument-quasi interval level data). The ***independent variables*** for this study are the scores on the instruments that measure social support and stress (interval level data). Analysis was conducted to determine the proportion of variance of the dependent variable explained by all of the independent variables (R^2) and the proportion of variance explained by each independent variable (r^2). Analysis (t-test) was also conducted to determine any possible correlations between employment, marital status (nominal data) and scores on the instruments measuring the variables of interest: social support, stress and life satisfaction (interval data).

Pearson product moment correlation coefficient was utilized to determine if there were any relationships between age of the respondents and self-reported social support, stress and life satisfaction (interval level data).

Data on health status were collected both as ordinal data (global question) and as nominal data (checklist asking respondents to select all illnesses that apply to them). These data will be reported later as descriptive information for the purposes of this study (percentages, frequencies).

Once the data are analyzed and presented statistically, a discussion follows that includes the meaning of these findings, their importance to the profession of social work, and limitations of this study. Recommendations are provided for future research on African American aging males.

CHAPTER 5

RESULTS

The sample size of this study contained a total of 149 African American male's age 55 years and older, self reporting being born of African descent. Based on the original responses, the sample size was 150, but one survey was eliminated after the participant did not complete the social support instrument. Also, some participants did not complete all of the information asked, accounting for some variability in the sample sizes for some variables measured.

Snowball and purposive sampling were used to collect the data for this study. Therefore, responses were received from individuals living in 12 different states. The states include Arkansas, California, Georgia, Indiana, Louisiana, Maryland, Massachusetts, New Jersey, New York, Texas, Virginia, and Washington, DC. Although data was not analyzed to include responses based on region/state, the participation of individuals from several regions of the United States hopefully provides some diversity of experience.

Demographics

The age of the sample followed a normal distribution and ranged from 55 to 91 years of age. The median age for this sample was 65.73 (SD=8.6) (see Table 1). Thirty-three percent of the sample was between 55 and 60 years old, and 21.5% between ages 61 and 65 years old. Fourteen percent of the sample was between ages 66 and 70 years and 27% of the sample reported ages 71 and older. The age of 55 was the most frequently reported age, with 14 individuals (9.4%) in the sample reporting this as their current age.

Descriptive statistics were collected on the variables of employment, marital status, income, and health (see Table 1). The majority of the sample reported being either employed full-time or retired. Fifty four (36.2%) of the men reported being employed in full-time jobs and 68 reported being retired (45.6%). Five (3.4%) reported being employed on at least a part-time basis and 10 (6.7%) men reported being unemployed at the time they completed the survey. The other portion of individuals who responded to the employment item reported that they were employed in "other" forms of employment. Seven men (4.7%) reported "other" as their employment category. The respondents were also asked to provide any information about employment that was characterized as "other" and participants reported collecting income from disability (6 men) and as a consultant (1).

Information on marital status was also collected. An overwhelming majority of the men in the sample reported being married. One hundred and twelve, 75.2%, reported being married at the time they completed the survey. Eighteen men (12.1%) reported being divorced and 9 (6%) were widowed. Others in the sample reported their marital status as living with a partner or significant other (1, .7%) and having never been married (5, 3.4%).

Participants in the study were also asked to report their current income. Income was categorized in ranges therefore the men in the sample were not required to report their actual income, just what range/category their current salary fit into. Even with the limited information being requested, 16 (10.7%) men chose not to respond to this question. Of those in the sample who responded, the majority of individuals reported earning "over $50,000" per year (56 men, 37.6%). Nineteen men reported earning "$40,001-$50,000" (19%), 15 (10.1%) reported earning "$30,001-$40,000", 20 (13.4%) earned "$20,001-$30,000", 12 (8.1%) earned "$10,001-$20,000", and 11 (7.4%) reported earning "under $10,000."

Heath status was also measured. The men in the sample were asked "overall, how would you rate your health over the past year?" The majority of the respondents, 87 men (58.4%) reported "good" health. Seventeen men (11.4%) reported their health as "excellent", 31 (20.8%) reported their health as "fair", and 8 (5.4%) reported their health as "poor."

Health status was also measured by asking the men to select any and all illnesses that apply to them from a checklist of possible illnesses. The majority of the respondents reported that they had been diagnosed with hypertension. Seventy-one men in the study (47.7%) reported that they had been currently diagnosed with hypertension by a doctor. The other illnesses most frequently reported by the men in this sample were diabetes (20.8%), coronary heart disease (CHD) (14.1%), and cancer (10.7%). The illness reported the least by the participants was pneumonia and influenza, only 2 of the men reported being diagnosed with this illness (1.3%). Other illnesses reported the least included nephritis (inflammation of the kidney) (6.7%), stroke (5.4%), chronic obstructive pulmonary disease (COPD) (3.4%), and septicemia (blood infection) (2%).

Descriptives of Instruments

Three instruments were used to measure the major variables for this study. The major variables measured for this study were social support, stress, life satisfaction and health. The Elder Life Stress Inventory (ELSI) was used to measures levels of egocentric (event based) and nonegocentric (process based) stress in the elderly. Social support was measured using the Social Support Appraisals Scale (SSA) and life satisfaction was measured by administering the Life Satisfaction Index-Z (LSIZ). The following discussion will detail how each instrument is scored, what each score indicates, and explain the scale's descriptive statistics.

Table 1. ***Descriptive Statistics for Age, Employment, Marital Status, Income and Health (N=149)***

Variable	Mean (SD)	N	%
Age	65.73 (8.62)		
Employment			
Full-time		54	36.2
Part-time		5	3.4
Retired		68	45.6
Not Employed		10	6.7
Other		7	4.7
Marital Status			
Married		112	75.2
Widowed		9	6.0
Divorced		18	12.1
Never Married		5	3.4
Living w/partner		1	.7
Income			
Under $10,000		11	7.4
$10-$20,000		12	8.1
$20-001-$30,000		20	13.4
$30,001-$40,000		15	10.1
$40,001-$50,000		19	12.8
$50,000+		56	37.6
Health			
Excellent		17	11.4
Good		87	58.4
Fair		31	20.8
Poor		8	5.4
Health Diagnoses			
Cancer		16	10.7
COPD		5	3.4
CHD		21	14.1
Diabetes		31	20.8
Hypertension		71	47.7
Nephritis		10	6.7
Pneumonia/Influenza		2	1.3
Septicemia		3	2.0
Stroke		8	5.4

The Elder Life Stress Inventory (ELSI) is a 29 item instrument (30 items with the addition of "other" to encompass the author's giving recipients the opportunity to add any other stress events in their lives). The ELSI is scored by summing the items that are responded to as stressful (regardless of the level of stress indicated). These events are summed and the higher the number, the higher the level of stress for this individual. Descriptive statistical analysis was done on the 149 men in the sample and their responses on the ELSI. Data analysis found that the mean score on this instrument was 5.89 (SD=5.3), indicating that an average of 5.8 stressful events were experienced by the men participating in the study (see Table 2). Data analysis also found that the most frequently reported stressful incident as the "*death of a friend*", 78 (52.4%) of the men in the study reported this as a stressful incident. The other most frequently reported stressful incidents were "*major deterioration in health or behavior of a family member*" (46.2%), "*deterioration of memory*" (42.9%), "*death of other close family member*" (42.3%), and "*major decrease in activities that you really enjoyed*" (41.6%). The range of scores on the ELSI was 0 to 29, indicating that someone in the sample reported having experienced all of the stressful events measured in the instrument. Reliability analysis was run on the ELSI and it yielded an alpha coefficient of .87, indicating strong reliability.

Table 2. ***Descriptive Statistics of Continuous Variables***

Variable	Range	M(SD)	Reliability
Stress	29	5.89(5.3)	.87
Social Support	54	39.91(9.7)	.92
Life Satisfaction	18	11.4(3.55)	.75

The Social Support Appraisals Scale (SSA) is 23-item instrument used to measure subjective appraisals of social support. The SSA is scored by reverse scoring items 3, 10, 13, 21, and 22 and then adding all of the items on the instrument for a total score. Lower total scores

indicate a higher appraisal of social support. The mean score for the sample of African American males completing the instrument was 39.91 (SD=9.7). The range of scores on the SSA was 54, the lowest score for the sample being 23 and the highest score was 77. The highest possible score on the SSA is 92, which would indicate a low perception of social support. The median score for the sample of 39.91 indicates that overall this group reported medium/high levels of perception of social support. Reliability for the SSA was found to be strong at .92. This alpha coefficient is consistent with the scales author's reliability analysis of alpha coefficient of .81-.90 in earlier studies (see Table 2).

The Life Satisfaction Index-Z (LSIZ) was used to measure psychological well-being and subjective appraisal of life satisfaction and happiness. The LSIZ is scored by assigning 1 point to 11 items answered correctly ("agree") and assigning 1 point to other items answered "disagree." The highest possible score on the instrument is a total of 18 (lowest score could be 0). The higher the total score, the higher the subjective appraisal of life satisfaction and psychological well-being. Authors of the instrument calculated a mean score of 12.4 in previous studies (with 2 items deleted from the instrument). Participants in this study scored a mean of 11.4 (SD=3.55), one full point below the mean in previous studies, indicating lower subjective appraisals of life satisfaction compared to the sample from previous studies. The range of scores on the instrument was 0-18, with the high score of 18 (indicating high appraisal of life satisfaction and a perfect score on the instrument) (see Table 2). Reliability for this instrument was .75, a medium reliability score.

Skewness and Kurtosis were also analyzed for the scores on each instrument. Scores for the SSA (social support) were slightly positively skewed (.300), with a Kurtosis of .395 (mesokurtic-not overly peaked or flat). The scores on the LSIZ (life satisfaction) were slightly

negatively skewed (-.436) with a Kurtosis score of .122 (also mesokurtic). Interestingly, the ELSI (stress measure) was extremely positively skewed (1.71), with a Kurtosis score of 3.83 (leptokurtic) indicating a very high peak with an unusually large amount of scores at the center of the distribution.

Correlation Between Variables

Pearson correlation analysis was run to determine if any relationship exists between the major variables in the study: stress, life satisfaction, social support, and health. Correlation was also run to determine the nature (strong or weak) of the relationship if one was found to exist.

As indicated in Table 3, correlations were found between several of the variables. A weak correlation of .29 was found between stress and social support. This correlation was found to be significant at the .01 level. This indicates that when men in the study self-reported high levels of stress, they also reported lower levels of social support (high scores on the social support scale indicate low levels of perceived social support). Stress was also found to have a weak correlation ($r=.20$) with health, indicating that when stress levels were high for the participants, health rankings were poor (higher ranking for self-reported health indicate poorer health perception). This correlation was also significant ($p<.05$).

Self appraisals of life satisfaction were found to be moderately (negatively and significantly) correlated with social support ($r=-.44$, $p<.01$). Therefore, when men reported higher life satisfaction, they also reported higher subjective appraisals of social support. Life satisfaction was also significantly and negatively correlated with health ($r=-.27$, $p<.01$). This was a weak correlation, but it does indicate that those reporting higher levels of life satisfaction also ranked their health status as higher (better).

A moderate significant positive correlation of .37 was found between social support and health. This indicates that when men reported low levels of social support (as indicated by high scores on the social support instrument), they also ranked their health status as poorer.

Table 3. ***Pearson Correlations for Dimensions of All Variables***

	Stress	Life Satisfaction	Social Support	Health
Stress	1.00	-.02	.29**	.20*
Life Satis.	--	1.00	-.44**	-.27**
Soc. Supp.	--	--	1.00	.37**
Health	--	--	--	1.00

**Correlation significant at the 0.01 level.
*Correlation significant at the 0.05 level.

A negative weak correlation was also found between stress and life satisfaction, indicating higher stress levels correlated with lower perceived social support. However, this correlation was not found to be significant.

Relationship Between Demographic Variables and Instruments

There were no specific hypotheses for this study, but a general research question included the possibility of a relationship between demographic variables and scores on the instruments measuring the independent variables. The sample in this study was split into two groups for each demographic variable. For age, African American males reporting ages 55-75 were grouped together and men reporting ages 76 and older were grouped into a second group, this grouping was based on the distribution of ages for this sample (minimum age of 55, maximum age of 91). Using an independent samples t-test, statistically significant results were not found between age and results on the SSA, LSIZ, and the ELSI (see Table 4). Levene's test for equality found that equal variances could be assumed for both age groups when comparing mean scores on the social support scale, life satisfaction, and the stress inventory. Although not statistically

significant, African American males under age 75 and African American males age 76 and older scored similarly on the instruments measuring social support, life satisfaction and stress (see Table 4).

Table 4. ***Independent Samples t-Test of Two Sample Means-Age***

Scale	Group	Mean	T	Significance
SSA	55-75 (N=117) 76-91 (N=26)	39.99 38.69	.607	.545
LSIZ	55-75 (N=117) 76-91 (N=26)	11.21 12.23	-1.30	.196
ELSI	55-75 (N=117) 76-91 (N=26)	5.74 6.15	-.355	.723

Participants reporting full and part-time employed were grouped together and those reporting income from retirement, being unemployed, or reporting their employment as "other", were grouped into another group. Table 5 displays the results of the independent samples t-test for employment and scores on the social support, life satisfaction and stress scales. The results of the t-test yielded no statistically significant results. Levene's test for equality indicated that equal variances could be assumed between both groups when comparing mean scores for social support, life satisfaction, and stress. Although not statistically significant, men who were unemployed scored higher on the instrument measuring social support. Scores on the social support and stress scales were similar.

The marital status variable was recoded to group individuals reporting being married or having a partner/significant other into one group and those reporting being divorced, widowed,

Table 5. ***Independent Samples t-Test of Two Sample Means-Employment***

Scale	Group	Mean	T	Significance
SSA	Employed (N=59) Unemployed (N=85)	38.27 40.81	-1.53	.127
LSIZ	Employed (N=59) Unemployed (N=85)	12.05 11.00	-1.73	.084
ELSI	Employed (N=59) Unemployed (N=85)	5.10 6.25	-1.29	.198

or never married were recoded to another group. Independent samples t-test results showed no significant relationship between marital status and social support and marital status and stress. Analysis does indicate a significant relationship marital status and life satisfaction (see Table 6). Test for equality of variance indicated that equal variances could be assumed for the groups when comparing marital status and social support, and marital status with life satisfaction. Equal variances could not be assumed when marital status was compared with stress. Although not statistically significant, unmarried males scored slightly higher on the social support (M=42.68 compared to M=38.94). They also scored slightly higher on the stress inventory (M=7.09 compared to M=5.37). Scores on the life satisfaction inventory were similar.

The demographic variable for income was recoded to group males by those earning $20,000/per year or more and those earning less than $20,000 per year. Statistically significant results were found for the relationship between social support and income. Statistically significant results were also found for the relationship between life satisfaction and income but not between income and stress. Levene's test for equality of variances found that equal

Table 6. ***Independent Samples t-Test of Two Sample Means-Marital Status***

Scale	Group	Mean	T	Significance
SSA	Married (N=113) Unmarried (N=32)	38.94 42.68	-1.92	.057
LSIZ	Married (N=113) Unmarried (N=32)	11.73 10.15	2.23	.027
ELSI	Married (N=113) Unmarried (N=32)	5.37 7.09	-1.34	.187

variances could be assumed for social support but not for life satisfaction, and stress. Males reporting income of less than $20,000 also scored higher on the social support inventory (M=47.91 compared to M=38.04) but men reporting income over $20,001 per year scored higher on the life satisfaction inventory (M=11.99 compared to M=9.13). Although not statistically significant, men reporting income of $20,000 or less per year scored higher on the stress inventory (M=7.30 compared to M=5.18).

Table 7. ***Independent Samples t-Test of Two Sample Means-Income***

Scale	Group	Mean	T	Significance
SSA	$20,001+ (N=110) $20,000 < (N=23)	38.04 47.91	-4.62	.000
LSIZ	$20,001+ (N=110) $20,000 < (N=23)	11.99 9.13	2.85	.008
ELSI	$20,001+ (N=110) $20,000 < (N=23)	5.18 7.30	-1.38	.178

Hierarchical Regression Analysis

Hierarchical regression was conducted to evaluate how well stress, social support and health measures predict perceived life satisfaction (psychological well-being). Hierarchical regression model was used to match the typical way that these variables are analyzed in the aging research (and why general linear regression was not utilized). Multiple regression analysis was conducted to determine the contribution of age, income, employment, and marital status on the variability of life satisfaction. These factors accounted for a significant amount of the variability in life satisfaction, R^2=.10, F(3,132)=4.79, p<.05 (see Table 8). This indicates that the variables of age, income, employment, marital status account for 10% of the variability in self reported life satisfaction.

At the second step of the analysis, the independent variables of health and stress were added to the model. Table 8 gives the results of the hierarchical multiple regression analysis for this case and indicates that a significant amount of the variability of self-reported life satisfaction can be explained by the variables health and stress when controlling for the variables age, income, employment, and marital status. The addition of health and stress resulted in R^2_{change}=.06 (F_{change}=4.39, p<.05). By adding the independent variables of health and stress, R^2 increased to .16, indicating that the addition of these two variables (along with controlling for the previous variables in step one) account for 16% of the variability in perceived life satisfaction.

Social Support was entered at the third step of the regression model, while controlling for the variables of age, income, employment, marital status, health and stress. The addition of social support yielded an R^2_{change}=.12 (F_{change}=21.99, p<.001). This increased the R^2 to .28, indicating that the addition of the social support variable created an overall model that accounted for 28% of the variability in perceived life satisfaction. Table 5 illustrates that the R^2 increased

from .10 at the first step to .28 at the third step (R^2_{change}=.18). The final adjusted R^2 was .25. These results suggests that health, stress and social support can be used as predictors of perceived life satisfaction among African American males of similar age, income, employment status, and marital status. Also, the results indicate that social support may be a strong predictor of perceived life satisfaction for this population.

Table 8. ***Hierarchical Regression Analysis of a Set of Predictor Variables Explaining Variance in Life Satisfaction***

Independent Variable	Model 1	Model 2	Model 3
	Beta	*Beta*	*Beta*
Age	-.210		
Employment	.187		
Marital Status	.222		
Age		-.205	
Employment		.090	
Marital Status		.237	
Health		-.263	
Stress		.049	
Age			-.160
Employment			.094
Marital Status			.182
Health			-.128
Stress			.128
Social Support			-.395
R	.31	.39	.53
R^2	.10	.16	.28
R^2_{adj}	.08	.12	.25
R^2_{change}	.10	.06	.12
F_{change}	4.79*	4.39*	21.99^

*p< .05, ^p< .001

Summary

The analysis of the data for the African American male participants in this study revealed some mixed results. Analysis of the three instruments used to measure the major variables in this study found that in this sample the men reported an average of 5.89 stressful events in their

lives. This analysis also found that the sample reported medium/high levels of social support (on average) and a mean score below that of previous studies on the measurement of life satisfaction. It was also discovered that there existed some significant relationships between the variables. Analysis found that there was a weak significant relationship between stress, social support and health. The results indicated that when males in the study reported high levels of stress, they also reported low levels of social support. Also, when the men reported high levels of stress, they reported poorer perceptions of overall health.

Analysis also found a moderate significant relationship between life satisfaction, social support, and health. Men reporting high levels of life satisfaction also reported high levels of social support and ranked their health status as high (better). Also, a moderate significant relationship was found between social support and health. Men reporting low levels of perceived social support also ranked their health status lower.

No significant relationship was found between the demographic variables of age, employment and the variables of social support, life satisfaction, and stress indicating that each variable added something unique to the model (no inter-concept correlations). A significant relationship was found between the demographic variable of marital status and life satisfaction. The other significant relationship was found between the demographic variables of income and the variables of social support and life satisfaction. Males reporting higher income also reported higher life satisfaction. Interestingly, males reporting lower income scored higher on the social support inventory.

Finally, the testing of the broad research question of whether any of the major variables in study act as predictors of perceived life satisfaction (well-being) found that the variables stress, social support and health can possibly be used as predictors of life satisfaction among

African American males of similar age, income, employment, and marital status. The results also indicate that perceptions of social support may be the strongest predictor of life satisfaction for African American males in this study.

CHAPTER 6

DISCUSSION

The purpose of this study was to identify the demographic characteristics of the aging African American male population and explore the quality of life and overall well-being of a population of African American males over the age of 55. Quality of life and overall well-being for the purposes of this study were measured by self appraisals of social support, stress, health, and life satisfaction. This study attempted to explore whether the variables of social support, stress, and health contribute to perceptions of life satisfaction. This chapter will discuss the findings in this study in relation to the literature, explore the implications for practice, and speculate on future research needed in this area.

The importance of this study is that it represents an attempt to increase the "type" of literature that focuses on African American men. It has been noted that much of the literature that currently exists mostly focuses on the plight of the African American male and should focus on examining how this population copes with the challenges of their experience (Gordon, Gordon & Nembhard, 1994). This study also takes a rare look at African American males' subjective appraisals of their lives. It has been surmised that one of the limitations of studies attempting to understand well-being is the overemphasis on objective conditions (George & Clipp, 1991). Also, this study attempts to address the concept of the "invisibility syndrome" and the marginalization of African American men. The social message that African American men lack value has created a sense of "invisibility" that is reinforced by social rules and codes that deny African American men full access to life's opportunities (A. J. Franklin, 1992). The

contention is that this marginalization of the African American male results in stress for this population and could manifest itself into other dysfunctions in the African American male experience.

This study explores the variables of social support, stress, health, and life satisfaction to define subjective appraisal of well-being because much of the literature on these variables has been problem focused and attempted to find incidents of prevalence and/or severity. There has been some literature that explored these variables while comparing African Americans to other populations. The literature on life satisfaction has utilized measures of self-appraisals and a variety of predictors have been found (even for the African American aging population). What is represented with this study is a comprehensive focus on African American males and their self appraisals of well-being that is neither problem focused nor an attempt to compare these men to any other group. Predictors of well-being (life satisfaction) are based on their self-appraisals of the major variables of social support, stress, and health.

Demographics

Although there is not one specific profile of the African American aging male in the literature, much of what has been written focuses primarily on the Caucasian elderly and their characteristics. In many studies, the female elderly are the population of interest. Due to the sampling methods utilized for this study (snowball and purposive), this sample's demographic characteristics are not generalizable to larger African American elderly aging population. Since the sample of this study was the African American male, the demographic characteristics found in the population provides a "snapshot" of a selected population of African American males.

Age

Applegate (1997), observed that elderly men and women were historically grouped in the category of "65 and over" in the Census. The result of this type of grouping is that it limited the ability to view the elderly as a diverse group. The sample for this study had a median age of 65.73, but the sample included African American males ages 55 to 91. The decision to use the age of 55 as the starting age for this sample was an attempt to account for the variety of experience in the aging population. The age of 55 was the most frequently reported age (9.4%).

The sample included 33% of the males reporting ages between 55 and 60, 21.5% between ages 61 and 65, 14% between ages 66 and 70, and 27% of the sample reported ages of 71 and older.

Employment

Studies have shown that the percentage of African Americans compared to the percentage of Caucasians is the same when measuring how many individuals continue to work after the age of 65 (AARP, 1995). The AARP (1995) reported that African American men are "more likely to have experienced periods of unemployment due to discrimination and other causes. Not only do African American men accumulate less work experience, they also are more likely to leave the workforce earlier" (p.3). The majority of African American males who participated in this study reported being employed in full time jobs (36.2%) or reported being retired (45.6%). This could be an indication of support for the previous findings that African American males leave the workforce earlier through retirement but these findings also indicate that a high percentage of African American males in the 55 and older age category are remaining in the workforce beyond the years sited in previous studies. Thirty-six percent of this study's sample reported still

holding full-time employment and this could be an important factor to consider when considering the needs of the African American male population.

Marital Status

Demographic data were also collected on marital status. The African American male participants in this study overwhelmingly reported being married (75.2%). Only a small percentage (12.1%) reported being divorced or widowed (6%). This was consistent with findings in previous studies that the majority of African American men ages 65 and older are married (54.7%) (AARP, 1995). The percentage of married men in this study was much higher than the survey done by the AARP, but the findings are still similar. The percentage of African American males reporting being divorced was also the same in this sample and in the larger study commissioned by the AARP (12.6%).

Income

The income reported by the males in this sample was higher than that reported in larger studies of African American males. In this sample income was ranked in categories/ranges. Although several of the participants did not complete the income information, of those in the sample who did respond, the majority of them reported earning “over $50,000” per year (37.6%). This finding is much higher than the finding of a median income of $7, 328 for African American men found in another study (AARP, 1995). The difference in income could be based on the sampling method (snowball and purposive) and the fact that the sample was not random. This was not a sample of the general African American male population. Also, the men may have felt a need to over-report their income to keep from being embarrassed (possibly thinking that the information may not be as confidential as they had been assured).

Health

"Black older persons are more likely to be sick and disabled, and to see themselves as being in poor health than white older persons. They have higher rates of chronic disease, functional impairment, and indicators of risk, such as high blood pressure. Black males have the highest incident of prostate cancer" (AARP, 1995). The NCBA (2001) found the leading causes of death among African American males ages 65 and older is heart disease, cancer, stroke, COPD, pneumonia, diabetes, etc. The African American men in this study reported hypertension (47.7%), diabetes (20.8%), heart disease (14.1%) and cancer (10.7%) as the most frequently occurring illnesses for them currently. These reportings are consistent with the findings in the literature of the leading causes of death for this population and an indication that these current illnesses should be regarded as risk factors for this population.

It has been emphasized in the literature that objective and subjective reports of health status are important and related to psychological adjustment and well-being (Coke & Twaite, 1995). African American males in this study were asked to rank their health status by responding to a global health question. The majority of the men self-reported their health as "good" (58.4%). A very small percentage of the sample (5.4%) reported their health as "poor". Although it could be surmised that individuals in this study may be minimizing their health status, research has found that self-perceptions of health status has been associated with mortality (Mossey & Shapiro, 1982; Kaplan & Camacho, 1983). Studies have found that individuals who perceived their health as poor had a higher mortality rate than those that perceived their health as excellent. This would be a positive result for the individuals in this sample.

Variables Under Investigation

Relationship between the Psychosocial Constructs

Stress, Social Support and Health. As reported earlier, the literature on the psychosocial constructs of stress, social support, health, and life satisfaction has been primarily problem focused. The studies focused primarily on the dysfunction and pathology of the African American male. These studies also focused on incidents of prevalence and severity and less about perception of experiences. This literature also usually did not focus specifically on the African American male but instead compared their experience to some other population or (in many cases) did not include African Americans in the sample of the study at all. Even with the limitations in the literature, some of the major findings of this study should be considered in light of what does exist in the literature.

One of the results of the analysis of the data for this study was that there was a significant relationship between stress and social support. The analysis revealed that when males reported high levels of stress on the Elder Stress Inventory (ELSI), they also reported low levels of social support on the Social Support Appraisal (SSA) instrument. Kraajj, Garnefski and Laes (2002) found similar results in their study of 194 elderly individuals ages 65-94. These researchers did not report race in their findings, but they did conclude that the individuals in their study reporting more life stress (measured by the Negative Life Events Questionnaire) also reported less satisfaction with social support (measured with the Short Form Social Support Questionnaire). Mireault and DeMan (1996) also reported similar findings in their study of 104 men and women ages 65-100. Utilizing the Life Experiences Survey to measure stress and the Social Isolation subscale (of the Alienation Scale) to measure social support, they found that individuals who reported isolation, limited satisfaction with social support, and perceived their health as less than

satisfactory had greater suicidal ideations. These researchers also neglected to report race in their results, but the findings in this current study on African American males support the findings in these studies on aging men and women. The finding of this study that men reporting higher levels of stress also reported lower levels of social support supports the contention that these psychosocial variables are important to study in an effort to obtain a better understanding of the experience of the African American aging male. This could indicate that a focus on the social support networks of this population could also serve to alleviate some of the stress in their lives.

One of the few studies found to focus specifically on African Americans included in their findings that males and individuals with health problems reported longer durations of their life problems (stress) (Chatters & Taylor, 1989). This is consistent with the findings of this study. A significant relationship was found between stress and health. African American males reporting high levels of stress also reported poorer perceptions of their health. If stress can also be related to perceptions of health, and studies have also found that perceptions of health have been linked to mortality, there is a clear need to focus on these psychosocial constructs when working with African American men.

Social Support, Health, Life Satisfaction. The results of this study also found that there was a significant relationship between social support and health. This analysis found that African American males reporting low levels of perceived social support also ranked their health status as lower. Research has indicated that social support plays an influential role in health by possibly helping to prevent disease and also helping individuals to cope with medical problems (Glass et al., 2000: Pilisuk & Minkler, 1985). The literature also reveals that health can be an important factor in morale for urban and rural adults (Scott & Roberto, 1987). Choi and

Wodarski (1996) conducted a study where they collected information on physical health (medical conditions, ADLS, IADLS) and living arrangement (which they characterized as their measure of social support) and found that higher levels of social support resulted in improved health outcomes. Social support has also been found to influence an individual's mental health. Bothell, Fischer, and Hayashida (1999) conducted an exploratory study of 135 seniors living in a local housing authority residence. Utilizing the Provision of Social Relations (PSR) and the Generalized Contentment Scale (GSL), these authors found that social support was the "most powerful" predictor of depression for this population. Other studies have found that subjective appraisals of social support were associated with self-reported depression symptoms (Brummett, Barefoot, Siegler & Steffens, 2000). Although mental health is not a focus of this current study, its importance cannot be ignored with relation to the overall health of a population. If the findings of this study are to be considered, then recognizing the perceived social support of African American men over 55 could help practitioners to work to address physical and mental health concerns.

Contradictory findings have also been discussed in the literature. Studies conducted specifically with African Americans as the participants found that African Americans reporting larger support networks and higher levels of social support often reported their health as poor. Brown and Gary (1987) also found in their study with 451 African American participants ages 18 and older, African American males with higher numbers of confidants also had declining physical health (but this was not found true for the female participants). These findings indicate that more research needs to be conducted in this area to determine, in actuality, what impact perceived social support has on African American men's health outcomes.

A significant relationship was also found between measurements of the psychosocial variables of life satisfaction, social support, and health. Research indicates that life satisfaction and social support are related in considering an individual's well-being. Cummings (2002) found that life satisfaction (measured by the Life Satisfaction Scale-Z) and social support (measured by the Perceived Social Support Scale) were significantly related. Specifically, this study found that psychological well-being was significantly related to an individual's perception of the amount of social support they received. One of the few studies to focus specifically on African Americans also found that health (and organized religiosity) is related to life satisfaction. This study also found that health (and religious behavior) is important in looking at the overall well-being of African Americans. These findings highlight the importance and significance of health, social support and life satisfaction. The results of this current research found that African American men who self-reported high levels of life satisfaction also reported higher levels of social support and ranked their health status much better than the other men in the study. This is consistent with some of the findings in the literature and also provides an area that needs additional focus for this population. The importance of life satisfaction, social support and health are clear, but other factors such as religiosity and types of support networks are also factors that have a historical significance for the African American population. The addition of these items to future studies could provide us with a better understanding of the relationship these factors have in the overall well-being of African American men.

Predictors of Life Satisfaction (Overall Well-being)

For the purposes of this study, overall well-being is defined as life satisfaction as measured by perceived stress, social support and health status. Life satisfaction is viewed as an overarching construct for measuring well-being. Although life satisfaction is being measured as

a separate variable, one of the general research questions for this study was whether the other major variables of stress, social support and health would be associated with life satisfaction and possibly even act as predictors of life satisfaction. The importance of life satisfaction has been emphasized in the literature and studies have documented that social support and other factors could provide protection against negative health and mental health outcomes and impact a person's assessment of their psychological well-being (Cummings, 2002; DHHS, 1999).

Hierarchical multiple regression was used to analyze whether a number of demographic and psychosocial variables predict life satisfaction (psychological well-being). In the analysis, the demographic variables of age, income, employment, and marital status were first entered into the regression model and it was found that these factors accounted for a significant amount of the variability in life satisfaction. The analysis indicated that age, income, employment, and marital status accounted for about 10% of the variability in self reported life satisfaction. This is consistent with findings in the literature on demographic variables as correlates of the construct of life satisfaction. Although there have not been a great number of studies focused specifically on demographic variables as predictors, there has been one study that looked at 1,547 adult individuals ages 18 and older. This was a study that analyzed national data to determine if life satisfaction, self-assessed health, financial satisfaction, and subjective social class correlate with life satisfaction in the lives of older adults. The findings of this study were that men age 65 and older were more likely to report higher degrees of life satisfaction. Also, in support of the findings of this study, these researchers also found that perceptions of financial status were a stronger predictor of life satisfaction than objective measures of socio-economic variables.

The major variables of health and stress were added to the hierarchical regression model and were found to account for a significant amount of variability in self-reported life satisfaction

(16%). The variable of social support was added last in the model and the results indicated that health, stress, and social support can be used as predictors of life satisfaction among African American males but social support may be a stronger predictor of perceived life satisfaction for this population. The addition of social support to the model accounted for 28% of the variability in perceived life satisfaction. These findings are consistent with the findings in the literature on predictors of life satisfaction. Levitt, Clark and Rotten (1987) found that social support, health, and control were significant predictors of satisfaction on several of the domains used to measure life satisfaction. The instruments used in this study were different from the instruments used in the current study, but the findings were similar. The researchers measured life satisfaction by asking participants questions that required *subjective* appraisals of this construct. This was an important focus of this current study and emphasized as an important factor in previous literature (see above).

Other studies have also identified the importance of social support in understanding life satisfaction (and overall well-being). Cummings (2002) found that psychological well-being was not related to the number of social programs that an individual participates in but was significantly related to the individual's *perception* of the amount of social support they received. Coke (1991) conducted a study specifically on African American elderly individuals and found that life satisfaction was related to family role and church participation (social support factors) for the men participating in the study. Levin, Chatters and Taylor (1995) also found that health and organized religiosity were both related to life satisfaction. More importantly, they found that religious behavior (social support) and health are important factors to consider in any research focused on African Americans.

The findings of this current study should also be considered in light of the conceptual framework utilized as the foundation for this study. The ecological perspective and, more specifically, the cultural ecological perspective were used as setting the theoretical foundation for this study. Cultural ecology is defined as the study of institutionalized and socially transmitted patterns of behavior interdependent with features of the environment (Goldschmidt, 1971). Bennett (1969), further explains that cultural ecology is the study of two related phenomenon: one phenomenon is how a population's use of nature influences and is influenced by its social organization and cultural values. The other phenomenon is the population's adaptive personality and behavior in their environment. This adaptive personality would include focusing on an individual's coping mechanisms (derived from their environmental circumstances), their ways of interacting with others in the population, and their use of available resources in order to gain subsistence goals and learn to resolve new and continuing problems. Individual's responses to problems or their behavior toward subsistence demands are different. Ogbu (1981) contends that individuals develop strategies and utilize different resources because their environments are different. Environments differ on the available resources, their history of exploitation, and their search for protection. The consequence of this differentiation is that people will develop strategies appropriate for their circumstances (environment) and utilize those strategies for survival. One of the findings of this study was that the African American men in the sample designated and average of 5.8 stressful events in their lives (compared to the average of 2.64 found in other studies utilizing the same instrument with different populations). This is over twice as many stressful events than the population that the instrument was normed. Yet the average score on the social support instrument was 39.91, indicating a medium/high perception of social support. Cultural ecology emphasizes that individual circumstances will differ based on

the cultural history of a population. The high scores on the stress inventory indicate that for this population of African American males, there have been twice as many stressful life events than other populations. The observation that this population still reports medium/high levels of social support in light of their life circumstances supports the contention that how people adapt with their environmental challenges will be based on the methods and strategies that have helped that culture survive in the past (cultural ecology). Although information was not collected specifically on coping strategies, it can be surmised from other studies with African Americans, that cultural factors such as spirituality, religiosity, and use of social support networks may play a part in how this population adapts and survives in this environment.

The findings of the regression analysis for this study was that although stress and health could be used as predictors of life satisfaction for African American aging males, the addition of the variable of social support made for a stronger predictor life satisfaction with this population. Cultural ecological perspective includes looking at stressors and coping factors in a person's environment. The theory also emphasizes that human development includes use of protective factors and perceptions of situations that are a result of cultural influences. The finding that social support (when combined with the other variables) may be a stronger predictor of life satisfaction supports the assumption that a cultural concept (social support) that has traditionally been important to African Americans may truly be useful in impacting life satisfaction for African American elderly males.

Although the overall findings in this study are quite similar to the findings in other studies with older white males (and females), the cultural experience is still important because finding that population that has dealt with the level of historical oppression and exploitation (confirmed by stress scores) can still report medium/high levels of social support and some level

of life satisfaction, indicates the ability to utilize coping strategies based on their experiences and perceptions. Cultural ecology teaches us that an individual's cultural experience defines their adult tasks, teaches survival strategies, and has an impact on how individuals few the world.

The primary focus of this study was not to determine the best method for measuring life satisfaction in African American men, ages 55 and older. The original intent was an exploratory effort to look at the lives of this population and use several psychosocial constructs to measure overall well-being. The intent was to give a "voice" to a population that has not been *asked* about their perception of their lives. Through collecting information on African American male's perceptions of their stress levels, social support, health, and life satisfaction, information was gathered that provided the ability to conduct analysis on the relationship between these variables for this population. Interestingly, it was found that the variable of social support acted as the strongest predictor of life satisfaction for this population. This information provides an opportunity for social work to take a more detailed look at what the concept of social support means for this population. Social support needs to be clearly defined because there are a number of definitions in the literature. Once this is done, this concept needs to be studied in detail to determine how it is defined by African American aging men and how it is utilized in their lives. Any real impact of social support can only be determined by a more detailed look at the variable through the "eyes" of the population of interest. This exploratory study is a start, but more importantly, this study provides the opportunity for us to learn more.

Strengths and Limitations

This was an exploratory study, utilizing standardized instruments to measure psychosocial variables with African American men ages 55 and older. This study attempted to overcome the weakness of some past studies by collecting data as self-report (subjective) rather

than utilizing objective measures. Using standardized instruments is a strength for this study, increasing the reliability of the findings. Also, the sample size of 149 African American males ages 55 and older, and a medium effect size, decreased the chances of a Type II error (not a major requirement of this study since there were no stated hypotheses, but still an important factor for any quantitative study). The use of snowball and purposive sampling can be seen as a strength of this study. One of the original concerns for this study was the ability to get African American males to complete the survey. Utilizing snowball and purposive sampling allowed the researcher to have an introduction to the participants through a mutual acquaintance and increase the chances of completion of the survey. There were no surveys returned to the researcher incomplete and only 1 survey was partially completed (where one of the instruments in the survey was not completed at all).

There are several limitations to this study and they include the definition of the major variables as psychosocial constructs, the instruments used to measure the major variables, and the sampling method. The major variables in this study include social support, stress, life satisfaction, and health. Each of these variables has a number of definitions in the literature. Social support can be defined as the social networks a person has or the number of individuals involved in a person's life. Stress can be defined as an "experience", an external relationship, or even an internal state. Life satisfaction can be defined generally as psychological well-being or as progression towards a particular goal. Finally, health can be defined as actual physical diagnoses or defined by using a lengthy checklist of health questions. The difficulty in defining these constructs leads to an inconsistency in the literature and the possibility that the definition used in one study is not comparable to definitions used in another. This calls into question

whether the construct under investigation is *actually* the construct being measured. This will affect the validity of the study.

The instruments used for this study included the Elder Stress Inventory (ELSI), the Social Support Appraisal Scale (SSA) and the Life Satisfaction Index-Z (LSI-Z). The ELSI was developed to specifically measure stress in the elder population, but unfortunately, the author does not report any psychometric properties for the instrument. The author only reported that the instrument is significantly correlated with physical symptoms and that it is "reasonably valid", it correlates modestly with health outcomes. The ability to utilize an instrument developed specifically for the population of interest in this study is very appealing, but the instrument may lack reliability and has limited validity. This could weaken the validity and reliability of this study's findings.

The Social Support Appraisal Scale (SSA) reportedly has good internal consistency and concurrent, predictive, known-groups, and construct validity. One of the major weaknesses of the instrument is that it was normed on college students and community residents. The authors report that the sample was female and Caucasian. Thus, it is questionable if the scoring results for the instrument are compatible to the population of interest in this study. It is possible that this instrument may not accurately measure social support in African American males ages 55 and older.

The Life Satisfaction Index-Z (LSI-Z) reportedly has inter-observer reliability and concurrent validity but the authors do not provide any other additional information about the psychometric properties of this instrument. The LSI-Z was also not normed on African Americans but it was normed on a sample of males and females ages 65 and older. The limited

psychometric properties could weaken the findings of this study due to limited reliability and validity.

Another limitation of this study is the sampling method. The use of purposive and snowball sampling was convenient and logical for the population of interest but it was not the strongest method for this study. The use of this sampling method may have resulted in the larger number of middle-income African American men, who were also primarily married and employed (heterogeneity of sample). The life experiences and perceptions of life satisfaction may be quite different for a population with a lower social economic status or different demographics. Ideally, utilizing a random sampling method would improve the generalizability of the findings of this study. The development of a sampling frame from the general population of African American males ages 55 and older and then randomly sampling from that frame would greatly increase the generalizability of these findings and make the findings much more useful to practitioners and others who work with African American men.

Implications for Practice

The results of this study have significant implications for social work in the areas of policy, practice and program development. The anticipated growth of the elderly population as "baby boomers" age will increase the chances that social work practitioners will come in contact with African American aging men. The number of African American aging males is also increasing and understanding the perceptions of their lives can only serve to improve a practitioner's ability to provide relevant and useful service to this community.

The implications of this study in the area of policy are uniquely important and very timely. As our current President and political administration grapple with the issues of social security reform, the impact such changes will have on African American aging men is of great

concern. African American males still have a shorter lifespan than Caucasian males and females. This study found that a significant number of the men completing the survey indicated that they were retired and the average age for this sample was 65.73 years. This population has a shorter lifespan and will draw their social security for fewer years than other aging individuals. Policy reform should include plans that will adjust the payments and account for the limited time that this population will be able to receive these resources. Statistically significant relationships were found in this study between income and reported social support and life satisfaction. Men reported higher levels of life satisfaction when they also reported higher incomes. The ability to meet some of their most basic needs (food, shelter, medical care) is connected to the availability of economic resources for this population. Any attempts at reform to the social security program need to consider these issues for African American males in this country.

Thirty-six percent of the participants in this study also reported still working full-time in some capacity. With the aging population remaining in the labor force beyond what traditionally had been considered retirement age, the issue is how prepared is the workforce to be able to sustain and support an aging population in the workforce. Are companies prepared to meet the physical needs of an aging population? This includes the cost of health insurance to companies. As many companies increase the premiums to employees or limit medical benefits in general, these changes could have a severe impact on the aging population as illness and medical issues become more prevalent.

Another significant finding in this study was that the average number of stressful incidents for the participants was 5.8. The average number incidents reported in previous studies (with other races) were half of that number. The implications for clinical social work practice include the ability of the profession to address the needs of African American aging men and

assist them with dealing with the high levels of stress that they may be encountering in the life experience. The challenge to the profession is to provide clinical interventions in a setting that is welcoming and inviting to this population but also meets the unique needs and concerns of these men. The finding in this study that social support is related to self-perceptions of life satisfaction also indicates that social workers need to be able to provide interventions in a family therapeutic setting where the definition of "family" is broadened to include individuals that are part of the African American aging males' social support network. The integration of these members of his community into interventions for the African American male could increase the potential of success for assisting him with dealing with stressful life experiences (and quite possible prevent or at least minimize any physical ramifications of stress).

An interesting observation during the data collection for this study was noted during visits to several of the senior centers in the metro Atlanta area. In visits to these centers (many in predominantly African American communities) it was observed that the population utilizing the centers was primarily female. There were few African American aging males in these centers and these facilities are quite possibly one of the best opportunities for provision of programs that address the needs of this aging population. Senior centers have the opportunity to provide information, support, preventative programming, and entertainment to a captive audience. The challenge is for these centers to create programs that would appeal to African American aging males. These centers would also provide another part of the social support network for these men if they can bring them into their programs.

Research on the *perceptions* of African American aging men is almost non-existent and supports the contention that this population is suffering from the "invisibility syndrome." This study was an attempt to begin to show the importance of giving this population the opportunity

to tell practitioners their perspectives of their lives. Without this kind of research practitioners would continue to focus their efforts on objective measurements of psychosocial variables. Several studies have been cited in this writing that emphasize the importance of self-appraisals on individual's social, emotional, and physical existence. Yet, most of these studies have Caucasians, women, and middle aged individuals as their sample, not African American aging men.

Finally, the Social Work profession focuses on the person-in-the environment and has as its foundation of practice the ecological perspective. The ecological perspective emphasizes observing an individual in relation to their environment and the interrelationships and transactions that take place within that environment. This perspective defines an individual's environment as including interrelated structures nested within the next structure. These interrelated structures are the microsystem (direct interactions and observations), mesosystem (relations between the microsystems), exosystem (experiences that influence the individual), and macrosystem (larger system-attitudes and ideologies). The cultural ecological perspective narrows this perspective to include focusing only on the aspects of the environment that are related to the individual's subsistence quest and their well-being (Ogbu, 1982). Cultural ecological perspective requires that protective factors and perceptions be viewed through the lens of cultural influence. The experience of the African American male has been like no other individual in the United States. The history and culture of this population has had a significant impact on their life experience and must be considered when discussing any interventions strategies and prevention programs with this population.

Future Research

Studies with more participants would help to determine the significance of the psychosocial variables discussed in this study. Adding a comparison group of younger African American males might be useful in determining which of the psychosocial variables are unique to this population. Using random sampling as the method to choose these participants will increase the generalizability of the studies findings. Also, focusing on the experiences of African American elderly males by their location (regionally) might be useful in helping practitioners understand that the experiences of these men could be different based on their location and also provide an opportunity to focus the prevention and intervention strategies at the local level.

Religious behavior, spirituality and mental health are discussed throughout the literature on life satisfaction. These factors have been identified as important correlates with life satisfaction and further study of their importance to African American men is suggested. Further study into specific activities and mental health concerns of this population are important and helpful in further developing treatment and prevention programs. The current knowledge is simply not enough.

Conclusion

Information about the experience of the African American aging male is very limited. Therefore, limitations exist in Social Workers' understanding of their experience and this can limit their ability to be helpful to this population. A population that has been basically ignored deserves the same focus in the research and practice literature as Caucasian elderly if we are to impact some of the major issues such as physical and mental health outcomes for this population.

From the results of this exploratory study it has been noted that social support could possibly be a predictor of perceived life satisfaction. It was also found that stress and health also

may be factors to consider in impacting perceived life satisfaction. This information should be explored in more detail in hopes that we can make “visible” a population that has been treated as “invisible” for far too long.

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APPENDIX A

CONSENT FORM

Consent Form
"Subjective Well-being of African American Aging Men"

I, _____agree to take part in a research study titled *"The Status of African American Elderly Men: Health, Stress, Social Support, and Life Satisfaction"*, which is being conducted by Vanessa Robinson-Dooley, School of Social Work, University of Georgia (contact numbers 706-542-4345 or 404-993-1770) and under the direction of Dr. Nancy P. Kropf, Associate Vice President of Instruction (contact number 706-542-6777). I do not have to take part in this study; I can stop taking part at any time without giving any reason, and without penalty. I can ask to have information related to me returned to me, removed from the research records, or destroyed.

The purpose of this study is to explore the quality of life and overall well-being of a population of African American males over the age of 55. Quality of life and well-being will be measured by collecting information on health, stress, social support and life satisfaction.

The benefit that I may expect from participating in this study is a $10 gift certificate to a drugstore located near my neighborhood.

If I volunteer to take part in this study, I will be asked to do the following things:

- Sign this consent form;
- Complete a questionnaire/survey which should take approximately 15-20 minutes to complete. Someone will read the survey to me if I request this method to complete the questions.

No discomforts or stresses are expected. No risks are expected, but if at any time I feel uncomfortable I can stop completing the survey.

I understand that my name and address will be kept confidential (meaning only those involved in collecting information for this study will have access to this information). Those individuals include Vanessa Robinson-Dooley, Dr. Nancy Kropf, and a graduate research assistant. I further understand that my name will not be used on the actual survey and that I will be assigned an identification number. Any information that is obtained in connection with this study and that can be identified with me will remain confidential and will be disclosed only with my permission or as required by law.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at: 706-542-4345 or 404-993-1770.

My signature below indicates that the researcher has answered all of my questions to my satisfaction and that I consent to volunteer for this study. I have been given a copy of this form.

_____	_____	_____
Vanessa Robinson-Dooley	Signature	Date
Telephone: 706-542-4345 or 404-993-1770		Email: Vrdooley@uga.edu
_____	_____	_____
Name of Participant	Signature	Date

Additional questions or problems regarding your rights as a research participant should be addressed to Chris A. Joseph, Ph.D. Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address: IRB@uga.edu.

APPENDIX B

SURVEY INSTRUMENT

Survey Instrument

ID# _____

African American Males Over Age 55

Below is a list of statements about your relationships with family and friends.
Please indicate how much you agree or disagree with each statement as being true.

(Circle one number in each row)

	Strongly agree	Agree	Dis-agree	Strongly disagree
1. My friends respect me.	1	2	3	4
2. My family cares for me very much	1	2	3	4
3. I am not important to others	1	2	3	4
4. My family holds me in high esteem	1	2	3	4
5. I am well liked.	1	2	3	4
6. I can rely on my friends.	1	2	3	4
7. I am really admired by my family.	1	2	3	4
8. I am respected by other people	1	2	3	4
9. I am loved dearly by my family.	1	2	3	4
10. My friends don't care about my welfare.	1	2	3	4
11. Members of my family rely on me.	1	2	3	4
12. I am held in high esteem.	1	2	3	4
13. I can't rely on my friends	1	2	3	4
14. People admire me.	1	2	3	4
15. I feel a strong bond with my friends.	1	2	3	4
16. My friends look out for me.	1	2	3	4
17. I feel valued by other people.	1	2	3	4
18. My family really respects me.	1	2	3	4

	Strongly agree	Agree	Dis-agree	Strongly disagree
19. My friends and I are really important to each other.	1	2	3	4
20. I feel like I belong.	1	2	3	4
21. If I died tomorrow, very few people would miss me.	1	2	3	4
22. I don't feel close to members of my family.	1	2	3	4
23. My friends and I have done a lot for one another	1	2	3	4

Here are some statements about life in general that people feel different ways about. Read each statement on the list and indicate at left the number that best describes how you feel about the statement.

(Circle one number in each row)

	Agree	Disagree	Unsure
1. As I grow older, things seem better than I thought they would be.	1	2	3
2. I have gotten more of the breaks in life than most of the people I know.	1	2	3
3. This is the dreariest time of my life.	1	2	3
4. I am just as happy as when I was younger.	1	2	3
5. My life could be happier than it is now.	1	2	3
6. These are the best years of my life.	1	2	3
7. Most of the things I do are boring or monotonous.	1	2	3
8. I expect some interesting and pleasant things to happen to me in the future.	1	2	3
9. The things I do are as interesting to me as they ever were.	1	2	3
10. I feel old and somewhat tired.	1	2	3

	Agree	Disagree	Unsure
11. As I look back on my life, I am fairly well satisfied.	1	2	3
12. I would not change my past life even if I could.	1	2	3
13. Compared to other people my age, I make a good appearance.	1	2	3
14. I have made plans for things I'll be doing in a month or a year from now.	1	2	3
15. When I think back over my life, I didn't get most of the important things I wanted.	1	2	3
16. Compared to other people, I get down in the dumps too often.	1	2	3
17. I've gotten pretty much what I expected out of life.	1	2	3
18. In spite of what some people say, the lot of the average man is getting worse, not better.	1	2	3

Please read each item below. If you did not experience it DURING THE PAST YEAR, circle 0. If you did experience it, circle a number from 1-5 which best indicates how stressful it was for you.
(*By stressful we mean how much it bothered or troubled you).
(**Relationship within the past year refers to relationships with partners, common-law, or spouse)

(Circle one number in each row)

	Did not occur	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Extremely stressful
1. Deterioration of memory	0	1	2	3	4	5
2. Death of a spouse	0	1	2	3	4	5
3. Institutionalization of spouse/partner	0	1	2	3	4	5
4. Death of a parent	0	1	2	3	4	5
5. Death of other close family member	0	1	2	3	4	5
6. Major personal injury or illness	0	1	2	3	4	5
7. Retirement	0	1	2	3	4	5
8. Divorce	0	1	2	3	4	5

	Did not occur	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Extremely stressful
9. Major deterioration of financial state	0	1	2	3	4	5
10. Marital/partner separation	0	1	2	3	4	5
11. Marriage	0	1	2	3	4	5
12. Death of a friend	0	1	2	3	4	5
13. Major deterioration in health or behavior of a family member	0	1	2	3	4	5
14. Major decrease in activities that you really enjoyed	0	1	2	3	4	5
15. Child's divorce or marital/partner separation	0	1	2	3	4	5
16. Decrease in responsibilities or hours at work or where you volunteered	0	1	2	3	4	5
17. Increase in responsibilities or hours at work or where you volunteered	0	1	2	3	4	5
18. Move to a less desirable residence of work	0	1	2	3	4	5
19. Change to a less desirable line	0	1	2	3	4	5
20. Spouse/partner retired	0	1	2	3	4	5
21. Deterioration in living conditions	0	1	2	3	4	5
22. Troubles with the boss or co-workers	0	1	2	3	4	5
23. Worsening relationship with a child	0	1	2	3	4	5
24. Worsening relationship with your spouse/partner	0	1	2	3	4	5
25. Assuming major responsibility for a parent	0	1	2	3	4	5
26. Institutionalization of a parent	0	1	2	3	4	5
27. Loss of a very close friend due to a move or a break in friendship	0	1	2	3	4	5
28. Being burglarized or robbed	0	1	2	3	4	5

	Did not occur	Not at all stressful	A little stressful	Somewhat stressful	Very stressful	Extremely stressful
29. Loss of prized possessions due to move	0	1	2	3	4	5
Other: (explain)_____	0	1	2	3	4	5

THE NEXT SECTION WILL ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH.
Overall, how would you rate your health over the past year?

___ Excellent ___ Good ___ Fair ___ Poor

Please think about your current health status and check all of the following health diagnoses that a doctor has told you that you currently have.

___ Cancer
___ Chronic Obstructive Pulmonary Disease (COPD)
___ Coronary Heart Disease (CHD)
___ Diabetes
___ Hypertension
___ Nephritis (inflammation of the kidney)
___ Pneumonia & Influenza
___ Septicemia (blood infection)
___ Stroke

THIS SECTION WILL ASK YOU A FEW QUESTIONS ABOUT YOURSELF.
Please check (X) next to your answer.

Age _____

City where you live? _____ State? _____

Currently employed
____ Full-time ____ Part-time ____ Retired ___ Not employed ____ Other Describe

Marital Status?
___ Married ___ Widowed ___ Divorced ___ Never Married
___ Living with partner or significant other

Household income? ___ Under $10,000 ___ $10.001 - $20,000 ___$20,001 - $30,000
___ $30,001 - $40,000 ___$40,001 - $50,000 ___$50,000+