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Women's Perceptions of Aging: Fears, Preferences and Concerns*

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ABSTRACT

Given the paucity of existing research, the current study sought to map the terrain of women's fears, preferences and concerns about aging. Nearly half of the sample surveyed, 1000 healthy primarily white women, said they feared getting older. This fear was significantly associated with increased health concerns and abdominal problems; greater concern for appearance, and lack of confidence in future self-care ability. On average, participants indicated that they began to fear aging during their own previous decade of life. Women in the 20–29 and 30–39 age cohorts had the highest rate of fear of aging, after which fear of getting older tended to decrease with subject age. Women aged 40–49 and 60–69 were most confident in their self-care ability. Concerns about health problems and not having enough money were reported nearly three times as often as other concerns; and the patterns of concerns differed significantly by age and marital status. Implications for women's health care, mental health, and self-care are discussed.

Key words: perception, aging, concern, fear, self-care ability

Little research to date has addressed the complex area of women's perceptions of aging. This needs to change because a girl born in the United States in the past decade now has a one-in-three chance of living to 100 (Sheehy, 1995). Attitudes and perceptions are central to satisfaction, self-image, self-esteem, cognitive function, and emotional well-being (Mirowsky & Ross, 1992; Schieman et al., 2002), all important aspects of one's experience of life.

One little-studied perception is fear of aging or aging anxiety. Lynch (2000) found that aging anxiety tended to decline across the life course and women had more aging anxiety than men. Although the consequences of aging anxiety are not clear, researchers have shown that emotions do influence the neurotransmitters that control body, behavior (Pert, 1997), and immune response (Thomsen, Mehlsen, Hokland, Viidik, & Zachariae, 2003).

Such biological responses exert significant influence, but socioeconomic conditions can also contribute to psychological climate (Ross & Drentea, 1998). In fact, societal factors may be stronger influences than biology, and women's higher rate of depression may be due primarily to their experience of being female in our society today (Tavris, 1992). Economic concern about money has recently been associated with the emotional and physical health complaints of women with arthritis (Skinner & Zautra, 2003). Education (Mulatu, 2002, Ross & Van Willigen, 1997), marital status, and employment have also been associated with variations in experiences, fears, and concerns over the life course (Mirowsky & Ross, 1992). All these factors are also likely to influence women's perceptions of aging.

Learning theory suggests that people develop conceptions about their bodies and emotions in terms of a sense of power or helplessness (Peterson, Maier, & Seligman, 1993). Although women have traditionally had little power in our society, they have been acculturated to measure themselves harshly (Tavris, 1992). These theoretical constructs form the foundation for this study.

RESEARCH QUESTIONS

Given the paucity of research about women's perceptions of aging, the current study sought to map the terrain by asking: (a) What are women's dominant concerns about getting older? (b) What factors affect a woman's confidence in her ability to care for herself in the future? (c) Do women's perceptions and concerns about aging differ by age cohort, employment type, education

level, marital status, or the fear of getting older?

METHOD

Participants

Women from all 50 United States, and several foreign countries volunteered to participate without compensation in this ongoing research. In general, the sample comprised healthy, physically active women, average age 41 years (range 12 to 86 years). Demographics are summarized in Table I. The typical woman in the present study, compared to the average woman characterized by the 2000 United States Census (U.S. Department of Commerce, 2000), is more likely to be married (61% vs. 51%), more likely to have a college degree (54% vs. 30%), and somewhat more likely to be employed (66% vs. 61%). Our sample was much more likely than the national average to work as a professional (42% vs. 18%) and less likely to work in a clerical or support role (14% vs. 24%.)

Table I

Demographic Characteristics of Sample.

Marital status	%	Education	%	Employment	%	Ethnicity	%
Never married	26	High school	24	Technical	5	White	94
Separated	2	Technical	8	Homemaker	15	Black	2
Married	61	College	54	Support staff	14	Hispanic	1
Widowed	3	Postgrad.	14	Student	11	Asian	1
Divorced	9			Professional	42	Native Am./other	1
				Self	4		
				Labor	1		
				Unemployed	2		
				Retired	5		

Note: Percentages may not equal 100 due to rounding.

Instruments

The study employed both qualitative and quantitative measures to elucidate the variability in perceptions of aging. A self-report survey, The O'Reilly Women's Aging Inventory (TORWAI), developed in keeping with generally accepted practices for health-attitude scale construction (Torabi, 2001), was the primary data collection instrument.

Paper-and-pencil inventories were given to a variety of women including those in civic organizations, health clubs, and universities in southwest Missouri. The WomenSpk.com Web site was developed to provide an additional survey forum. A snowball technique was used to encourage other women to visit the Web site to take the survey. Subjects also found the site by searching with America OnLine keywords including *women, aging, health, attitudes, and perceptions*. The Web site explained the purpose of the research and invited visitors to complete the survey instruments electronically. All participants signed a release or clicked the Internet version indicating their informed consent.

The survey questions arose in part from the principal author's 20+ years of clinical practice. Items were also generated through research reviews, interviews, and clinical and personal observations. Subject matter experts (including sociologists, clinical psychologists, educators, businesswomen, marketing specialists, health and fitness professionals, and many representatives of the target audience) reviewed and edited the items. Open-ended questions were included to encourage a greater range of responses and less conformity to a response set. Attitudinal and demographic information was also obtained.

Data Analysis

Responses were downloaded, coded, and entered into SPSS 10.0, where they were checked for out-of-range values and prepared for analysis. A variety of statistical procedures were employed in exploring the data set.

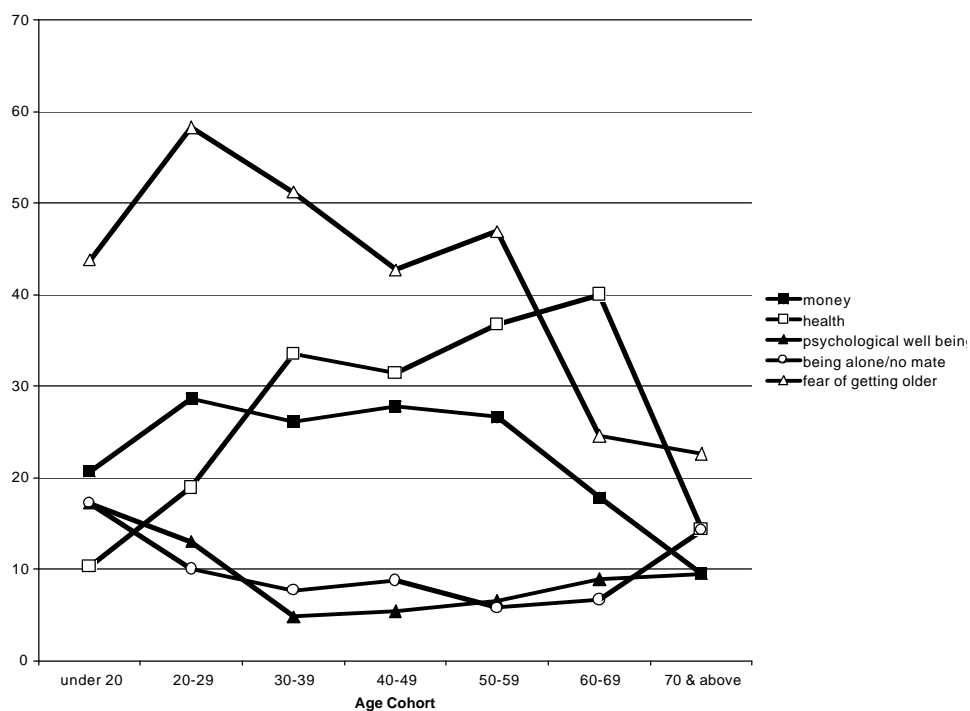
RESULTS

In all, 1,000 surveys (784 from the Internet and 216 paper and pencil) were sufficiently complete for inclusion in the present study.

Fear of Getting Older

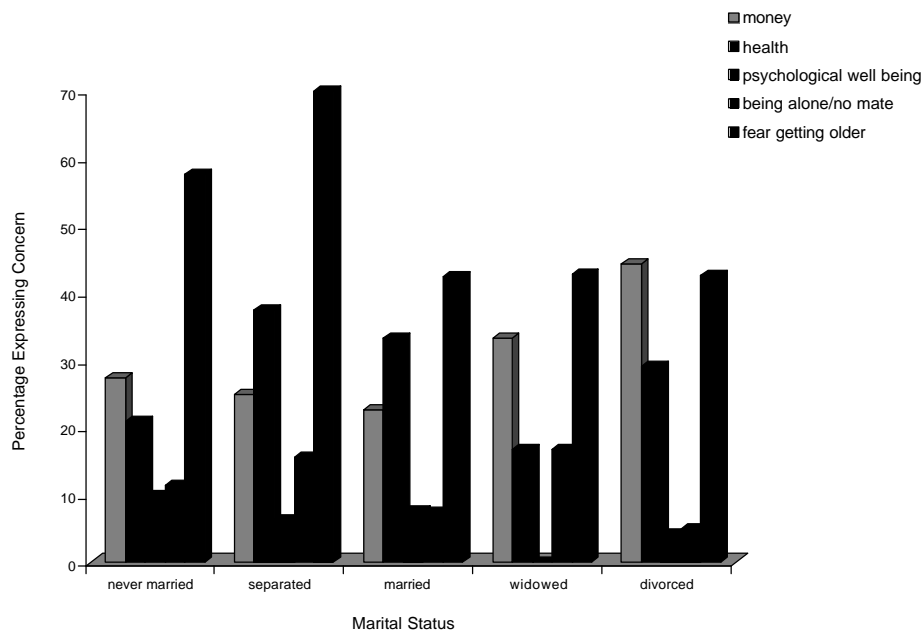
Nearly half of respondents ($n = 451$) assented to a fear of getting older. Women who assented to such fear expressed significantly more overall health concerns, $t(962) = 1.70$, $p = .045$, and more abdominal problems, $X^2[1] = 9.68$, $p = .002$, than those who were not fearful. Significant differences also occurred in fear of getting older in several demographic groups. Figure 1 graphs the differences among age groups, indicating the oldest participants were dramatically and significantly less fearful than younger ones, $X^2[6] = 34.042$; $p < .001$.

Figure 1. Fear of Aging and Major Aging Concerns by Age Cohort.



Significant differences in fear of aging also emerged among marital groups, $X^2[4] = 21.064; p < .001$, with never-married and separated women more fearful (Figure 2).

Figure 2. Fear of Aging and Major Concerns by Marital Status.



The mean age overall for developing this fear was 34 years, but this finding varied significantly with age of respondent ($r(985) = .77, p < .001$). On average, participants indicated that they began to fear aging during the previous 10 years (for example, those in their forties began to fear getting older when in their thirties). Regardless of their age, hardly any said they had been afraid for more than 20 years.

Worry About Aging

Significant differences emerged between age cohorts ($F(6,949) = 2.99, p = .007$) in response to the question “How much do you worry about aging?” Women in the 20–29 and 30–39 age groups reported the highest rates of worry (means above 2.0 on a scale of 1–4). Neither marital status, nor education, nor occupational group differed significantly in amount of worry about aging.

Most/least Desired Age

Women who assented to a fear of getting older reported most-desired and least-desired ages that were significantly different from those who were not fearful, $X^2[9] = 60.012; p < .001$. Women who feared getting older were nearly twice as likely to list 25 as most desired, compared to those who did not fear getting older (51% vs. 29% respectively). They were also much less likely to select age 50 (1% vs. 6%), 55 (2% vs. 6%), or 60 (1% vs. 4%) as most desired. Interestingly, the numbers who picked 70+ as most desired were nearly identical for those who did and did not fear aging (12.5% and 12.8%).

Women’s Aging Concerns

Table II lists the concerns that women rank-ordered in response to the question, “As you grow older, what are your major concerns?”

Table II

Respondents Ranking Item As Major Aging Concern

Aging concern	%
Having health problems	29.4
Not having enough money	26.0
Being alone	10.1
Loss of psychological/emotional well-being	7.8
Not having a mate	7.1

Financial ignorance	2.4
Having a spiritual void	4.7
Fear of dying	4.1
Losing youthful physical appearance	4.1
Society's view of you as an aging citizen	2.8
Other	1.4

N = 1,000

Chi-squares showed that these aging concerns differed significantly by age and marital status, but not by occupation, education, or fear of getting older. Cross-tabulations by age group revealed striking variations in the patterns of major concerns of different age cohorts. A chi-square test showed these differences to be statistically significant, $X^2[60]=140.36, p < .001$. Figure 1 represents graphically the percentages of participants in each age cohort that expressed the four top aging concerns.

The various marital status groups also evidenced significant differences in their ranking of concerns (Figure 2). These differences were statistically significant, $X^2[40]=87.11, p < .001$, although this result should be interpreted with caution because many cells had expected values less than 5. Rank-ordered aging concerns did not differ significantly by occupation, education, or fear of aging.

One of the inventory items asked women to write in answers to the question, “As you are growing older, what is your greatest concern now? In 5 years? In 10 years? In 20 years?” We evaluated the responses and grouped them into thematic categories for ease of statistical analysis. Fear of getting older accounted for differences in write-in responses of aging concerns for the present and for 5 and 10 years in the future. Women who said they feared getting older were nearly three times as likely as those who were not fearful to list appearance as their greatest concern today and in 5 years. Projecting 10 and 20 years into the future, fearful women were still more than twice as likely to cite appearance as their greatest concern. Interestingly, only one third as many women had cited “losing youthful appearance” in an earlier rank-ordering item (4.1% vs 11.2% vs, respectively).

Women who feared getting older were also more likely than women who were not fearful to write in *self* (8% vs. 5%, respectively) and less likely to write in *family/children* (10% vs.

14%) as their greatest concern in 10 years. Projecting 20 years into the future, those who feared aging were only half as likely to mention family/children as those who did not fear getting older (4% vs. 8%).

Confidence in Self-care Ability

Chi-square tests showed significant differences by age group, $X^2[6] = 15.09, p = .02$, in response to the question “Do you believe you can take care of yourself and any problems that might happen to you today?” (Table III). Teenagers and women over 70 were the least likely to express confidence in their ability to care for themselves today although the vast majority felt they could. The women most confident in their ability to care for themselves today were those in their forties, followed closely by women in their sixties.

Table II
Percentage Confident in Self-care Ability (N=984)

Subgroup (n)	Today	In 5 years	In 10 years	In 20 years
Age	*	***	***	***
Under 18 (33)	81.8	87.9	93.9	87.9
20–29 (214)	87.9	94.9	96.3	90.7
30-39 (218)	91.3	92.2	92.7	85.8
40-49 (263)	94.5	93.9	89.4	78.7
50-59 (163)	91.4	89.0	82.2	58.9
60-69 (62)	93.5	85.5	79.0	45.2
70 + (31)	83.9	74.2	35.5	25.8
Marital status	**	*	***	***
Single (253)	85.8	91.3	92.9	84.6
Separated (20)	90.0	85.0	95.0	70.0
Married (597)	93.1	92.6	89.3	76.5
Widowed (28)	89.3	75.0	32.1	21.4
Divorced (83)	95.2	92.8	85.5	67.5
Employment	***	***	***	***
Student (107)	86.0	91.6	96.3	89.7
Support staff (136)	93.4	90.4	88.2	76.5
Professional (399)	94.0	95.7	92.2	77.9
Housewife (146)	88.4	84.9	82.2	69.9
Technical (50)	92.0	96.0	92.0	80.0
Retired (51)	88.2	78.4	58.8	35.3
Self-employed (35)	97.1	100.0	97.1	94.3
Unemployed (22)	63.6	77.3	68.2	54.5
Education	*	**	*	NS
College (523)	91.4	92.9	90.2	78.2
High school (233)	87.1	85.8	82.8	73.0
Postgraduate (134)	97.0	95.5	90.3	78.4
Technical (73)	93.2	91.8	87.7	72.6
Fear getting older	***	*	*	NS
Yes (453)	88.1	89.4	85.9	73.3
No (512)	93.9	93.4	90.0	77.7

* $p < .05$. ** $p < .01$. *** $p < .001$

NS = not significant

However, our results also show many women are less confident about their ability to care for themselves in the coming 5, 10, or 20 years than in the present. For example, women currently in their forties, fifties and sixties express high confidence in their ability to care for themselves at present. However, when younger women imagine their ability to care for themselves when they reach those ages in the future, they project a noticeably lower confidence rate. The most dramatic differences show up when the women imagine 20 years into the future.

Confidence in self-care ability also differed significantly by marital status, with separated and widowed women noticeably less confident than the other groups. Although single and separated women predicted a greater ability to care for themselves in 5 and 10 years than in present, all groups are less confident of their ability to care for themselves in 20 years, with the most dramatic decline in the widowed group.

Even stronger differences existed by employment type. Self-employed women consistently express the greatest confidence for all periods. In the 5-year projections, confidence of technical workers approximates that of professionals. In the 10- and 20-year projections, students have positive expectations approaching the highs of the self-employed.

Differences among education levels were significant for the 5- and 10-year projections but not for 20 years. High school graduates showed the lowest confidence at all periods. Interestingly, women with technical educations showed the next-lowest confidence, despite the fact that those who reported technical employment projected higher confidence than professionals for some time projections.

Women who feared getting older were significantly less confident of their ability to care for themselves and their problems today, $X^2[1] = 10.30, p = .001$; in 5 years, $X^2[1] = 4.84, p = .03$; and in 10 years, $X^2[1] = 3.98, p = .05$; but not at 20 years, $X^2[1] = 2.58, p = .11$. These results should be interpreted with caution, however, because many cells had expected values less than 5.

DISCUSSION

The most striking finding of this study was the frequency and effect of the fear of getting older. In every age cohort except the 60–69 group, women report fear of getting older more often than any other specific concern. Even at age 70+, women expressed more fear of aging than concern for any other specific issue. Nearly half the subjects said they feared growing older, with

the highest rate of fear occurring between ages 20 and 39. The sharp drop at age 60 indicates a marked abatement in this worry as women achieve the aging benchmarks identified by O'Reilly et al. (2003). In that study, participants placed the *aging* benchmark at a mean age of 58.28 years, and the *old* benchmark at a mean age of 74.9 years. It is also interesting that never-married and separated women assented to the fear of getting older far more frequently than those who were married, widowed or divorced. Evidently being unmarried per se is not the deciding factor; instead, it may be that being never married or separated is associated with uncertainties that create more anxiety than widowhood or divorce, each of which carries a finality and perhaps more financial certainty.

The relationship of aging fear to somatic complaints, particularly abdominal pain, is noteworthy. Because of the importance of the intestinal tract in immune function, this finding may have implications for immune dysfunction in women.

This influence of emotion on health may contribute to the mechanism that causes women to experience much higher rates than men of diseases associated with emotions and perceptions. Women have higher rates of depression, autoimmune diseases, multiple sclerosis, rheumatoid arthritis, lupus erythematosus (Whitacre, Reingold, & Looney, 1999), osteoporosis (National Institutes of Health, Osteoporosis, n.d.), and irritable bowel syndrome (Mayo, n.d.). Logically, a pervasive fear could influence all bodily systems. Furthermore, psychosocial therapies that target cognitive and emotional rather than medical issues have shown promise in preventing second heart attacks, which occur nearly twice as often in women as in men (<http://www.americanheart.org>, n.d.). Recently researchers have shown positive health effects, including increased longevity, to be associated with an attitude of optimism, (Mulkana & Hailey, 2001; Levy, Slade, Kunkel, & Kasl, 2002; Brummett et al., 2003).

Of any of the specific issues mentioned, health problems were the most often cited by women as aging concerns. Most of the women in this sample (largely professional, educated and employed) likely have health insurance, so their health concerns probably go beyond access to care. Women often report that the medical establishment ignores their health care needs after they pass their childbearing years and that many physicians discount women's health concerns as being in their heads (French, 1992).

Only the concerns of *not having a mate/being alone* and *loss of psychological well-being* resembled the U-shaped curve many researchers have reported for depression (Schieman et al.,

2002). We found that women have many strong concerns that do not follow a U-shaped curve, and that the patterns differ among age cohorts.

It is interesting that three times as many women wrote in *appearance* as a major concern as had cited *losing youthful appearance* on the rank-ordering item. Losing the look of youth may be less of an issue for women than simply wanting to look their best at any age. In any event, appearance was a persistent concern for a minority of women.

The results of the present study must, of course, be interpreted with caution because of several limitations. For example, the exclusive use of a self-report instrument creates a mono-method bias and the self-selection process skews the sample. Nonetheless, this study begins to provide specific information about women and their fears and concerns about aging.

Obviously, the differences among age cohorts may reflect the historical experiences of women born at various times in the 20th century. As society continues to change, the perceptions and concerns of each age cohort may also change. This is an ongoing project and most subjects volunteered for future interviews and retesting. Surveys continue to be collected on the WomenSpeak.com Web site.

CONCLUSIONS

Caregivers may find it difficult to get women to candidly discuss their fears and concerns about aging. Theorists suggest people may experience feelings of embarrassment associated with aging issues because of their association with social judgments that threaten their identities (Schieman et al., 2001). However, caregivers who can uncover a client's fear of getting older may find this a useful indicator for other perceptions, concerns, and health issues.

Negative views of aging may operate below the level of awareness because, having been internalized in childhood, they are unlikely to be consciously evaluated by adults (Levy, Slade, Kunkel, & Kasl, 2002). Although caregivers cannot immediately change societal patterns, they *can* affirm women's experience in a society rife with causes of frustration, inequality, disadvantage, strain, and deprivation (Mirowsky & Ross, 2002).

This study sought to assess women's perceptions and concerns as they experience the natural and inevitable aging process. Women's success in aging will directly affect the society in which they live, and this research is relevant to any health care provider who works with women. Caregivers who help older adults process their fears and develop positive self-perceptions of aging might also help them live longer, healthier lives (Levy, Slade, Kunkel, & Kasl, 2002;

Brummett et al., 2003).

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