African American men confront retirement

Jasmin Tahmaseb McConatha, Matthew Mauriello and Maureen Vita

William Miller, a short muscular 80 year-old African American man looks down at his thick ashy hands—evidence of years of hard manual work as he tells the story of his life. Miller loves to tell stories, especially stories about his own and his family's experiences. He enjoys talking about how time has changed the way of life he knew as a young man. Although his 80 years have been filled with hardship, he is a very positive person. He often follows statements about the difficult challenges in his life with: "but, you know, things was good." Miller's strength comes from his faith, his church, and his family. Before he found "religion" as he says, he was an angry young man who was often in trouble. But his second wife, to whom he has been married for more than fifty years, helped him see that his ways were not leading him anywhere, she guided him to the church which has provided him with support throughout his adult life. Although he experienced years of racial discrimination and prejudice, he says that his faith helped him forgive and forget.

Even though Miller is "retired," he nonetheless spends his mornings as the maintenance supervisor of a large historic apartment building. He accepted this position more than 20 years ago after he "retired" from a job he had worked for more than 30 years. He thought that this job would be easy for him, for he already knew the nooks and crannies of the building. In the 1930s his parents worked in the basement where they washed clothes and cooked for the residents. For 18 years Miller worked Monday through Friday from seven in the morning until early afternoon. Even on Sundays he would come in before church in order to check on potential problems. When he began to suffer from back and leg problems and was diagnosed with gout, he decided it was time to really retire. He was given a retirement party and small bonus. After six months he felt better, unfortunately he also found that he needed to return to work. Without the income from his part time job he was unable to pay his and his wife's monthly medication bills, which exceed $200 a month. The residents of the building where he still works were very grateful for Miller's return; he is perhaps the only person who is capable of dealing with the many problems in the old building. Indeed, Miller prides himself on his abilities to fix the multiple problems that arise on a regular basis. Although he is pleased to have people compliment him on his skills, he wishes he did not have to depend on this job and income during his "retirement" years. He would love to be able to drop in when needed in order to "trouble shoot" instead of having to make his way to work everyday.

nt

ureen Vita

n at his thick ash
Miller loves to tell
talking about how
rs have been filled
difficult challenges
is faith, his church.
who was often in
rs, helped him see
has provided him
discrimination and

ance supervisor of
after he "retired"
easy for him, for
ts worked in the
rs Miller worked
Sundays he would
suffer from back
e. He was given a
also found that he
to pay his and his
building where he
who is capable of
on his abilities to
to have people
ncome during his
"trouble shoot"

******

William Miller is not the image that mainstream Americans have of a typical retired person enjoying a carefree life of leisure. To borrow Katherine Newman's memorable phrase, William Miller presents a portrait in "a different shade of gray." The number of people who will be of retirement age is expected to reach 70 million in the next 25 years. Contemporary retirees are, as a whole, healthier and wealthier than previous generations. However, this health and wealth is by no means evenly distributed. Instead of anticipating a comfortable retirement, a large percentage of men and women of color often find that they have little in common with the middle class retirement experience. Instead of anticipating a comfortable retirement they find themselves facing considerable hardships and burdens. Their experiences are often fraught with concerns about health and income and a struggle to keep poverty at bay. Many older men and women, especially minority and immigrant populations, have no health insurance, no pensions, nothing more than social security to help make ends meet. In fact according to AARP, Social Security benefits are often the only source of income for African Americans over the age of 65 (AARP, 2004). The Social Security Act passed in 1935 entitled older Americans to receive a minimum subsistence income. However, at the time that the Social Security Act was passed more than 80 percent of African American men and women worked either in a domestic capacity or in an agricultural capacity, both occupations were specified excluded from Social Security coverage until the 1950s. Even though these original exclusions have been amended, many African American men have employment histories with seasonal or part-time work along with periods of unemployment. These gaps in employment coupled with career disadvantages often diminish Social Security benefits to minorities (Newman, 2003). Contemporary African American men rely heavily on Social Security for their livelihood because they are less likely to have other sources of income.

Although life expectancy has increased in the past several decades, significant ethnic differences continue to exist in life expectancy. These differences represent an example of the social inequalities which still exist in the United States. African American men still live several years less than European American men and both Black and White women. Racism, poverty, and general poor health affect the life expectancy as well as the overall quality of life of African Americans (Utsey, Yasser, Jackson, & Jones, 2002). The disadvantage in life expectancy for Black men is larger than other minority groups in the United States. Low income and related stress resulting in alcohol consumption, smoking and other poor health habits appear to be one of the major risk factors associated with this (Cockerham, 1997).

The research for this paper is based on in-depth interviews, which we conducted over a period of five years with more than a dozen African American men, aged 60 to 81. The men volunteered to be interviewed. Repeated one hour interviews were conducted on an individual basis, primarily in their homes. During the time of the interviews these men were either retired or contemplating retirement. Interview questions focused on their life histories, their relationships, work histories, as well as plans and hopes for later adulthood and the retirement years. Their responses were content analyzed using qualitative data analysis methodology. Several common themes were expressed by all of the men. These include expressions of difficult and stressful times filled with multiple struggles, many of these related to experience of racism and prejudice. The men interviewed also expressed concerns about finances and health and stated that they hoped to be helpful to others. The case of William Miller highlights similar concerns to those expressed by the other men interviewed. Therefore, in this paper

we highlight his life story as an example. His life experiences provide a case example of the important themes expressed by all of the men. Miller expressed concerns over his own health and that of his family. He also worried about the cost of medicine, the safety of his neighborhood, the lack of city services, increasing poverty, and the difficulty of making a living in this day and age. As his case illustrates, many African Americans living in the United States face considerable stress and hardship when they attempt to make the transition from the world of work to the world of retirement.

Seventy-one percent of African American men are presently in the work force (Bureau of Labor Statistics, 2004). Unfortunately, many minority populations in the United States, including African Americans and Hispanics, who comprise a large segment of workers earning low and moderate wages, often live at or below the poverty level. According to recent research more than half of older African Americans depend solely on Social Security benefits for their income during the retirement years (Nwafor, 2005). Proposed changes to Social Security in the near future will appear to have a negative affect on this group. Nwafor (2005) states that policymakers who are concerned about minorities need to evaluate the current system as well as future reforms keeping in mind that this system is the major source of financial support for many older men and women (Nwafor, 2005).

According to the American Association of Retired Persons, in 1990, 2.5 million or 8% of the African American population was over the age of 65, and of that group, 9% were aged 85 and over. Approximately 12% of African Americans over the age of 65 continue to be employed, although Black men tend to have lower lifetime labor force participation than White men. Black men also tend to have more periods of unemployment, accumulate less work experience and leave the work force earlier than White men. These factors may be caused by discrimination as well as other causes. In 1995, the median income of African Americans was about $7,328 for Black men, $5,239 for Black women, compared to $14,775 for White men, and $8,297 for White women (American Association of Retired Persons, 1995). Economic indicators support Miller's concerns about finances during retirement years. His need to continue working, at least on a part time basis, appears to be consistent with that of other older African Americans who struggle to make ends meet.

******

Despite concerns about his health and finances Miller continues to give to others. He presents an excellent example of how older African Americans can and do reciprocate to younger generations. Although often younger generations help support older members of their family, in African American families, certain factors are related to the amount of support received by elders.

Miller believes in the importance of contribution to others, to younger people, to older people, and to society in general. Over the years he has taken in over 30 children who were in need of a home. These children who were orphaned, or in trouble, or abandoned, or into drugs, were welcomed by Miller and his wife. Several of the ones who had grown up continue to land on his doorstep when they face difficulties. He and his wife have never turned them away. Miller proudly talks about his children, both his own, and the ones he has taken in. Many have done well with families of their own; they are a part of his extensive family now and visit him often. When he or his wife need assistance with medical concerns, or if they wish to visit relatives who live far away, since Miller no longer likes to drive long distances, his family, which includes his foster children, drive them.

84

******

Like other ethnic groups in the United States, the African American family tends to remain the primary source of emotional and instrumental support for older African Americans (Walls, 1992). African Americans in general tend to have larger and more extensive social networks than European Americans (Barker, Morrow, & Mitteness, 1998). These networks appear to be developmentally stable as well. Social isolation, for example, which is a concern for retired men and women, especially those suffering from health concerns, does not appear to be as much of a concern for older African Americans. Several studies have concluded that less than 10 percent of older African Americans can be described as socially isolated (Chatters, Taylor, & Lincoln, 2002).

Older African Americans, on average, are also institutionalized at a lower rate than other groups in the United States. Two main reasons might account for this pattern. One is that since African Americans tend to be poorer and more marginalized their access to care may be impeded. As such, informal social support networks such as family compensate for their economic and social marginalization (Barker, Morrow, & Mitteness, 1998).

Another explanation might be that informal social support networks operate in such a superior and efficacious manner, that institutionalization is not necessary (Barker, Morrow, & Mitteness, 1998). African American families tend to be larger and more heterogeneous than European American families, thus allowing for a greater pooling of resources. In other words, there are simply more individuals to aid in the support of older African Americans who are out of work.

Unfortunately the literature focusing on African American families has often focused on their problems and concerns instead of strengths and supports; typically families have been viewed from pathological perspectives, looking only at dysfunctional aspects. African American men, especially, have been portrayed as absent, irresponsible and subordinate to women, when in actuality this is certainly not always the case (Blake & Darling, 2000).

African American families have been described as being more matriarchal than European American families (Barker, Morrow, & Mitteness, 1998). Several explanations have been posited, including that the marginalization of African American men has forced them into nontraditional male roles. Other explanations include the highly heterogeneous nature of African American families, which tend to include both close and distant kin, as well as multiple generations.

As a consequence, African American families tend to enjoy a greater level of reciprocity between generations. Research indicates that there is a greater flexibility in kinship boundaries among African American families and that this often leads to the absorption of grandchildren and others into the households of older adults at times resulting in a mutually supportive relationship. These social networks often become the core of support systems in stressful and difficult situations (Sokolovsky, 1985). In general, this has the effect of more respect for elders in African American families and greater involvement of older African Americans in daily family functioning.

Older retired African American men tend to have less support than older African American women. The reasons are complicated. In general, men have smaller social networks than women. Even if a male has a large number of friends, these individuals typically share similar activities and hobbies,

whereas with women, friendships are much more emotionally reciprocal and supportive. This may be explained that men tend to rely entirely on their spouses for emotional support, while women tend to rely on individuals other than their spouse for support (Barker, Morrow, & Mittneess, 1998).

Despite the larger social networks, there are other factors which interfere with support for older African Americans in general and men in particular. The oldest old (individuals in their 80s and 90s), the childless, and men are the least likely to receive support. Several reasons have been posited for this phenomenon, including that the oldest old, due to physical limitations, have less access to social networks (e.g. inability to attend church) and lose ability to maintain social networks (Chatters, Taylor, Lincoln, & Schroepfer, 2002).

Those who do not have children are also at a greater risk for isolation. In addition, parents are more likely than non-parents to be socially active in the church, thus the childless become even more isolated (Chatters, Taylor, Lincoln, & Schroepfer, 2002). Older African American men also tend to receive less support from their children than African American women. Clearly given the mediating role that social support and consequent social integration plays in overall well being, less support and fewer resources are associated with a diminished quality of life for many older African American men.

******

William Miller does have natural and adoptive children and a large supportive family and community which have provided him with support during difficult times. Miller's personal resilience has also contributed to his longevity and positive attitude about life. According to Miller, the formula for a good life is simple - work hard, get a good education, avoid drugs, and maintain a strong faith in God. His "formula" was also his advice to his children, his own - and the more than 30 other young boys and girls he has taken into his home.

Miller's example underscores his belief in hard work, having labored for more than 30 years for a scrap metal company. He began his career during World War II. His initial responsibilities involved picking up newspapers and scrap metal from various businesses and driving them to the factory where he worked so that they might be recycled. This work helped to shape his views on conservation. He abhors waste and still believes that most things can be repaired and re-used.

Miller's steady job enabled him to buy a lovely Victorian home overlooking a small park. In this home, he and his wife raised a large extended family. For years, they lived in comfort. Miller proudly talks of this time when he felt that he had "made it." After his turbulent and traumatic childhood and adolescence which he spent living with his grandmother and an uncle who beat him, his adult years were peaceful, filled by tranquil times spent in church or with his family. Although he was aware of the racial discrimination that he and his family faced, he tried not to dwell on the injustices he saw every day.

Miller's job provided a steady income and family life was good. He encouraged his children to finish at least a high school education. Miller's uncle took him out of school in the 4th grade and sent him to work on a neighboring farm. Although he worked more than ten hours a day, his uncle confiscated most of his meager earnings. When Miller objected, his uncle hit him. One day Miller decided that he

had had enough. He left his farm tools in the field and hitchhiked to the nearest big city. Miller took odd jobs, drank and smoked cigarettes. He got into fistfights. Until he met his wife, he remembers being an angry as a teenager and young adult. His wife soon led him to the church. His newfound faith enabled him to put aside his anger and work towards helping others.

More often than not, the mainstream media depicts the African American family as dysfunctional. African American men are frequently represented as living on the margins of their families as well as society. African American fathers, especially, are seen as being absent and avoidant of their responsibilities. These are of course stereotypic images, there are many African American families like those of William Miller, who has been married to his wife for more than 50 years. During that time, they have raised five of their own children and as previously mentioned numerous other adopted children. Miller is completely devoted to his extended family. During his life, he has dealt with prejudice related to stereotypes surrounding African American men, health concerns, and the drug abuse of some of their adopted children. He and his family have also witnessed the transformation of their street from a lovely peaceful place to a dangerous and drug infested neighborhood. This change has made Miller, his wife, and family feel sad and even more distanced and alienated from the middle class American retirement dream.

Despite their considerable hardships they remain positive and hopeful about their future. Miller believes that life is harder today than when he was growing up. "Life is more complicated now," he says. "You have to know more. It is harder today to succeed, to make ends meet, to raise a family. You have to deal with drugs, getting a good job, not just any job, so you can afford to live." Miller says that these difficulties explain why so many young people turn to drugs and crime. Miller remembers making $8.00 a month, which afforded him even the luxury of seeing movies and buying cigarettes. "What can $8.00 buy you today?"

Retirement has been a particularly difficult struggle for Miller. It is difficult for him to meet his financial obligations. He and his wife need medicines that he sometimes cannot afford. After 30 years of working for the same company, Miller attempted to retire when he was 62 years old. In short order, he found out that he could not afford retirement, like many other older men and women, especially minorities, Miller could not make ends meet living on Social Security alone.

When he was fully employed he could support his family, but did not have enough money to save for retirement. Like two-thirds of all American workers, he worked for a company that did not have a pension plan. The owner of the company, who William describes as a good Christian, told him "not to worry," and that he would be given a pension. "When you're old and can no longer work, we'll take care of you." Trusting the man and his word, Miller continued to work for the company. When his wife expressed concern about their old age, William found himself repeating the words of his boss. "He said not to worry; we would be taken care of."

During his 25th year of employment at the company, Miller's boss, who was ten years younger than him, suddenly died of a heart attack. The company continued under the leadership of the man's son. Nearing retirement age, Miller fretted about his pension. Would the son honor the word of his father?

******

When Miller began to contemplate the trials and tribulations of how to spend his golden years, the concept of retirement was still a relatively new one. His generation was one of the first to leave the farm to work in a factory for a salary. Until 1935 there was no Social Security Administration to oversee the retirement of millions of American workers. When you "retired" back then, they might give you a gold watch. Nowadays the timing of retirement varies. Most people tend to anticipate and plan, at least somewhat, for their retirement. There are several predictors for the timing of retirement, the strongest being health. Poor health tends to lower the age of anticipated retirement (Bee, 2004). Studies indicate that minorities, especially African Americans, suffer greater morbidity and earlier mortality than the rest of the population (Newman, 2003).

A lifetime of dealing with the stressors of discrimination and poverty contribute to the poor health status of many older African Americans (Utsey, Payne, & Jackson, 2002). Although racism among other factors contributes to health care inequalities, economic disparities appear to be the most powerful force leading to inadequate health care for African American men and women. African Americans tend to have higher mortality rates from common illnesses such as cancer. In fact, they often succumb to an illness before the age of 65 (Yee & Weaver, 1994). The lack of adequate health insurance often results in a lack of preventive care which could save lives. William Miller was one of the lucky ones; his employer provided health insurance. He prides himself on the fact that unlike many people he knows, he gets regular checkups.

******

Miller has confronted his many health concerns with bravery and fortitude. His most stressful episode occurred just prior to his first retirement. In his early 60s, he was diagnosed with cancer of the colon. Although he received intensive treatment, he believes that his faith cured of an often fatal disease. During chemotherapy, he says, "God looked after me." Even though chemotherapy is usually debilitating, Miller somehow drove himself to the treatment center and, once finished with his infusions, drove himself back to work. He says that his faith in God, and God's healing power, made him able to withstand the treatments. "God made me better." Even so, Miller is not unrealistically optimistic about his health, especially now that he is almost 80. In the past few years he has witnessed the difficult deaths of many friends and family members. "But with God's help," he says, "we get through it."

******

There is very little systematic study of the buffering effect of religion and spirituality on adjustment to later life. Investigation of these concepts is usually mired by difficulties in quantitative measurement and a reputation that religiously is linked to cognitive inflexibility (Jang & Johnson, 2004). Emerging research, however, indicates that religiosity, in fact, appears to have many positive effects that are significant for many people, especially older African Americans. African American spiritual beliefs play a large role in adjustment to life (Upchurch & Mueller, 2005). As Miller and other men interviewed in this study have indicated, prayer is the most common coping response that African Americans use in response to a stressful situation (Armstrong & Crowther, 2002). In later adulthood there is even an increase in reliance on prayer as a coping mechanism.

African Americans tend to seek social support (which has been shown to be facilitated by an active spiritual life) and spiritual support more readily than their European American counterparts (Chapman & Mullis, 2000). Through active involvement in black churches and the cultivation of a religious/spiritual life in children, these behaviors are typically maintained throughout life. As noted by Mattis and Jagers (2001), the axiom used by many African American families is: "the family that prays together stays together."

As people enter later adulthood, regardless of racial or cultural backgrounds, there is an inevitable confrontation with existential issues (e.g. life reflection, search for meaning, confrontation with mortality). In older populations, improvement of physical health is therefore a possible by-product of an active spiritual life. A recent study illustrates the physical benefits of a rich and active spiritual life in older African Americans. In a study, two coping approaches to aging were measured and compared to see their effect on well-being (Upchurch & Mueleer, 2005). One approach is self-transcendence, in which individuals transcend and accept limitations due to age/mortality. In so doing, they let go of their anxieties and disappointments. The other approach has a more spiritual focus. Here, a person frequently engages in religious and spiritual behaviors (e.g. church attendance) and is committed to developing her or his relationship with a higher being. The importance of both self-transcendence and spirituality increases with age. In older populations, practices associated with these coping strategies have been related to improvement in mental health and to lower rates of mortality. Results revealed that older African Americans more elevated on measures of self-transcendence demonstrated a greater ability to engage in independent behavior (e.g. managing finances, taking medication, shopping) as well as to more fundamental activities of daily living (e.g. feeding, bathing, etc). Intervention (through families, churches, or clinics) that can increase a person's self-transcendence may also help to keep older African Americans more independent, physically active, and less vulnerable to mortality (Upchurch & Mueller, 2005).

A more obvious connection between well-being and religious beliefs is the role that religion plays as a facilitator of social support. Relational theories suggest parallels between an individual's relationship to a higher power and her or his interpersonal relationship with other human beings. These would include the related affects of expressed emotion, cognitions, and behaviors. A relationship with higher power shared in a congregation can add further meaning to interpersonal relationships and validate one's own sense of self and membership in a group. Given the shared African American experience of forced immigration and slavery, followed by social injustice, God typically assumes the role of the champion of the oppressed--not dissimilar to the Old Testament story of God delivering the Israelites from slavery to freedom. This example well illustrates how collective identification with God (a deliverer from oppression) can give collective comfort to a group of individuals who have experienced oppression and injustice (Mattis & Jagers, 2001).

On a more basic level, religion and spirituality, and especially the institutions associated with religion, offer African Americans the opportunity to connect and to pool resources. In comparison to their European American counterparts, African Americans are more likely to use church services for general support. These services can take the form of various social services, educational opportunities, social/entertainment outlets, or forums for social change. All of these act as a moderator between religiosity and well-being, and can greatly add to personal mastery (Jang & Johnson, 2004). For older African Americans personal mastery is usually difficult to achieve given their dual positions as a racially oppressed group in culturally stigmatized age-bracket. It is clear,

though, that religion provides older African Americans with coping skills, social capital (Jang & Johnson, 2004), independence (Upchuch & Mueller, 2005), and cultural identification (Mattis & Jager, 2001). In America, black churches are a social institution that provide positive contributions to the psychological and physical well-being of older African Americans.

******

William Miller's faith not only helped him cope with the painful death of one of his stepchildren, but with the passing of several friends and family members. Miller's wife's oldest son, Riese, recently died in their home. He had not yet turned 50. As a young man, Riese abused alcohol and drugs. By the time he was 40 his health had deteriorated. Even so, Riese was able "to clean himself up" as Miller put it, get a job and marry. But Riese's transformation came too late, for he had terminal liver disease.

This episode compelled Miller to make his peace with death. At first he did not like the idea of someone dying in his house. Since it was Riese's wish that he die at home, Miller agreed to look after him until the end. In fact, Miller, in retrospect, prided himself on overcoming his fear of death and offering his home. In the end the young man died in his mother's arms. Although Riese's death was a family tragedy, Miller saw it as a peaceful and happy death. He described his stepson's mood and eating habits before dying. "He was eating well. He was at peace." He described his wife's sad reaction to her son's death. "In the end," he said, "we all have to come to terms with the end of life."

Miller's strong belief system provides him the resilience he needs to cope with stressful and painful situations such as the death of a child. Tragic events like Riese's death also make him think about his own mortality and how he is spending his later years. A part time worker at 80 years of age, Miller still looks forward to a time in life when he does not have to work. He still hopes to completely retire and completely enjoy life. He would like have time to visit his extended family, help out more in his church, and rest.

******

Like William Miller, millions of workers see retirement is as the long awaited freedom from the responsibilities and pressures of employment. Clearly, both the nature of the retirement transition and the broader social context under which it takes place are critically important for understanding the process of retirement. The transition to later adulthood can be a stressful time. As previously mentioned, multiple stressors, such as financial difficulties and health concerns (Kraaij, Prymboom, & Ganefski, 2002; Wrosch, Heckhausen, & Lachman, 2000), may contribute to make this phase of life a difficult one. Minority populations, especially African Americans in the United States, often have a history of lower income and fewer years in the labor force. As a consequence, they, like William Miller, may have fewer resources when they reach retirement age.

Social psychologists see retirement as a developmental process, a late life transition. It is associated with the prospect of growth and change (Roesenkoetter & Garris, 2001). For those men and women who find their jobs stressful or burdensome, retirement is considered quite positively—a relief from ongoing strains and conflicts (Quick & Moen, 1998). Unfortunately health concerns and financial concerns can undermine a person's dreams about his or her retirement. Studies indicate that African

American and Hispanic workers, due to their financial circumstances, tend to be less confident about their retirement. One of the major financial concerns is the cost of health care.

More sensitive public policies can help ease the widespread concerns associated with late life transition. The privatization debate over Social Security presents another potential stressor in a life filled with stress. No one gets rich from Social Security, but people can nonetheless make their way. William Miller spent years working jobs that did not offer pensions, and like many other older African American men he now relies on his social security benefits, which he still has to supplement with part time work. There appears to be no end to the hardships William Miller has to experience in his life.

There are several telling markers that are indicative of ethnic differences in the retirement experiences of Americans (Mitchell & Levine, 1999). The life trajectory of William Miller highlights some of these, after a life time of hard work he finds himself unable to make ends meet in retirement. So far he has been able to work part time, which in combination with his Social Security income, enables him and his wife to get by. Should Miller become disabled it is likely that his extended family, many of whom are barely getting by themselves, will pitch in to help out, but at what price to them? In mid life, Miller felt that he had "made it", but cultural changes, age, health concerns and associated costs have resulted in a downward economic spiral for William Miller and his family. As he has entered later life, Miller has faced increased marginalization, not only as a result of his past life experiences as an African American man, but also as a result of stressors associated with the process of aging.

There are several cultural trends taking place at the beginning of the 21st century which may pose a threat to future African American elders. A diminished involvement in volunteer work and community organizations for example, systems which have cushioned Miller, may or may not be available for future elders (Newman, 2003). The US society is increasing divided by race and social class, social responsibly is becoming a more infrequent and private act, benefiting some but unfortunately leaving others without much needed support.

As the population of the United States ages the number of individuals who will retire will increase. William Miller has managed to maintain an optimistic belief that life will be OK regardless of what happens. William relies on social support from his extended family, spiritual support from his religious beliefs and participation in religious services. He has had the ability, thus far, to structure his own support system independent of formal supports. However, older African Americans currently represent one of the poorest and most chronically ill segments of the US population (Krause & Wray, 1991). Expecting older African Americans to continue to create and maintain their own support system as they age with only minimal formal support from Social Security is unacceptable. Social planners need to exhibit greater awareness and sensitivity to the needs of older minority men and women.

REFERENCES

Acomb, D. (2005). Race Relations. *National Journal*, 37(27), 2143.

American Association of Retired Persons. (1995). *A portrait of older minorities*. Available: http://www.aarp.org/research/reference/ minorities/aresearch-import-509.html# BLACK

American Association of Retired Persons. (2004). *African Americans Age 65 and Older: Their Sources of Income.* Available: http://www.aarp.org/research/assistance/lowincome/aresearch-import-906-FS100. html

Armstrong, T.D., & Crowther, MR. (2002). Spirituality among older African Americans. *Journal of Adult Development,* 9(1), 3-12.

Barker, J.C., Morrow, J., & Mitteness, L.S. (1998). Gender, informal social support networks, and elderly urban African Americans. *Journal of Aging Studies,* 12(2), 199-222.

Barrer, B.M. (2001). The 'grands and greats' of very old black grandmothers. *Journal of Aging Studies,* 15(1), 1-11.

Bee, H.L., & Bjorklund, B.R. (2004). *The journey of adulthood* (4th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Blake, W.M., & Darling, C.A. (2000). Quality of life. *Journal of Black Studies,* 30(3), 411-428.

Chapman, P.L., & Mullis, R.L. (2000). Racial differences in adolescent coping and self-esteem. *The Journal of Genetic Psychology,* 161(2), 152-160.

Chatters, L.M., Taylor, R.J., Lincoln, K.D., & Schroepfer, T. (2002). Patterns of informal support from family and church members among African Americans. *Journal of Black Studies,* 33(1), 66-85.

Cockerham, W.C. (1997). *This Aging Society* (2nd ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Kraaij, V., Pruymboom, E., & Garnefski, N. (2002). Cognitive coping and depressive symptoms in the elderly: A longitudinal study. *Aging & Mental Health,* 6(3), 275- 281.

Jang, S.J, & Johnson, B.R. (2004). Explain religious effects on distress among African Americans. *Journal for the Scientific Study of Religion,* 43(2), 239-260.

Krause, N., & Wray, L.A. (1991). Psychosocial correlates of heath and illness among minority elders. *Generations: Journal of the American Society on Aging,* 15(4), 25-30.

Mattis, J.S., & Jagers, R.J. (2001). A relational framework for the study of religiosity and spirituality in African Americans. *Journal of Community Psychology,* 29(5), 519-539.

McKinnon, J. (2003). *The Black Population in the United States: March 2002.* U.S. Census Bureau, Current Population Reports, Series P20-541. Washington, DC. Available: http://assets.aarp.org/ rgcenter/econ/dd114_ worker.pdf

Mitchell, O.S., Levine, P.B., & Phillips, J.W. (1999). *The impact of pay inequality, occupational segregations, and lifetime work experience on the retirement income of women and minorities.* Washington, DC: American Association of Retired Persons.

Newman, K.S. (2003). *A different shade of gray: Midlife and beyond in the inner city.* New York: The New Press.

Nwafor, F. (2005). Social Security privatization and African Americans: A comparative analysis. *Journal of Black Studies,* 35(3), 248-266.

Quick, H.E., & Moen, P. (1998). Gender, Employment, and Retirement Quality: A Life Course Approach to the Differential Experiences of Men and Women. *Journal of Occupational Health Psychology,* 3(1), 44-64.

Roesenkoetter, M. M., & Garris, J.M. (2001). Retirement planning, use of time, and psychosocial adjustment. *Issues in Mental Health Nursing,* 22, 703-722.

Sokolovsky, J. (1985). Ethnicity, culture and aging: Do differences really make a difference? *Journal of Applied Gerontology,* 4(1), 6-17.

Upshcurch, S., & Mueller, W.L. (2005). Spiritual influences on ability to engage in self-care activities among older African Americans. *International Journal of Aging and Human Development,* 60(1), 77-94.

U.S. Bureau of Labor Statistics. (2004). *Median weekly earnings of full-time wage and salary workers by selected characteristics.* Available: http://www.bls.gov/cps/cpsaat37.pdf

U.S. Bureau of Labor Statistics. (2004). *Median weekly earnings of part-time wage and salary workers by selected characteristics.* Available: http://www.bls.gov/cps/cpsaat38.pdf

U.S. Bureau of Labor Statistics. (2005). *Multiple jobholders by selected demographic and economic characteristics.* Available: http://www.bls.gov/cps/cpsaat38.pdf

Utsey, S.O., Yasser, P.A., Jackson, E.S., & Jones, A.M. (2002). Race-related stress, quality of life, and life satisfaction among elderly African Americans. *Cultural Diversity and Ethnic Minority Psychology,* 8(3), 224-233.

Walls, C.T. (1992). The role of church and family support in the lives of older African Americans. *Generations: Journal of the American Society on Aging,* 16(3), 33-36.

Wrosch, C., Heckhaussen, J., & Lachman, M. E. (2000). Primary and secondary control strategies for managing health and financial stress across adulthood. *Psychology and Aging,* 15(3), 387-399.

Yee, B.W.K., & Weaver, G.D. (1994). Ethnic minorities and health promotion: Developing a 'culturally competent' agenda. *Generations: Journal of the American Society on Aging.,* 18(1), 39-45.

93