

GENDER AND COPING IN OLD AGE Dorina **Stefani** *

Resumen

En base a los resultados obtenidos en estudios acerca de los acontecimientos negativos de la vida cotidiana, Lazarus y Folkman (1986) sugieren que las fuentes del *estrés* cambian a lo largo de la vida y por consiguiente, los estilos de *afrentamiento* también se modifican. Ellos advirtieron que no existe una clara evidencia empírica acerca de si el afrontamiento se modifica en forma básica en los distintos momentos del ciclo vital, independientemente de los cambios que ocurren en las fuentes del estrés. Estos autores obtuvieron resultados similares a los hallados por McCrae (1982) que mostraron que, al no considerar las fuentes del estrés, las *estrategias* de afrontamiento no varían significativamente de acuerdo a la edad de los sujetos.

Richaud de Minzi y Sacchi (1995) concluyeron, coincidiendo con los autores mencionados, que probablemente las fuentes del estrés y los estilos de afrontamiento se modifican asociados, con la edad. Asimismo, los resultados obtenidos por estas autoras, similares a los obtenidos por Gutmann (1974), mostraron que aparentemente cuando las personas envejecen pasan de un estilo de afrontamiento activo a otro más pasivo.

Por último, Lowenthal y colaboradores (1975) hallaron que los roles sociales correspondientes al género masculino y al femenino probablemente se modifiquen, asemejándose entre sí, cuando los sujetos llegan a la mediana edad; los hombres se hacen más dependientes y las mujeres más agresivas.

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El objetivo de este trabajo fue estudiar en sujetos de 65 años o más si el género influye sobre: (1) el tipo de situación percibida de una forma potencialmente amenazante y (2) el tipo de estrategia de afrontamiento utilizado para reducir la amenaza potencial percibida. Para ello se utilizó la versión castellana del *Ways of Coping Questionnaire* (WOC), que fue adaptado de acuerdo a las características de la muestra.

Este instrumento fue administrado en forma de entrevista a 150 sujetos de 65 o más años de edad, de distinto sexo, pertenecientes al nivel socioeconómico medio y residentes en la Ciudad de Buenos Aires (Argentina).

Se aplicó la prueba de χ^2 para evaluar si existe asociación entre el género y el tipo de situación percibida como amenazante y se utilizó la técnica de análisis factorial para identificar los tipos de estrategias de afrontamiento correspondientes a los dos grupos de sujetos de diferente sexo.

Se presenta el análisis comparativo de los tipos de situaciones que son percibidas como potencialmente amenazantes por los grupos de varones y mujeres ancianas. Asimismo, se muestran los perfiles de los tipos de estrategias utilizados por los dos grupos de diferente sexo y se los analiza comparativamente en sus aspectos cualitativos y cuantitativos.

Palabras clave: Estrés - afrontamiento - tercera edad - estrategias.

Abstract

In this study, empirical results referring Argentine elderly people will be presented. The aim of the work is to find out whether *gender* influences: (1) the kind of situation which is perceived as potentially menacing, and (2) the kind of *coping* strategy used in order to lower the menace perceived. We will show the patterns of the groups of men and women for the kinds of situations which are seen as potentially menacing and the types of strategies used. A qualitative and quantitative comparative analysis is carried out according to gender.

Key words: Coping - gender - old age.

Introduction

Stress in old age

Depression and dissatisfaction belong to the negative ageing stereotype (Palmore, 1988). In open contrast to this stereotype, most old and very old people, however, are neither depressed nor unsatisfied even in the face of somatic and socio-economic risks.

It is helpful to drop assumptions that ageing is stressful in itself or that old age is difficult because of the inevitable decline in health and vigour. Late life is often seen as a time of great, often uncontrollable, stress (Rodin, 1986). Although risks to health do increase with age, there is no empirical support for the notion that stress is an inevitable consequence of old age (Baltes, & Baltes, 1990). Given that older people often cope with both bereavement and chronic health problems, it is usually assumed that they will be more likely to appraise problems as involving harm or loss (Folkman, & Lazarus, 1980; Rodin, 1986); this has not been proved empirically, though (Aldwin, Sutton, Chiara, & Spiro, 1996).

The organization of older persons' lives probably exposes them to fewer stressing events than in earlier years (e.g., marriage, divorce, disruptive conflict, changing or losing jobs, having children, etc.). Life changes per se do not create stress; rather, adverse effects result from events that are considered unexpected or for which people are not prepared. The individual's perception of this experience has much to do with whether or how much stress accompanies his or her life events (Pearlin, 1980). At least two transitional stressors are more common in older age:

- The onset of illness and/or physical impairments that may be, but not always are, accompanied by depression.
- The death of loved ones (spouse, children, and friends).

Besides, older people may also be deeply affected by untoward events in the lives of those to whom they are close. Examples include: injury to a child or grandchild, break-up of a child's or grandchild's marriage, involuntary job loss by a family member, or unplanned parenting of a grandchild. How people cope with these stressors depends on personality factors, and on the social and economic context of their lives.

Some strains may be chronic. Deteriorating, dangerous neighbourhoods can severely restrict personal mobility. Transportation, shopping, and

medical care may not be available in neighbourhoods whose residents have changed, and old neighbours and their support have not been replaced. Lack of ready access to such facilities, and services becomes increasingly problematic with age. Older people with a lower level of education and fewer financial and social resources often experience high levels of stress (Solomon, 1996).

Coping with stress in old age

When these major stressors are added to daily ones or everyday hassles (e.g., losing keys, misplacing eyeglasses, increasing difficulty in ordinary activities such as climbing stairs or reading fine print), old age calls for extraordinary powers of coping, and adaptation. It is remarkable how many older people do cope well with life stressors (Pearlin, & Skaff, 1996). Older people report fewer hassles than do younger adults (Aldwin, 1990), and life events may also be deemed less stressful in later life (Aldwin, 1991).

One explanation may be that older adults, through their greater range of experience, may have developed more coping resources and thus judge problems as less stressful. Furthermore, to the extent that older adults have experienced extremely stressful events, such as the death of loved ones, everyday problems may pale in comparison (Aldwin, 1994; Aldwin, Levenson, & Spiro, 1994).

In addition, personality traits such as flexibility, adaptability, and a sense of humour become essential at this time; as do adequate financial, social, and organizational resources (Solomon, 1996). And a person's own sense of mastery and competence influence how stress is managed. Feeling that one is in control has repeatedly been proved to contribute to well being at any age. Research indicates that old people maintain high levels of mastery in the face of difficult life circumstances (Rodin, 1986).

Lowenthal, Thurnher, and Chiriboga (1975) have done some research on the effect of gender, and coping strategies. They reached the conclusion that social roles corresponding to male and female probably change, and become more similar when people reach middle age; men become more dependent and women more aggressive.

From the standpoint of the concept of psychological resilience (Garmerzy, 1991): Which of the capacities for recovery and maintained adaptive behaviour that may be lost after stressful experiences are supportive for the preservation of well being in elderly people? Is there any gender difference in stress, and coping processes?

Purpose

Following Folkman and Lazarus' transactional model of stress (1980), this paper aims at exploring gender-related differences in: (1) the types of situations perceived as potentially menacing, and (2) the coping strategies used in order to lower the menace perceived.

Method

Instruments

Two measuring instruments were used:

- 1.- The Personal Data Questionnaire, which comprises questions regarding demographic and socio-economic variables, such as age, gender, civil status, nationality, education, past occupation, etc.
- 2.- The Spanish version of the Ways of Coping Checklist -WCCL- (Lazarus, & Folkman, 1984-1986). The WCCL is a list of 66 coping strategies rated from 0 to 3, in which 0 indicates that the respondent did not use this strategy at all and 3 indicates that he made ample use of it.

The pilot study showed that most elderly adults interviewed became tired on account of its length. We therefore decided to abridge the original 67-item instrument to a 36-item one. Based on the results obtained by a factorial study of the instrument carried out in Argentina (Richaud de Minzi, & Sacchi, 1995), the statements chosen were those that offered a relevant definition of the following dimensions of appraisal and coping suggested by Moos, and Billings (1982): *appraisal-focused coping*, *problem-focused coping*, and *emotion-focused coping*. The authors organized these domains according to their primary focus on appraisal, and reappraisal of a situation, dealing with its reality and handling the emotion aroused by the situation. *Appraisal-focused coping* includes coping responses connected to logical analysis, cognitive redefinition, and cognitive avoidance strategies. *Problem-focused coping* involves seeking information or advice, taking problem solving action, and developing alternative rewards strategies, and *emotion-focused coping* includes affective regulation, resigned acceptance, and emotional discharge strategies.

The WCCL requires that the subject focus on a current serious stressor. The stressful situations described by the subjects were assigned to one of six categories elaborated by Ben Porath, Waller, and Butcher (1991):

- a.- *Interpersonal difficulties*, including difficulties with family members, lovers, or friends.
- b.- *Intrapersonal difficulties*, including health concerns or having to make important decisions.
- c.- *Life changes*.
- d.- *Life stress*, including college life, job related or financial difficulties.
- e.- *Other people's problems*.
- f.- *Traumatic experiences*, including automobile accidents or the death of a loved one.

Subjects

The instruments were administered to 231 middle-class respondents, living in Buenos Aires (Argentina). Both sexes were included in the sample (24% male, 76% female), the age of the subjects was 65 years or over ($M = 73.49$, $SD = 6.46$).

As regards nationality, civil status, education, occupation, and socio-economic status, the interviewed group may be described as follows:

- 1.- Most of the subjects were Argentine born.
- 2.- The 40% were widowed, 32% single, 16% married, and 12% divorced.
- 3.- The 43% of the subjects had completed their primary school, and 21%, had finished high school.
- 4.- The 94% of the subjects were not working at the moment; 84% of them were retired, and 7% had never worked. They either worked or had worked as employees (38%), in various occupations (artisans) (26%), and as traders (10%).
- 5.- According to an abridged version of Germani's Socio-Economic Index (Grimson et al., 1972), the group may be classified as middle-class (NES II).

Statistics

In order to explore the relationship between gender and stressful situations, χ^2 was calculated; and gender differences in coping strategies were analyzed using the multivariate analysis of variance (MANOVA) program in SPSS (1986).

Results

Stress analysis

There were non-significant gender differences in the types of stressful situations described by respondents, $\chi^2 (n = 231) = 2.47$, n.s. In terms of the types of problem reported by men and women, both groups were similar. As Table 1 indicates, men and women were more likely to report traumatic experiences and they were less likely to report other people's problems.

Upon studying the two stressors reported by over 15% of elderly adults in either group and checking for gender differences among them, χ^2 values showed that as far as the type of traumatic experiences, and the type of intrapersonal experiences reported were concerned, there were no significant differences between elderly men and women.

As regards the type of traumatic experiences, we noted (as indicated in Table 2) that most of them reported having suffered the death of a loved one (spouse, brother, child, grandchild, or friend), and a smaller percentage mentioned a serious health problem. In this case, only men reported myocardial infarct, and only women mentioned having suffered from bone ailments or fractures caused by falls along the street or at home. This might indicate that if we could have a larger number of respondents and were able to assess the influence of gender on the type of grave health problems, differences between men, and women would come up.

As regards the type of intrapersonal difficulties, as Table 3 indicates, we noticed that most of the respondents in either group reported having been worried about some kind of health problem. Nevertheless, while women mentioned health problems of close relatives (spouse, sister/brother, child, grandchild), men referred to their own health problems. Retirement was a subject of concern for both men, and women; the latter also said they had worried about their children emigrating in search of better job opportunities. The Table 3 shows absolute frequency since the scarce number of men distorts the value of the percentage obtained.

Coping analysis

A MANOVA examining gender differences in the WCCL revealed a similar pattern of results. There was non significant overall effect of gender on coping strategies (Hotelling's trace = .053, $F (9,222) = 1.999$, n.s.). Inspection of the univariate F s for all the coping strategies showed, as Table 4 indicates, that there men, and women only differed in two out of nine

strategies: *logical analysis* $F(1,230) = 3.952, p < .05$, and *cognitive redefinition* $F(1,230) = 6.070, p < .01$. These two coping strategies belong to the Appraisal-focused coping dimension. As indicated on Table 4, men used *logical analysis* and *cognitive redefinition* strategies most.

The effect of gender for logical analysis, and cognitive redefinition coping strategies was seen when analyzing responses to items in WCCL included in each one of them.

1- As regards *logical analysis*, when facing a problem, men, in a higher proportion than women, *frequently* “tried to analyze the problem in order to understand it better” (men: 82%, women: 68%), “just concentrated on what they had to do next –the next step” (men: 81%, women: 60%), “drew on their experience” (men: 30%, women: 14%), and they “went over in their mind what they would say or do” (men: 41%, women: 25%), and

2.- As regards *cognitive redefinition*, men, in a higher proportion than women, *frequently* “reminded themselves how much worse things could be” (men: 48%, women: 32%), “bargained or compromised to get something positive from the situation” (men: 45%, women: 30%), “tried to look on the bright side of things” (men: 55%, women: 35%), and “rediscovered which are the important things in life” (men: 75%, women: 52%).

As far as the other seven coping strategies is concerned, where there were no significant gender differences, similar patterns of men, and women’s coping responses may be described as follows:

3.- *Cognitive avoidance coping strategies* were, on average, little used by either group of elderly persons ($M_m = .94, M_w = .89$). Most men, and women did not “*refuse to believe the problem really existed*” and did not have wishful thinking such as “to hope a miracle would happen”. Most of them thought about the problem in realistic terms. This coping strategy coupled with *logical analysis*, and *cognitive redefinition* was included by Moos, and Billings (1982) in the *appraisal-focused coping* dimension.

As to the *problem-focused coping* dimension:

4.- Seeking information or advice strategies were, on average, used at least once by elder adults ($M_m = 1.20, M_w = 1.27$). When faced with

a problem, most men and women, “talked to someone to find out about the situation”, “who could do something about it”, and “got professional help or advice from someone they respected”.

5.- Taking problem solving action strategies were, on average, used at least once by elder adults ($M_m = 1.53$, $M_w = 1.36$). When faced with a problem, half of the elderly men, and women interviewed, “knew what had to be done”, and “made a plan of action and followed it”. In a smaller proportion (21%), they “changed something so things would turn out all right”, and

6.- Developing alternative reward strategies were, on average, very little used by either group of elderly persons ($M_m = .80$, $M_w = .59$). Most men, and women (over 80%) were not “inspired to do something creative”, and “did not carry out other manual, intellectual or spiritual activities to keep them from pondering on the problem”.

As to the *emotion-focused coping* dimension:

7.- Affective regulation strategies were, on average, quite often used by the elderly persons ($M_m = 1.49$; $M_w = 1.57$). Upon facing a problem, 50% of the men, and women, “tried to keep their feelings from interfering with other things too much”, and “they maintained their pride”, and “stood their ground and fought for what they wanted”.

8.- Resigned acceptance strategies were, on average, quite often used by both elderly groups ($M_m = 1.49$; $M_w = 1.47$). About 70% of the men and women “went along with fate”, “prayed”, and “they felt that the only thing to do was to wait”. A smaller percentage (40%) “prepared themselves for the worst”.

9.- Emotional discharge strategies were, on average, very little used by either men or women ($M_m = .68$; $M_w = .68$). A large majority of them, over 80% in each group, “did not take out on another person”, “did not try to make him/herself feel better by eating, drinking, smoking, using drugs or medication”, and “did not express their anger to the person(s) who had caused the problem”. But, 50% of them did vent their feelings in one way or another.

Conclusions

As results are highly complex we shall divide our conclusions into two parts: *stress* and *coping*.

Stress

In the course of the pilot study, when the elderly persons were questioned about stressing situations occurred over the previous week, we noticed that practically all 30 elderly respondents replied that they had had no problems over the past week. When the original period was modified and replaced by a longer one -“over the past years”- they started telling their stories easily and usually mentioned very stressing situations. Difficulties in eliciting a review of everyday stressing events experienced over the previous weeks by elderly adults proved similar to those encountered by other studies on the subject (Aldwin, 1994; Aldwin, Sutton, Chiara, & Spiro III, 1996). A possible explanation, which would coincide with that posited by other authors, is that, given the grave problems normally faced by elderly people at this stage of their lives, everyday problems, as well as those which may have occurred over the previous week, are not deemed important or seen as a source of stress.

This would also partly explain the type of problem reported by the 231 elderly persons interviewed for this study. Half of them answered that they had undergone traumatic experiences, such as the death of a loved one (spouse, brother/sister, etc.), serious health problems, both in themselves and in close relatives and, lastly, car accidents. And among those who mentioned intrapersonal problems, most of them said they had been worried by health problems a relative.

Rodin (1986), and Solomon (1996) obtained similar results. They maintain that in old age, elderly people are subjected to stressing situations which they cannot control, such as chronic illness, death of relatives, and friends, disability and the approach of death.

An analysis of gender influence on stressing events reported, we may conclude with a given error margin, that both phenomena are statistically independent. This means that men did not significantly differ from women in the type of problems reported.

As regards traumatic experiences connected to grave health problems, it is worth noting that, despite the low number of elderly men, and women who reported having had such problems, it was only women who mentioned

fractures, and bone ailments. And only men mentioned trouble in the cardiovascular system (myocardial infarct) (see Table 2). This leads us to pose the question: Had we been able to fulfil the necessary conditions to assess the relationship between gender, and type of pathology reported, would we have obtained the same results? Or does gender also weigh upon health problems at this stage in life?

Coping

From the findings obtained in coping strategies we may conclude:

In cognitive strategies included under *appraisal-focused coping*, both groups of elderly persons thought realistically about a problem when faced with it. However, elderly men were more inclined to define the meaning of the situation, accepted reality but restructured it to find something favourable.

This difference may be due, at least partly, to the process of socialization that plays an important part in learning roles and conducts appropriate to the gender of individuals (Moore, 1988). Societies where elderly adults grew were characterized by a basically traditional structure of gender and social ties. Woman was primarily defined by her role as a mother and men by their performance in tasks which involved decision-making (Keating, & Kutz-Costes, 1998) within the labour sphere. This would ensure his compliance with the socially established mandate to provide for the upkeep of his home and family. The constant use of cost-benefit analysis was a basic prerequisite for a good performance of such role.

The *problem-focused coping* style of elderly men, and women proved similar. When faced with a problem, both groups only occasionally sought more information and tried to solve it, they followed expert advice, and tried to find compensatory solutions.

The fact that the stressing events mentioned more often were deeply serious probably accounts for this coping style, at least in part, which proved similar in both groups of elderly persons.

As regards the *emotion-focused coping* dimension, both groups applied similar strategies when faced with a stressing situation. Men, and women alike tried hard to control their emotions, managed to accept what had happened to them and keep their personal dignity.

The experience that an elderly person has acquired throughout his life probably allows him to tap on psychological resources from his own life history. And these help him keep his emotional balance when faced

with irreversible situations and continue living within the community according to its rules and regulations.

Briefly, the groups of elderly people who participated in this study did not differ in the kind of stressing situations reported as far as gender is concerned. They all coincided in underrating everyday situations, which were not even deemed as sources of stress. Deeply grave situations were described as causing stress. The death of a loved one, health problems, accidents, worrying about their own children and grandchildren, among others, are stressors whose intrinsic characteristics do not admit different evaluations according to based on gender.

As regards the coping strategies used by the elderly persons interviewed when faced with such stressors, men differed from women in two out of nine strategies: logical analysis and cognitive redefinition. In those that belong in the *problem-focused coping* and *emotional-focused coping* dimensions, both groups showed the same coping style. These conclusions are generally similar to Lowenthal's, and collaborators (1975). They posited that such phenomenon may be accounted for by changes in personality when people reach middle age: men turn more dependent and women, more aggressive.

As regards to men, this could be explained as a consequence of the negative effects of retirement. They lose their main roles at work which define their social identity. So, they spend more time at home doing secondary tasks such as repairing electric device, and shopping. In a way, this explains the fall of their autonomy.

As regards to older women, they keep the role that defines her feminine status. Taking care of the family group, and being its emotional support, are activities in which she enrolls with an aggressiveness that is socially legitimated and necessary to accomplish her social established mandate.

Future research should examine in each stressor in old age gender-related differences in how energy is expended in a shift from a reliance on coping strategies to general management skills.

Table 1
Type of problem reported (percentages)

Type of stressors	Gender	
	Male n = 56 %	Female n = 175 %
Interpersonal difficulties	9	6
Intrapersonal difficulties	15	17
Life changes	3	8
Life stress	11	8
Others' problems	3	4
Traumatic experience	59	57
Total	100	100

$\chi^2 (n = 231) = 2.47, n.s.$

Table 2
Types of traumatic experiences reported (percentages)

Traumatic experiences	Male <i>n</i> = 33 %	Female <i>n</i> = 100 %
1. Death of a loved one	69	80
2. Serious health problems	22	15
2.1. Major surgery	11	5
2.2. Myocardial infarct	9	0
2.3. Bone ailment or fractures	0	5
2.4. Hemiplegia	2	3
2.5. Others	0	2
3. Automobile accident	9	5
Total	100	100

$\chi^2(n = 133) = 1.21, n.s$

Table 3
Types intrapersonal difficulties reported

Intrapersonal difficulties	Male <i>n</i>	Female <i>n</i>
Problems in their own health	5	9
Health problems of a close relative	1	14
Retirement	1	2
Emigration of offspring	0	3
Total	7	28

$\chi^2 (n = 35) = 1.81, n.s.$

Table 4
Age differences in coping strategies using an abridged version of WCCL

Dimensions of appraisal and coping responses	Coping strategy	Gender		Univariate <i>F</i> (1,230)
		Male	Female	
<i>Appraisal-focused coping</i>	1. Logical analysis	1.438	1.230	.048*
	2. Cognitive redefinition	1.518	1.227	.014*
	3. Cognitive avoidance	.938	.887	.651
<i>Problem focused - coping</i>	4. Seek information or advice	1.205	1.267	.711
	5. Take problem-solving action	1.531	1.963	.203
	6. Develop alternative rewards	.799	.593	.062
<i>Emotion focused-coping</i>	7. Affective regulation	1.387	1.567	.078
	8. Resigned acceptance	1.469	1.493	.812
	9. Emotional discharge	.679	.681	.969

* $p < .05$

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