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Older Psychologists Survey



Committee

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introduction

In 1993, the Committee on Women in Psychology (CWP) of the American Psychological Association (APA) proposed a new initiative to focus on older women within the profession of psychology and within society. This grew out of the committee's concern that the U.S. population is aging and that the majority of older people are women. There was also concern that current research and practice may not adequately address this important area.
In 1994, the committee further defined two purposes of the initiative:
(1) To identify the needs of older women psychologists and (2) to assess how older women and aging are treated in psychological theory, research, training, and practice.

To address the first issue, that is, to identify the needs of older women psychologists, CWP conducted the Older Psychologists Survey, the report of which follows. To address the second issue, CWP sponsored some preliminary research on how women and aging are treated in the field of psychology—a pictorial analysis of the portrayal of older women in introductory psychology textbooks (Holden, 1997).

Aging of the World's Population

Demographic trends indicate that we are living in an aging society. In the 75 years from 1950 through 2025, the world's population of individuals 60 years old and older will have increased from 200 million to 1.2 billion, or from 8% to 14% of the total global population. Among the elderly, the "old-old" population (those over 80 years of age) will have grown from 13 million in 1950 to 137 million in 2025. While the total world population will have grown by a factor of little more than 3, the elderly population will have grown by a factor of 6, and the old-old population by a factor of 10 (United Nations, 1992).

In the United States, the percentage of people 65 and older has tripled from 4.1% in 1900 to 12.7% in 1997, and the number has increased from 3.1 to 34.1 million. It is anticipated that this older population will continue to grow, and, by the year 2030, people 65 and older will represent approximately 20% of the U.S. population (American Association of Retired Persons (AARP), 1998).

Women and ethnic minorities will likely increase at a greater rate than other subgroups of older people. Women now make up 60% of the 65 and older population. In 1997, there were 143 women for every 100 men in the United States. Women increasingly outnumber men as they age. In the group of people aged 65 to 69, there were 119 women for every 100 men, but in the 85 and older group, there were 248 women for every 100 men (AARP, 1998). By the year 2000, it is expected that there will be five women for every two men over the age of 75. Racial and ethnic minorities currently constitute about 15% of the elderly population, but the percentage of racial and ethnic minority elderly is expected to increase as the number of ethnic minorities in the general population continues to grow (AARP, 1998).

Older Psychologists: A Data Gap

There is a growing body of literature on the living arrangements, work and retirement, financial situations, and health and well-being of older Americans (AARP, 1996; Greenberg & Motenko, 1994; National Institute on Aging, 1993; Olson, 1992; Schaie, 1994). The emerging portrait of Americans aged 51 through 61 and their spouses comes from the Health and Retirement Study (HRS) conducted by the University of Michigan's Institute for Social Research (ISR). This survey is one of the largest and most innovative longitudinal studies ever undertaken to better understand how people fare as they age. Funded by the National Institute on Aging, National Institutes of Health, the HRS was started in 1990 and gathered information from more than 12,600 people. Among the people surveyed, there were some gaps in information about people in various professions, including psychology. The Older Psychologists Survey was undertaken to fill this gap.

In 1997, APA had 84,426 members, of whom 53% were men and 47% were women (APA, 1997). However, if one looks at the gender distribution by age, a more complex picture emerges. In the 55 and over age group, males outnumber females by a margin of almost 3:1 (APA, 1996). Prior to 1970, a relatively modest number of women received doctorates in psychology or, indeed, in any major discipline. However, the percentage of women entering the field of psychology (graduating with PhDs) has been steadily increasing. In 1996, 66% of the psychology doctoral recipients were women (Henderson, Clarke, & Woods, 1998). In 1996, the ratio of women to men in the 44 years and younger age category was approximately 3:2 (APA, 1996). It is anticipated that the number of women psychologists over the age of 55 will increase significantly (see the *Report of the Task Force on the Changing Gender Composition of Psychology* for a discussion of the implications of demographic change issues, APA, 1995).

Many older adults work. About 12% of the U.S. labor force consists of people over age 65 (men over age 65 account for 17% of the men in the workforce, and women over age 65 account for 9% of the women in the workforce). Approximately half (51%) of the men over age 65 work part time, while 63% of women over age 65 work part time (AARP, 1996). Little information is available on the percentage of older psychologists who work, either full or part time, nor is much known about their experiences in the workforce and satisfaction with their jobs.

Prior to 1975, the literature on the retirement experiences of women suggested that this lack of attention to women's issues in retirement resulted in part from the fact that very few Caucasian women had entered the work force before the 1950s (Szinovacz, 1982). However, as more women have entered the work force, there has been a corresponding increase in research on women and retirement. However, little if any information is available on retirement issues of women psychologists or, for that matter, women in any occupational group.

"Differences in income and poverty rate by gender (and by race) become more pronounced in old age" (Olson, 1992, p. 262). In 1995 older men had a median income of $16,484, while the median income for women was $9,355. In 1995, the median income for Caucasian households, including families headed by persons 65 and older, was $28,301; for African Americans, the median was $22,704; and for Hispanics, the median was $21,181. Although 38% of family households with an elderly head had an income of more than $35,000, almost one out of six family households with an elderly head (17%) had incomes of less than $15,000.

Approximately 1 out of 4 elderly Blacks and Hispanics lived below the poverty line, compared with 1 out of 11 Caucasians. (The poverty line in 1995 was $9,212 for couples and $7,309 for individuals living alone.) Older women (14%) were more likely to live in poverty than older men (6%) (AARP, 1996). African American women, who, as noted earlier, represent 60% of the African American population over age 65, are more likely than Caucasian women to be single and economically deprived (Olson, 1992). Almost half (49%) of older African American women who lived alone were poor in 1995 (AARP, 1996).

How did older psychologists fare financially? Did women fare as well as men? How did psychologists of color do financially? Data were not available to answer these questions. Likewise, information was not readily available about sources of income for psychologists. Social security is the major source of income for 42% of persons 65 and older; pensions account for 19%; earnings, for 18%; asset income, for 18%, and earnings from all other sources, 3% (AARP, 1996). Did these patterns hold for psychologists?

Additionally, information on life satisfaction and functioning, health and well-being, social supports, living situations, and professional involvement was seen as vital to understanding and appreciating the lives and needs of older psychologists, and, especially, the special strengths and needs of older women psychologists.

The Committee on Women in Psychology designed the Older Psychologists Questionnaire to answer a number of questions:

- How are older women faring in the profession compared with older men?
- What kinds of issues do women psychologists face as they age?
- What, if any, kinds of bias and discrimination are particularly associated with the combination of age and gender?

In addition, CWP was interested in older women psychologists' daily living arrangements, financial situations, work, retirement, overall life satisfaction, and specific aging issues, such as physical changes, health, and the individual's feeling of control over life's inevitable demands. Finally, by focusing on a sample of older psychologists, this study attempts to make a contribution to the literature on women and aging.

procedure

The Committee on Women in Psychology and the APA Research Office created the questionnaire used in this research (see Appendix for survey instrument). The study was undertaken to understand how older psychologists, women in particular, manage as they age. Although the

committee was particularly interested in older women psychologists, because of the lack of information on older psychologists in general, men were included to provide a more complete picture of aging psychologists and to provide a comparison group for older women psychologists. People of Color were over-sampled to assure adequate representation.

Approximately 11% of the 17,993 members of APA 55 years old and older (or 2,000 psychologists), chosen at random, were included in the sample. Each of the psychologists was mailed a questionnaire and a self-addressed stamped return envelope. A second mailing was sent about 6 weeks later to those who had not replied to the first mailing. Included in this mailing was a copy of the questionnaire with a self-addressed stamped return envelope.

The questionnaire consisted of 32 questions. All but the last six questions were multiple choice or used five-point Likert scales. The last six questions were open-ended and required descriptive answers. The Likert scales ranged from 1 (most negative) to 5 (most positive). The respondents were divided into three age categories: 55–64, 65–74, and 75 and older. Each age category was then sorted by gender, and each gender group was then divided into two ethnic/racial groups: Caucasian and People of Color. Frequencies were cross-tabulated by age, gender, and ethnic group, where possible. Most of the data were subjected to analysis of variance. In a few instances, where appropriate, correlations, percentages, or means were reported.

results and Discussion

Of the 2,000 questionnaires mailed to a random sample of members of the American Psychological Association aged 55 and older, 1,151 were returned (57.5%).

Demographics

Respondents ranged in age from 55 to 96 years old (see Table 1). For statistical purposes, they were assigned to one of three age groups: 55–64 years old, 65–74 years old, and 75 years old or older.

In spite of over-sampling of People of Color, few members of each ethnic group were among the respondents. There were 55 African Americans (4.8%), 11 Mexican Americans (1.0%), 9 Puerto Ricans (0.8%), 35 Hispanics (3.0%), 34 Asian Americans (3.0%), 17 Native Americans (1.5%), and 996 Caucasians (86.5%). Some of the respondents identified more than one ethnicity; 10 (<0.1%) provided no ethnic affiliation/identification. Therefore, again for statistical purposes, the respondents were each assigned to one of two ethnic groups: Caucasian (non-Hispanic) and People of Color (those who indicated ethnicity other than Caucasian (non-Hispanic)). In sum, 983 non-Hispanic Caucasians made up 85.4% of the sample, and 158 People of Color made up 13.7%. The combined age-ethnic-gender groups for the 1,119 respondents who provided complete demographic information are presented in Table 1. People of Color in the age 75 and older group were few (eight Women of Color and three Men of Color).

In general, People of Color are underrepresented in the field of psychology. Only 5.1% of the current membership of the APA characterize themselves as Psychologists of Color. Psychologists of Color may choose professional membership in organizations other than APA; therefore, their numbers as represented in APA may be deceptively low. More than two-thirds (70.4%) of the APA membership categorize themselves as White, and 24% do not specify race or ethnicity (APA, 1997). Therefore, it was necessary to over-sample ethnic minority members in order to have a sample in which the percentage of People of Color (13.9%) was similar to the reported percentage of older ethnic minorities in the United States (15%) (AARP, 1998).

Table 1 *Demographics of Respondents**

Age	Ethnic-Gender Group	N	Percent of Respondents
55–64 Years	Women of Color	65	5.8%
	Non-Hispanic Caucasian Women	409	36.5%
	Men of Color	23	2.1%
	Non-Hispanic Caucasian Men	88	7.9%
65–74 Years	Women of Color	40	3.6%
	Non-Hispanic Caucasian Women	246	22.0%
	Men of Color	15	1.3%
	Non-Hispanic Caucasian Men	86	7.7%
75+ Years	Women of Color	8	.7%
	Non-Hispanic Caucasian Women	93	8.3%
	Men of Color	3	.3%
	Non-Hispanic Caucasian Men	43	3.8%
Totals		***1,119***	***100%***

**Ten respondents listed no ethnicity and are not included in this table.*

The majority of respondents in all age groups were married (59.0%). Men (81.6%) were more likely to be married than women (52.1%) (see Table 2). The Chi-Squares show the significance of gender differences within each age group. The women aged 75 and older (33%) were less likely to be married than women 55–64 or 65–74 (55.5% and 52.6%, respectively), but the reverse was true for men (78.8% for ages 55–64, 81.4% for 65–74, and 87.2% for age 75 and older). The percentage of widowed respondents increased with age, although in the age 65–74 and 75 and older groups, men (3.5% and 4.9%, respectively) were less likely to be widowed than women (13.9% and 36.0%, respectively). The men and women aged 75 and older reported the fewest separations and divorces (4.3% and 12.0%, respectively). There were no differences in relationship status among the ethnic groups.

Table 2 *Current Relationship Status by Age and Gender (Percentages Within Gender)*

		55–64 N = 589	***65–74 N = 392***	***75+ N = 147***
Married	Women	55.5	52.6	33.0
	Men	78.8	81.4	87.2
Divorced	Women	20.8	16.4	11.0
	Men	6.2	6.9	4.3
Widowed	Women	4.2	13.9	36.0
	Men	3.5	4.9	8.5
Committed Relationship	Women	7.8	5.9	5.0
	Men	3.5	3.9	
Never Married	Women	8.4	9.4	13.0
	Men	3.5	1.0	
Separated	Women	1.7	1.4	1.0
	Men	2.7	1.0	
Not in Relationship	Women	1.1		
	Men	.9	1.0	
Religious/Celibate	Women	.6	.3	1.0
	Men	.9		
X2		25.01*** df = 7	31.82*** df = 7	38.61*** df = 6

****p < .001*

The marital status of older psychologists in this study is similar to that of other older Americans. The older women psychologists are less likely to be married than younger women psychologists are. However, male psychologists 75 and older are not only more likely to be married than younger male psychologists, but they are also more likely to be married than any of the cohorts of women psychologists. It would seem that for men the likelihood of being married increases with age, while for women, the likelihood decreases with age. This may be due to the fact that as women age, they outlive and outnumber men. And as Olson (1992) noted, it is culturally acceptable for older men to have relationships with younger women, while older women are expected to maintain relationships only with older men.

The Older Psychologists Survey does not have information about gay and lesbian relationships and patterns of changing relationships across the lifespan (e.g., number of partners/spouses, remarriages after divorce or widowhood, sexual orientations). Few studies have looked at older lesbian women, gay men, and bisexual men and women. More research needs to be conducted with these groups of older Americans (Deevey, 1990).

Living Arrangements

Most of the respondents indicated that they lived with a spouse or partner. More men (82%) than women (54%) lived with spouses or partners. Living arrangements of older psychologists are shown in Table 3. Women (36.9%) were nearly 3 times as likely as men (12.9%) to live alone. Only 36.6% of the age 75 and older women lived with a spouse or partner, whereas at least 50% of the women aged 55–75 years old lived with spouses or partners. The percentage of men living with spouses or partners was between 80% and 85% in all three age groups. The women aged 75 and older were more likely to live alone (46.5%) than were women aged 65–74 years (38.5%) and women aged 55–64 years (34.0%). Very few of the older psychologists in our sample lived in institutions (1.4%).

Table 3 *Living Arrangements of Older Psychologists* (Percentages Within Gender)*

		55–64 N = 583	65–74 N =390	75+ N =147
Alone	Women	34.0	38.5	46.5
	Men	10.7	5.8	13.0
With Spouse/Partner	Women	58.6	53.8	36.6
	Men	80.4	82.2	84.8
With Family	Women	4.0	3.1	5.0
	Men	11.6	3.0	0.0
With Friends	Women	2.3	3.5	5.9
	Men	2.7	0.0	0.0
In Institutions	Women	0.6	0.0	8.9
	Men	1.8	0.0	4.3
With Children	Women	9.3	2.8	5.0
	Men	7.1	7.9	0.0

**Statistics are not available because respondents lived in a variety of household situations, including combinations of the above groups of people.*

Living arrangements of the psychologists in this sample were similar to those of the Caucasian population in the United States (AARP, 1998). Men were more likely to live with their spouses/partners than were women, partially because more men had spouses/partners. If a woman was not living with her partner, she was more likely to live alone than to live with friends or family. This is similar to the living arrangements of women over age 75

in the United States. The Psychologists of Color in this study were less likely to live with their families than the general population of People of Color in the United States (AARP, 1996). This may be attributable to this group of professionals' having greater financial resources than the general population of People of Color.

Women were more likely than men to live by themselves than with relatives or children. According to a Louis Harris poll (1990), fewer than 1% of elderly persons who live alone say they would prefer to live with their children, although 75% have children with whom they could live. Of the elderly persons living alone, 80% are women, and two-thirds are widows (Choi, 1991; Rowland, 1991). Of older women, 40% live alone, and, of older men, 16% live alone.

Most of the Psychologists of Color resided in urban areas, whereas the non-Hispanic Caucasian psychologists were evenly divided between urban and suburban areas. A larger percentage of men (13.4%) lived in rural areas than did women (9.4%) (see Table 4). Of the older psychologists, 48% lived in the city, whereas only 30% of older people in the United States are described as living in "central cities" (AARP, 1996).

Table 4 *Geographic Locations of Respondents (Percentages Within Ethnicity and Gender)*

	Urban	Rural	Suburban
Women of Color	61.1	06.2	32.7
Non-Hispanic Caucasian Women	46.4	09.7	44.0
Men of Color	54.8	16.7	28.6
Non-Hispanic Caucasian Men	47.9	13.0	39.1

Work and Retirement

Table 5 illustrates that the proportion of psychologists working full time decreased with age as the proportion of retirees increased. Many of the older psychologists continued to work part time whether they considered themselves retired or not.

Table 6 illustrates that no significant differences exist in primary work settings for the psychologists in the different age groups nor were there significant gender differences. However, differences between ethnic groups in primary work settings were evident. A larger percentage of Caucasians (47.2%) were in private practice than People of Color (38.7%). Approximately 1-1/2 times as many People of Color (32.8%) were employed in colleges and universities as Caucasians (21.0%). Twice as many People of Color (7.6%) were employed by the government or military than Caucasians (3.4%).

Of the respondents, 53% indicated that in a typical workweek, they were involved in direct service, which took 69% of their time. Psychologists of Color provided direct service during 62% of the workweek, while Caucasian psychologists used 70% of the workweek for direct service ($F(1, 592) = 4.74$, $p < .01$). Of the respondents, 28% noted that they were involved in teaching, which involved about 30% of their time. Of the respondents, 32% used 31% of their time for administrative activities. There were no differences among groups in the time spent teaching or in administration. Of the psychologists, 29% were involved in consultation. Women used 22% of the typical workweek for consultation, whereas men used 34%, ($F(1, 317) = 12.09$, $p < .01$). Of the respondents, 18% indicated that they were involved in research; the research involved

Table 5 *Employment Status (Percentages Within Gender)*

		55–64 N 585	65–74 N 391	75+ N 148
Working Full Time	Women	72.5	35.2	10.9
	Men	71.4	37.6	2.1
Working Part Time	Women	16.5	23.3	23.8
	Men	8.9	18.8	12.8
Not Employed, Seeking Job	Women	0.4	0.7	0.0
	Men	0.9	2.0	2.1
Not Employed,Not Seeking Job	Women	0.4	4.9	7.9
	Men	1.8	2.0	8.5
Student, Not Otherwise Specified	Women	0.0	0.3	0.0
	Men	0.0	2.0	2.1
Retired, Not Otherwise Specified	Women	4.9	26.8	47.5
	Men	7.1	27.7	66.0
Student,Working Full Time	Women	0.2	0.0	0.0
	Men	0.9	1.0	0.0
Student,Working Part Time	Women	0.6	0.0	2.0
	Men	0.9	0.0	0.0
Retired,Working Part Time	Women	3.6	7.0	7.9
	Men	4.5	7.9	4.3
Working, Not Otherwise Specified	Women	0.6	1.4	0.0
	Men	0.9	1.0	0.0
X^2		16.85 df = 9	9.51 df = 9	15.02 df = 8

****p < .001*

Table 6 *Primary Work Settings*

	People of Color		Caucasians	
	Women	*Men*	*Women*	*Men*
Private Practice	41.2%	32.4%	49.3%	40.0%
College/University	30.6%	38.2%	19.8%	25.0%
Clinic/Hospital	9.4%	5.9%	8.5%	6.9%
Government/Military	7.1%	8.8%	3.4%	3.1%
Secondary/Elementary Education	7.1%	0.0%	5.1%	3.1%
Self-Employed (not private practice)	1.2%	5.9%	5.2%	11.3%
Business/Industry	1.2%	2.9%	1.5%	2.5%

Ethnicity X^2 (7) = 17.9, $p < .05$
Ethnicity and Gender X^2 (7) = 37.9, $p < .05$

19% of the time for men aged 55–64, 29% for women aged 55–64, 25% for men aged 65–74, 29% for women aged 65–74, 46% for men aged 75 and older, and 20% for women aged 75 and older ($F(2, 196) = 3.63$, $p < .05$).

Of the psychologists, 69% spent time in paid employment. As might be expected, the percentage of time individuals spent in paid employment decreased significantly with age: The 55–64-year-olds spent 58% of their time in paid employment, the 65–74-year-olds spent 53%, and the age 75 and older group spent 39% ($F(2, 772) = 9.42$, $p < .05$). Conversely, the percentage of time individuals spent volunteering increased with age. Of the respondents, 40% were volunteers. Those 55–64 years old were involved in volunteering 10% of the time, those 65–74 volunteered 16% of the time, and those aged 75 and older volunteered 23% of the time ($F(2, 440) = 16.38$, $p < .001$).

Many of the psychologists in this sample continued to work after age 65. That is similar to the findings of Onyx and Benton (1996) of Australian professional women who worked in human services. The field of psychology is not usually very physically demanding and offers opportunities for part-time clinical work, teaching, and consultation.

Caregiving

There were significant age ($F(2, 268) = 14.30$, $p < .01$) and combined age and gender ($F(2, 268) = 5.54$, $p < .01$) differences among the 25% of the respondents who were providing caregiving. Caregiving involved 12% of the time for men aged 55–64, 11% for women aged 55–64, 15% for men aged 65–74, 16% for women aged 65–74, 8% for men aged 75 and older, and 36% for women aged 75 and older.

Male and female respondents reported spending about the same amount of time in caregiving, with the exception of the age 75 and older group. All groups reported equal satisfaction with the amount of caregiving they did. These results run counter to the general finding that women spend more time in caregiving than men do. Baker and Hoover (1993) point out that caregiving seems to be mostly a woman's responsibility. Women, in general, are socialized to assume the caregiving role. Why this study did not support this trend is unclear. Some possible explanations include different interpretations of the term "caregiving" (e.g., financial versus physical contributions to the care of others) or the consideration that psychologists, as health care professionals, might be more apt than members of the general population to provide caregiving.

Activities

Significant age ($F(2, 798) = 20.15$, $p < .001$) and ethnic group ($F(1, 798) = 4.16$, $p < .05$) differences were noted for time spent by the 72% of the respondents involved in household duties. Psychologists aged 55–64 spent about 12% of their time on household duties; those aged 65–74, 15% of their time; and those 75 and older, 19%. Caucasians used 16% and People of Color used 13% of their time for household duties; there were no gender differences noted in time spent carrying out household duties.

As the psychologists aged, they spent more time in social activities. Of all respondents, 71% were involved in social activities. Those 55–64 years old spent 12% of their time, those 65–74 spent 15%, and those 75 and older spent 19% of their time in social activities ($F(2, 788) = 22.31$, $p < .001$). Caucasian men in the 75 and older age group (20%), Caucasian women in the 75 and older age group (18%), and Men of Color in the 55–64 year age group (19%) spent significantly more time in social activities than other respondents ($F(2, 788) = 3.28$, $p < .05$). Of the psychologists, 64% indicated that they spent time in avocational or hobby activities. Time spent differed by age ($F(2, 713) = 37.56$, $p < .001$) and gender ($F(1, 713) = 6.21$, $p < .05$). Psychologists 55–64 years old spent 14% of a typical week with their hobbies, those 65–74 spent 22%, and those 75 and older spent 28%. Men spent 21%, compared with women, who spent 17% of their time in avocational pursuits. Men in the 75 and older group (30%), women in the 75 and older group (28%), and Women of Color in the 65–74 year age group (28%) spent significantly more time with hobbies than other respondents ($F(2, 713) = 6.49$, $p < .01$).

Most (75%) of the psychologists reported that they stay current on issues in psychology. They primarily read (52.7%), attended seminars and/or workshops (36.8%), attended conventions and/or conferences (13.5%), or enrolled in classes (3.3%). Relatively few (1%) used e-mail as a way to stay current (see Table 7).

Table 7 ***How Psychologists Stay Current****

	55–64	65–74	75+
Reading	45.7	56.9	74.2
Seminars and Workshops	43.4	32.4	18.6
Conventions/Conferences	14.3	11.7	14.4
Classes	3.9	2.8	2.1
E-Mail Discussions	0.9	1.1	1.0

**Statistics are not available because some respondents used more than one method for staying current.*

Finances

Of the respondents, 23% (19% of the Women of Color, 15% of the Men of Color, 26% of the Caucasian women, and 17% of the Caucasian men) did not provide information about household income. However, of those who responded, the 55–66-year-old age group had significantly more gross household income ($110,981) than the 75 and older age group ($89,866) ($F(2, 872) = 7.6$, $p < .001$) (see Table 8). Changes in marital status, as well as more part-time versus full-time work, could account for part of the decrease in household income with increasing age.

Table 8 ***Mean Household Income***

	55–64 Years N = 487	65–74 Years N = 293	75+ Years N =104
Women of Color	$119,974.55	$74,026.63	$42,833.33
Non-Hispanic Caucasian Women	$109,302.84	$93,127.37	$81,459.80
Men of Color	$116,565.22	$90,833.33	$43,000.00
Non-Hispanic Caucasian Men	$110,144.56	$88,600.00	$94,931.43

For age, $F(2, 872) = 7.6$, $p < .001$

Mean Personal Gross Annual Income

	55–64 Years N = 475	65–74 Years N = 288	75+ Years N = 101
Women of Color	$73,655.77	$62,495.38	$42,714.29
Non-Hispanic Caucasian Women	$69,672.52	$60,845.97	$51,479.19
Men of Color	$93,976.19	$67,250.00	$43,500.00
Non-Hispanic Caucasian Men	$80,336.91	$70,028.99	$89,650.00

For gender, $F(1, 851) = 18.96$, $p < .001$
For age, $F(2, 851) = 6.70$, $p < .01$
For age and gender, $F(2, 851) = 3.48$, $p < .05$

Among the 55–66-year-olds, Psychologists of Color averaged higher household and personal gross annual income than their Caucasian counterparts. In the 65–74-year-old group, *Men of Color* had slightly *more household income* than Caucasian men, whereas *Women of Color* had considerably *less household income* than members of any other ethnic-gender group, but slightly *more personal income* than Caucasian women. Also in the 65–74-year-old group, *Caucasian women* reported *higher household income* than any other ethnic-gender group, and Caucasian men reported higher personal income than any other ethnic-gender group.

For the psychologists 75 and older, the Caucasian psychologists reported household incomes that were approximately twice that of the Psychologists of Color. The Caucasian men in the 75 and older group had significantly higher personal income than any other group of psychologists in that age group or in the 65–74-year-old age group.

It is not clear why there were such discrepancies in income among the groups of psychologists, although it is important to consider that the numbers of Psychologists of Color were low and that 23% of the respondents did not provide information about income. One possible explanation for the discrepancies is that some of the psychologists were retired but continued to work. Those who did so benefitted from a combination of pensions and salaries. Another explanation might reflect the actual work from which income was gained. As noted above, there were significant ethnic differences in the provision of direct service and employment in private practice, colleges and universities, and the government or military. Those differences in the employment might also reflect differences in salaries. In the survey, information about percentages of time spent in activities was collected, but not information about actual time spent in those activities. The personal income differences noted might reflect ethnic differences in time spent in gainful employment. The survey did not include information about sources of income for other people included in the psychologists' household income, so it is not possible to determine the source of discrepancies in household income among the ethnic groups.

The respondents in this sample are much better off financially than most older people in the United States, 42% of whom in the 65 and older category rely on social security (AARP, 1996). The median household income of psychologists 65 years old or older ($88,433) was more than 3 times that of the U.S. national median ($28,301) (AARP, 1996). The sources of the psychologists' income were not specified, so we are unable to determine whether it was from salary, consulting, investments, or other sources. The number of respondents who reported personal or household income was low, despite the fact that the survey was anonymous. The incomes for both personal and household sources tended to be lower among the older age cohorts, with the exception of Caucasian men aged 75 and older.

As with the general population, there were significant differences in gender ($F(1, 851) = 18.96$, $p < .001$) and age ($F(2, 851) = 6.70$, $p < .01$) for personal gross annual income (see Table 8). Men, on the average, had more personal income than women. The 55–66-year-old psychologists had more personal income than the 65–74-year-olds. The 65–74-year olds, in turn, had more personal income than the 75 and older group, with the exception of Caucasian men 75 and older, who reported higher mean household and personal income than all the groups in the 65–74 age groups, including 65–74-year-old Caucasian men. The gender difference held across the age groups ($F(2, 851) = 3.48$, $p < .05$). With age, the impression that personal income was adequate significantly increased ($F(2, 1080) = 7.31$, $p < .01$; $r = .11$, $p < .001$). Older psychologists were less concerned about future financial needs than younger ones ($F(2, 1085) = 20.12$, $p < .001$; $r = -.22$, $p < .001$).

Health

The respondents as a whole rated their health as slightly better than the health of others of the same age on a scale of 1 (much worse than others) to 5 (much better than others) ($M = 4.0 \pm 1.0$). They reported that their health was such that they could totally take care of their daily needs. The respondents felt that their health permitted them to do what they wanted to do ($M = 4.3 \pm 0.9$). There were no significant differences among the age groups.

There were, however, very small, yet significant age differences in the reported adequacy of health insurance ($F(2, 1095) = 6.28$, $p < .01$). It should be noted that people are eligible for Medicare at age 65. The 65–74 age group was most satisfied ($M = 4.2 \pm .9$), followed by the 75 and older group ($M = 4.1 \pm 1.0$). The least satisfied group was the 55–66-year-olds ($M = 4.0 \pm 1.0$). The respondents who believed that their health was better than that of other people their age also felt that their health insurance was adequate to meet their health needs ($r = .11$, $p < .001$). There were no significant ethnic or gender differences in reported adequacy of health insurance.

Neither health nor finances appeared to be major sources of anxiety for this cohort of older psychologists; perhaps this contributed to the sense of well-being reported in this survey. The 65 and older psychologist respondents were wealthier and healthier than the general 65 and older U.S. population (AARP, 1996).

Although concern about health increased with age, most of the psychologists were able to take care of their daily needs. Health issues did not interfere with their activities. Only 8% of the 65 and older psychologists indicated that their health was worse than the health of other people their age. Nationally, 28% of people 65 and older indicated they experienced fair or poor health (AARP, 1996).

Attitudes Toward Aging

Of the respondents, 50% indicated that they do not feel old. There were no significant differences in feeling old among demographic groups (see Table 9). The psychologists ranked 11 personal signs of aging to describe the characteristics that gave them a sense of feeling old. There was no definitive sign of aging for the psychologists—nothing is ranked, on the average, at 1.0. The most frequently endorsed signs of aging were changes in energy level, physical changes, looking in the mirror, and memory. As Table 9 illustrates, age, gender, and ethnicity led to different emphases for the psychologists. For example, women in the 75 and older group had the following list (from most to least significant): physical changes, changes in energy level, looking in the mirror, illness, memory, manner in which others behave toward them, technological advancements, being/feeling out of step with contemporary society, social functioning, sexual functioning, and frailty. Men in the 75 and older group ranked, in order from most to least significant, physical changes, changes in energy level, sexual functioning, illness, memory, technological advancements, looking in the mirror, frailty, social functioning, being/feeling out of step with contemporary society, and manner in which others behave toward them.

Table 9 *Percentages of Respondents Who Indicated That They Do Not Feel Old*

	55–64 Years	65–74 Years	75+ Years
Women of Color	48%	48%	25%
Non-Hispanic Caucasian Women	56%	49%	41%
Men of Color	35%	47%	33%
Non-Hispanic Caucasian Men	44%	43%	44%

Personal Signs of Aging /Average Ranks Within Demographic Groups

	55–64 Years		65–74 Years		75+ Years	
Signs of Aging (% of Respondents)	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**
Changes in energy level [a](54%)	2.8	3.4	2.6	3.1	2.9	2.6
Physical changes [b,c](50%)	2.1	1.8	2.2	2.6	2.4	2.3
Looking the mirror [d](41%)	2.8	3.6	2.6	3.5	2.9	5.2
Memory [e,f](29%)	3.7	3.7	3.6	4.5	4.0	4.0
Manner in which others behave toward (24%)	4.0	4.3	4.0	4.8	4.4	6.7
Technological advancements (22%)	3.9	4.5	3.5	5.1	4.5	4.5
Illness (20%)	3.6	3.4	3.2	4.2	3.8	3.8
Sexual functioning (20%)	5.3	4.5	4.4	4.3	5.6	3.4
Being/feeling out of step with contemporary society (12%)	5.2	5.3	5.4	6.5	5.1	6.2
Social functioning (12%)	6.1	5.4	5.3	5.8	5.1	5.4
Frailty (8%)	6.5	6.3	5.6	7.4	5.6	5.2

a For age and gender, $F(2,497) = 3.04$, $p < .05$
b For age, $F(2,556) = 4.86$, $p < .01$
c For age, $F(2,556) = 3.55$, $p < .05$
d For gender, $F(1,462) = 4.70$, $p < .05$
e For age and gender, $F(2,326) = 4.38$, $p < .05$
f For age, gender, and ethnicity, $F(2,326) = 3.64$, $p < .05$

Aging and Control

The survey tried to tap the degree to which a person feels in control of her/his life because this is basic to maintaining independence and a sense of self. The literature supports the concept that a feeling of control is important in maintaining self-respect and a sense of autonomy (Kopp & Ruzicka, 1993). Respondents 75 years old and older reported that their age led to less control in making social decisions (M = 3.6), unlike respondents 74 years old and younger, on a scale of 1 (less control) to 5 (more control) (M = 3.8; $F(2, 1018) = 6.1$, $p < .01$). Women reported that their age provided them with more control in making social decisions (M = 3.8) than men reported (M = 3.6; $F(1, 1018) = 7.7$, $p < .01$). Of the women in the sample, 137 (15.8%) indicated that they relied on others to help them make social decisions (see Table 10). They tended to turn primarily to friends (60.6%). A slightly smaller percentage had spouses or partners (54.0%) and children (38.7%) assist them in making social decisions. Of the men in the sample, 55 (21.0%) reported that they relied on other people to help them make social decisions, and they relied primarily on their spouses or partners (83.6%) and to a lesser extent on their friends (34.5%).

Respondents aged 75 and older reported that their age resulted in less control in making professional decisions (M = 3.2) than respondents 55 to 64 years old (M = 3.7) and 65 to 74 years old (M = 3.6; $F(2, 966) = 4.9$, $p < .01$). Most of the oldest respondents had already retired; many had been compelled to retire because of their age. Men (M = 3.4), more than women (M = 3.7), reported that their age resulted in less control in making professional decisions ($F(1, 966) = 5.1$, $p < .05$). For assistance in making professional decisions, the 151 (17.5%) women who responded indicated that they receive help primarily from colleagues (64.1%) and to a lesser extent from spouses or partners (40.5%) and friends (28.1%) (see Table 10). The 51 (19.5%) men who responded indicated that they were helped primarily by spouses or partners (55.8%) and slightly less by colleagues (44.2%).

Women (M = 3.6) were more likely than men to report that age provided them with more control over health care decisions (M = 3.5; $F(1, 1007) = 6.5$, $p < .05$). Of the 130 women (15.3%) who indicated that they had help in making health care decisions (see Table 10), 59.5% received help primarily from spouses or partners, 33.6% received help primarily from service providers, and 26.0% received help primarily from friends. Of the 53 (20.2%) men who responded, 75.9% reported they were assisted by spouses or partners, 33.3% by service providers, and 18.5% by children.

Table 10 *Assistance in Making Decisions*

	Social *(Percentage Within Gender)* **Women** *N = 137*	**Men** *N = 55*
Friends	60.6	34.5
Spouse/Partner	54.0	83.6
Children	38.7	27.3
Colleagues	16.1	12.7
Service Provider	6.6	1.8
Attorney	5.1	1.8
	Professional *(Percentage Within Gender)* **Women** N =151	**Men** N =51
Colleagues	64.1	44.2
Spouse/Partner	40.5	55.8
Friends	28.1	13.5
Children	12.4	7.7
Service Provider	10.5	7.7
Attorney	7.2	7.7

Table 10 *Assistance in Making Decisions (continued)*

	Health *(Percentage Within Gender)* Women N = 130	Men N = 53
Spouse/Partner	59.5	75.9
Service Provider	33.6	33.3
Friends	26.0	13.0
Children	14.5	18.5
Colleagues	9.9	11.1
Attorney	3.1	1.9
Guardian.	.8	.0

Women, more than men, in this survey, seemed to believe that age enabled them to have more control over social and professional decisions as well as decisions regarding their health. Although men and women utilized several sources for help in making most decisions, men were more likely to rely on their spouses/partners than were women. For example, for social decisions, women relied upon children and friends, while men relied upon their spouses/partners. For professional decisions, women were more likely to rely on colleagues than their spouses/partners, while the reverse was true for men, who relied more on spouses/partners than colleagues. The same tendency held for health care decisions; that is, men depended more upon their spouses/partners than did women. Men and women enlisted the aid of service providers at the same rate in making health care decisions. The choice for "no help" was not given in the questionnaire, and, therefore, we do not know to what extent older psychologists are solely self-reliant, nor whether women look to other sources for support and help because many lack spouses/partners in the latter half of their lives.

However, it is also possible that women's use of children, friends, and colleagues for help with decisions is related to the importance older women place on friendships, which are the primary source of emotional and social support (Crohan & Antonucci, 1989; Greenberg & Motenko, 1994). Women place a high value on social networks, both as resources to be drawn on in later life (Depner & Ingersoll, 1982; Hatch, 1990) and as an essential connectedness with other people that provides a rich quality of life.

Life Satisfaction

The survey examined 14 areas of life satisfaction (see Table 11). The psychologists who indicated that they were retired reported that they were satisfied with retirement. There were no differences in retirement satisfaction among demographic groups.

The older psychologists reported high satisfaction with their living situations. As the psychologists aged, women reported less satisfaction with their partner relationships ($r = -.03$, n.s.), and men reported increased satisfaction with partner relationships ($r = .09$, n.s.). The gender difference in satisfaction with partner relationships was significant ($F(1, 943) = 8.69$, $p < .003$). More of the older women were widowed and relatively few of the men were.

The psychologists reported high satisfaction with family relationships, friendships, and their social lives. The satisfaction with their sexual lives dropped dramatically with increased age ($F(2, 1024) = 6.11$, $p < .01$). Of all of the areas of life satisfaction, sexual life was the least satisfying for these respondents. Satisfaction with spirituality and religion increased as the psychologists aged. The 75 and older psychologists were the least satisfied with their professional competence ($F(2, 1038) = 5.71$, $p < .001$). Respondents in all three age groups indicated satisfaction with their work situations. The women in the two older age groups were more satisfied with their financial situations than were the women in the youngest group. There were no significant differences by age for satisfaction with caregiving responsibilities or health. Emotional state or mood was significantly lower for Women of Color and Caucasian men in the 75 and older age group and higher for Men of Color in the 55 to 64 age group than for any of the other respondents.

Table 11 *Retirement and Life Satisfaction**

Areas of Life	55–64 Years Women	55–64 Years Men	65–74 Years Women	65–74 Years Men	75+ Years Women	75+ Years Men
Retirement						
People of Color	4.1	4.5	4.5	3.8	4.1	4.5
Caucasians	4.4	3.7	4.1	4.2	4.4	4.2
Living Arrangements						
People of Color	4.5	4.2	4.6	4.1	4.5	4.0
Caucasians	4.4	4.3	4.4	4.5	4.5	4.3
Spouse/Partner Relationship[a,b,c,d,e,f]						
People of Color	3.9	4.1	3.9	3.7	1.0	4.0
Caucasians	4.1	4.2	4.0	4.5	4.0	4.4
Family Relationships						
People of Color	4.4	4.0	4.3	3.9	3.9	4.7
Caucasians	4.3	4.2	4.3	4.4	4.3	4.1
Friendships						
People of Color	4.3	4.0	4.3	4.0	4.3	4.7
Caucasians	4.1	3.9	4.2	4.1	4.2	4.3
Social Life						
People of Color	3.8	3.8	4.1	4.0	3.6	4.0
Caucasians	3.9	3.7	3.9	3.5	3.9	3.6
Sexual Life [g]						
People of Color	3.3	3.7	3.5	3.7	2.7	1.7
Caucasians	3.4	3.2	3.5	3.4	3.1	3.0
Caregiving Responsibilities						
People of Color	4.1	4.3	4.1	3.8	4.0	4.0
Caucasians	4.2	4.0	4.3	4.2	4.1	3.9
Spirituality/Religion						
People of Color	4.3	4.6	4.3	4.3	4.1	4.3
Caucasians	4.1	4.1	4.2	4.1	4.4	5.0
Professional Competence[h]						
People of Color	4.5	4.4	4.4	4.3	4.3	3.5
Caucasians	4.4	4.3	4.4	4.2	3.9	3.7
Work Situation						
People of Color	3.8	4.0	4.1	3.7	3.6	3.0
Caucasians	4.0	3.8	4.0	4.1	4.1	3.7
Financial Situation						
People of Color	4.0	4.0	4.2	3.9	4.3	4.0
Caucasians	3.9	3.9	4.2	4.0	4.1	4.0
Health						
People of Color	4.0	3.9	3.9	4.0	3.8	3.3
Caucasians	4.0	3.7	4.0	4.0	3.8	3.3
Mood/Emotional State[i]						
People of Color	4.2	4.8	4.4	4.1	3.6	4.0
Caucasians	4.2	3.9	4.1	4.2	4.1	3.8

**Satisfaction was measured on a scale from 1 (Very Dissatisfied) to 5 (Very Satisfied).*

[a] *For age, $F(2, 931) = 4.58$, $p < .05$*
[b] *For gender, $F(1, 931) = 9.89$, $p < .01$*
[c] *For ethnicity, $F(1, 931) = 18.67$, $p < .001$*
[d] *For age and gender, $F(2, 931) = 3.62$, $p < .05$*
[e] *For age and ethnicity, $F(2, 931) = 4.16$, $p < .05$*
[f] *For age, gender, and ethnicity, $F(2, 931) = 3.92$, $p < .05$*
[g] *For age, $F(2, 1024) = 6.11$, $p < .01$*
[h] For age, $F(2, 1038) = 5.71$, $p < .001$
[i] For age, gender, and ethnicity, $F(2, 1084) = 3.21$, $p < .05$

The Older Psychologists Questionnaire did not examine attitudes toward work and retirement or career changes along the lifespan (e.g., life stage at entrance into psychology, continuity of work experience, work settings, work outside of the psychology field). Because many of the psychologists were working, they did not respond to questions about satisfaction with retirement; those who did respond reported that they were satisfied with retirement. There was no gender difference in satisfaction with retirement.

Price-Bonham and Johnson (1982) found that professional women who were able to continue with their current work activities after retirement were more favorably oriented toward retirement. Consistent with the national trend that more women than men work part time (AARP, 1996), most women in this sample were working part time largely in private practice or academia—types of employment that lend themselves to part-time work, and, therefore, allow respondents to continue working as they age. These findings are in keeping with other data on older professionals' plans to work after retirement (Kilty & Behling, 1980; National Institute on Aging, 1993). Onyx and Benton (1996), in their survey and in-depth interviews of professional women, found that most women would continue to work part time after retirement, shifting the balance of paid and unpaid in order to have more time for activities other than work while still earning enough to live. Noting that professional women often have both paid and unpaid domestic jobs, including childcare, Onyx and Benton stated that the male model of "work" and "retirement" makes very little sense to most women, and that new models of work and retirement are needed. It is also important to note that the Health and Retirement Study found that women in their fifties "may adjust their work hours to help parents, in-laws, children, or grandchildren" (National Institute on Aging, 1993, p. 3). In this sample, both men and women planned to work after retirement.

The survey examined satisfaction in six areas of cognitive functioning (see Table 12). The psychologists 75 years old and older reported decreased satisfaction with their attention and concentration ($F(2, 1081) = 4.56$, $p < .05$), memory ($F(2, 1079) = 4.12$, $p < .05$), and vision ($F(2, 1086) = 3.40$, $p < .05$). Satisfaction with hearing decreased with age ($F(2, 1088) = 7.08$, $p < .01$); however, women were more satisfied with their hearing than were men ($F(1, 1088) = 11.10$, $p < .01$). Satisfaction with driving ability decreased with age ($F(2, 1075) = 6.19$, $p < .01$), and in the 75 and older age group, Women of Color and Caucasian men were significantly less satisfied with their driving ability than were Men of Color ($F(2, 1075) = 5.84$, $p < .05$). Satisfaction with sexual function decreased dramatically with age ($F(2, 995) = 7.42$, $p < .01$).

The respondents indicated that their aging affected their work in a variety of ways—both positively and negatively. Many described welcome changes in life focus and occupational interests. As they aged, they put more emphasis on hobbies, volunteering, gardening, and visiting with family. They discovered they had an increase of empathy, awareness, and acceptance; greater confidence in their abilities as a psychologist; more sensitivity to others' issues regarding aging; and, as one respondent put it, "improved understanding on a personal level of life progression issues." There were many observations of improvement in overall performance with aging. Fewer women complained of worsening of overall performance.

A few described changes in quality of life, a sense of diminished value, and feeling threatened by the abilities of others. Aging led to worsening of the mental state for some of the respondents and to improvement for others. A few were perceived as having mental changes when their mental state had not actually changed. Some of the older women psychologists indicated that aging led to worsening of their physical condition. None indicated that their physical condition had improved, although a few noted that others perceived them as having improved. Among the more specific changes mentioned by respondents were a decrease in enthusiasm, less resiliency to stress, memory loss, and low energy levels.

The psychologists rated their overall well-being as very good to excellent, with the exception of the 75-year-old and older Women of Color and the 75-year-old and older Caucasian men, who rated their overall well-being as only somewhat above average (see Table 13). One respondent made the comment that "one's sense of well-being, at my age, has to do with health, a sense of competence, and—perhaps above all—satisfying relationships." The sense of overall well-being decreased significantly with age ($r = -.07$, $p < .05$).

Table 12 *Cognitive Function**

Areas of Life	55–64 Years Women	55–64 Years Men	65–74 Years Women	65–74 Years Men	75+ Years Women	75+ Years Men
Concentration/Attention[a]						
People of Color	4.0	4.4	4.0	4.3	3.6	3.3
Caucasians	4.1	4.1	4.1	3.9	4.1	3.5
Memory[b]						
People of Color	3.8	4.1	3.6	3.9	3.3	3.3
Caucasians	3.8	3.7	3.7	3.5	3.6	3.1
Hearing[c,d]						
People of Color	4.2	3.9	4.1	4.2	3.8	2.3
Caucasians	4.1	3.7	4.0	3.4	3.7	3.1
Vision[e]						
People of Color	3.6	3.7	3.8	4.4	3.3	3.7
Caucasians	3.5	3.7	3.6	3.6	3.5	3.4
Driving Ability[f,g]						
People of Color	4.2	4.5	4.2	4.4	3.3	4.3
Caucasians	4.4	4.3	4.2	4.1	3.8	3.7
Sexual Functioning[h]						
People of Color	3.7	3.8	3.6	3.9	2.9	2.3
Caucasians	3.7	3.6	3.7	3.4	3.2	2.9

*Cognitive function was measured on a scale from 1 (Very Dissatisfied) to 5 (Very Satisfied).

[a] *For age, $F(2, 1081) = 4.56$, $p < .05$*
[b] *For age, $F(2, 1079) = 4.12$, $p < .05$*
[c] *For age, $F(2, 1088) = 7.08$, $p < .01$*
[d] *For gender, $F(1, 1088) = 11.10$, $p < .01$*
[e] *For age, $F(2, 1086) = 3.40$, $p < .05$*
[f] *For age, $F(2, 1075) = 6.19$, $p < .01$*
[g] *For gender and ethnicity, $F(2, 1075) = 5.84$, $p < .05$*
[h] *For age, $F(2, 995) = 7.42$, $p < .01$*

Table 13 *Overall Well-Being**

	55–64 Years	65–74 Years	75+ Years
Women of Color	4.3	4.0	3.9
Non-Hispanic Caucasian Women	4.2	4.1	4.1
Men of Color	4.3	4.0	4.0
Non-Hispanic Caucasian Men	4.0	4.2	3.7

Overall well-being was measured on a scale from 1 (Poor) to 5 (Excellent).

The finding that sense of overall well-being decreased with age is not surprising in light of the decreasing satisfaction with cognitive functions. With increasing age come certain decrements in function (Schaie, 1994). Losses in functioning are an inevitable but uneven part of the aging process; however, in general, the psychologists scored very high in well-being. Perhaps this seeming contradiction can be explained because people learn to compensate for their losses as well as adjust to them. Schaie (1990) found that changes in cognitive functioning are not linear, they differ between individuals, and they are also specific to the individual. For example, the higher the functioning, the greater the decline, and, yet, function remains high compared with peers. Modern technology and other pragmatic solutions can offset much of this cognitive deficit (Baltes & Baltes, 1990).

While the women psychologists indicated that they were very satisfied with life overall, there were areas of dissatisfaction. Sex was the most frequently mentioned area of dissatisfaction among women respondents. Widowhood and divorce may have contributed to women's living alone and/or being without sex partners. Leiblum (1990) pointed out that it is difficult to pin down exactly what creates the changes. Possible sources include hormones, partners, or psychological causes. Leiblum also noted that many more drugs for hypertension are prescribed for women than for men, and these can reduce sexual energy.

Another area of dissatisfaction for women respondents was their relationships with their spouses/partners. There were significant gender differences among the respondents. Men were satisfied with their relationships, while women reported dissatisfaction. It is difficult to explain the gender differences in satisfaction with the spouse/partner; it may be related to research indicating that marriage confers a greater advantage on men than women (McGrath, Keita, Strickland, & Russo, 1990; Weissman, 1987).

Health Service Providers

The psychologists indicated that their physical health providers were minimally to well-trained in issues about older people and that their psychological health providers were inadequately to minimally trained (see Table 14). Psychologists in the 55–66 age group indicated that they perceived their physical health care providers as less well-trained than the psychologists 65 years and older did. Men psychologists rated psychological health providers as less well-trained than women psychologists did ($F(1,602) = 4.90$, $p < .05$).

Table 14 *Adequacy of Training of Health Care Providers**

	Physical Health[a] 55–64 Years	65–74 Years	75+ Years
Women of Color	3.4	3.6	3.7
Non-Hispanic Caucasian Women	3.3	3.4	3.5
Men of Color	3.1	3.7	3.7
Non-Hispanic Caucasian Men	3.3	3.4	3.6
	Psychological Health[b]		
	55–64 Years	**65–74 Years**	**75+ Years**
Women of Color	3.0	3.3	3.8
Non-Hispanic Caucasian Women	3.1	3.2	3.4
Men of Color	2.5	3.3	2.5
Non-Hispanic Caucasian Men	2.9	3.0	3.1

**Adequacy of training was measured on a scale from 1 (Inadequately Trained) to 5 (Very Well Trained).*

[a] *For age, $F(2, 956) = 3.64$, $p < .05$*
[b] *For gender, $F(1, 602) = 4.90$, $p < .05$*

One of the major concerns arising from the Older Psychologists Survey was that the respondents found their health providers to be poorly trained in geriatric concerns. Psychological health providers were perceived to be inadequately to minimally trained to work with older people. This is a critical issue and indicates a significant need for better and more available training and training funds in gerontology and geriatric psychology. These are opinions from people who have been providers as well as consumers of health care services. As the U.S. population ages, it becomes even more imperative that all psychologists receive appropriate training in geriatric psychology so as to serve the increasing number of older individuals and to function within the boundaries of competence (Principle 1.04 of the Ethical Principles of Psychologists, APA, 1992).

Age Discrimination

Psychologists responding to the first of seven open-ended questions reported minimal age discrimination at the time of the survey. Those who provided descriptions of personal age discrimination indicated that younger people did not relate to them socially. Women respondents described that preference was given to younger females in stores, restaurants, and other public establishments, dating opportunities were limited, and they felt invisible to men. More general comments from respondents indicated that they felt treated as if their value had been diminished, that there were changes in their interpersonal relationships, that their abilities were discounted, and that they encountered difficulties in employment, medical care, and financial matters.

A few of the psychologists indicated that their age served as an advantage and that they did not feel discriminated against. For example, respondents noted the benefits of senior discounts, being offered seats on buses and subways, and the belief from those around them that with age come wisdom and experience.

About 11% of these psychologists reported experiencing age discrimination in the professional arena. People who discriminate against older psychologists are clearly in violation of Principle 1.10 (Nondiscrimination) of the Ethical Principles of Psychologists (APA, 1992). It is discouraging to learn of such discrimination, because older psychologists continue to make important contributions to the field and to society. Respondents described difficulty in seeking employment or maintaining current status in the work environment, a sense of diminished value by those around them, and a discounting of their abilities as clinicians that resulted in fewer referrals. This group also described forced retirement, being disregarded as old-fashioned, and having difficulty in obtaining licensure in a new state. One respondent felt that age was looked upon favorably in some professional settings because "age enhances my professional stature almost all of the time. I believe I failed to be hired for a job because I was too qualified for the comfort of my possible superior."

Feedback From the Respondents

The survey included a question inviting suggestions for how APA could better serve older psychologists. Of those who returned the survey, 32% responded to this question, and the responses are informative. On the whole, members were pretty satisfied with APA's services to its older members. Many of the respondents indicated that APA had provided financial assistance in the form of dues-exempt memberships. Other ways in which APA helped older psychologists were professional growth, educational development, addressing special needs, social support, assistance in decision making, providing opportunities for shared experiences and networking, and giving direction.

In general, respondents felt that APA should encourage contribution to the literature on positive psychological health in old age. Older psychologists indicated that aging can be a period of growth in many respects and that it would be beneficial to reduce prejudicial stereotyping of the older population.

Respondents reiterated their desire to remain involved in the field of psychology through such suggestions as the development of a division or support group for older members to engage in with each other; exploration of mentoring possibilities; recognition of the contributions older members have made to the field; and utilization of their energy, insights, and experiences. Many older members expressed the need to feel useful and are seeking ways in which APA can assist them in this endeavor.

Respondents did offer a few ideas for services that APA could develop to benefit older members:
• Have regional and local meetings so that those "who would like to continue to be active but can't afford the high cost of transportation fees for registration or accommodations at APA conventions" can remain involved.

- Sponsor "elder hostel type trips or educational programs taught by seniors to seniors—opportunities for older psychologists to share new interests and careers with others."
- Offer retirement planning seminars.

While some of the psychologists indicated ways in which APA had helped them as older members, others were concerned about hindrances. Some indicated that APA should be more proactive in addressing what they felt was a lack of financial assistance, neglect or denial of opportunities, perks, or recognition, and lack of avenues for upward mobility. The older psychologists recommended that APA:

- Promote and support research on aging
- Provide training and opportunities for professional growth for older psychologists
- Promote awareness of older people
- Provide services for older people
- Provide financial support
- Develop and lobby for legislation on behalf of older people
- Provide opportunities for networking and sharing experiences
- Increase sensitivity about aging
- Acknowledge and recognize older people
- Provide social support.

recommendations for APA

A number of specific recommendations can be made on the basis of the Older Psychologists Questionnaire:

1. APA must work to ensure that psychologists receive appropriate training in geriatric psychology. Respondents found their health care providers to be poorly trained in geriatric issues. This should be important not only for individuals who receive health care, but also for psychologists who would be in high demand because of the developing job market that would be created.

2. APA, through its Public Policy Office, should focus efforts to secure outside funding for research on the aging population. In reviewing the literature to prepare this report, authors noted that there is a lack of research on the life stage issues of professional women as they age. This study provided a great deal of information about older psychologists, but more research is needed. It would be helpful to explore issues such as why more women than men work part time, why women report disappointment with male spouses/partners, why male psychologists report as much involvement in caretaking as women (in contrast to other studies in which women report much more involvement in caretaking than men), what factors encourage this group of respondents to give high ratings for their well-being and life satisfaction.

3. State psychological associations and divisions should also be encouraged to offer dues reduction for their older and retired members. Some of the psychologists who were surveyed noted that they were pleased that the APA offered membership-dues reduction. This was a clear demonstration of intent to do something specifically for them. Given the range of income, it may be that perception of caring or "recognition" of their years of membership is as important as the money itself.

4. APA should include questions about age when it conducts surveys on the representation in APA governance of women, ethnic minorities, gay men, lesbians and bisexuals, and individuals with disabilities. As APA studies the diversity of ethnicity, gender, sexual orientation, and individuals with disabilities within its governance groups, data should also be collected on the number of older members serving on boards, committees, task forces, ad hoc groups, and working groups. The older psychologists responding to this survey expressed a desire to remain involved and active in APA even after retirement.

5. APA, state associations, and divisions should mobilize the strengths and experiences of older psychologists by creating volunteer opportunities. The respondents of the survey reported a desire to continue to contribute to the field after retirement. The Service Corps of Retired Executives (SCORE) might serve as a model for such a program. Retired psychologists could use their lifelong clinical, academic, and other work experiences to continue contributing to the field. Experienced older psychologists could provide consultation and mentoring for younger psychologists as well as provide inservice and CEU training for psychologists in their local communities. If appropriate, older psychologists could develop training about the special issues of older people. It is imperative that we find ways to benefit from the knowledge, skills, and experiences of our senior colleagues.

recommendations for the APA Committee on Aging

This study was to be only the first part of the Committee on Women in Psychology's Older Women's Initiative. However, in 1996, the APA created the Committee on Aging (CONA), whose mission includes furthering the major purpose of APA by ensuring that older adults, especially the growing numbers of older women and minorities, receive the attention of the association. In order to not duplicate issues (included in CWP's Older Women's Initiative) that overlap with CONA's charge, CWP decided to sunset the OWI with the completion of this survey.

As part of this initiative, CWP had developed the following action agenda, which is being suggested to CONA as a working blueprint in need of further study:

1. Conduct a comprehensive review of psychological theory and its application to older women's issues.

2. Review the current state of research on women and aging. Identify the lacunae in this knowledge base and develop a research agenda on older women's issues.

3. Develop and include minimal requirements on knowledge of aging and make it a requirement for all graduate training.

4. Evaluate the training of psychologists who work with older women by examining the quality and availability of teaching and training materials at the undergraduate, graduate, professional school, and continuing education levels. (The OWI began this process through an evaluation of the portrayal of older women in undergraduate psychology texts; see Holden, 1997.)

5. Disseminate the Older Psychologists Survey report to teachers of psychologists and to those that develop accreditation standards for graduate programs.

6. Review the research on psychotherapeutic and psychopharmacological interventions and their effectiveness with older women.

7. Attend to issues of ethnicity, physical ability, poverty, sexual orientation, and other sociocultural issues as they interplay with issues of gender and aging.

CWP applauds the creation of CONA, which represents APA's recognition of the importance of addressing the issues of aging and of aging men and women. As the Committee on Aging develops its mission and sets its priorities, CWP formally requests that CONA consider creating initiatives and mandates that will further examine and respond to the issues and recommendations raised by this survey.

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Committee on Women in Psychology Questionnaire for Older Psychologists

The purpose of this questionnaire is to find out how older psychologists are faring. The cohort being surveyed is 55 years old and up.
Your responses to this instrument will be appreciated.
Your comments and suggestions are welcomed.

General Information

1. What is your date of birth?

2. What is your sex?
❑Male ❑Female

3. What is your race/ethnicity? Check all that apply.
❑African-American/Black ❑Other Hispanic (please specify):
❑Caucasian (non-Hispanic) ❑Native American/Alaskan Native
❑Mexican American Hispanic ❑Asian American/Pacific Islander
❑Puerto Rican Hispanic ❑Other (please specify):

4. What is your geographic location?
❑Urban ❑Rural ❑Suburban

5. What is your current relationship status?
❑Married ❑Committed relationship ❑Divorced ❑Separated
❑Widowed ❑Never Married
Other (please specify):

6. How long have you had your current relationship status?
Years or fractions thereof.

Current Living Arrangements

7a. What is your current living arrangement? Check all that apply.
❑Live alone ❑Live with spouse/partner ❑Live with family
❑Live with friend(s) ❑Live in an institution or group setting
❑Children live with you

7b. Have you made any changes in your living arrangements?
Check all that apply under the appropriate time periods.

	In the last year	1985-1994	1975-1984
Changed with whom you lived			
Changed geographic location			
Other (please specify):			
No changes (skip next question)			

7c. Please explain briefly the reasons behind any changes in your living arrangements.
In the last year:

1985-1994:

1975-1984:

Work and Retirement

8a. What is/was your employment status? Please indicate your employment status for the times noted below. Check all that apply.

	Currently	10 Yrs ago	20 Yrs ago
Working full time (32 hours or more)			
Working part time (less than 32 hours)			
Not employed, seeking			
Not employed, not seeking			
Student			
Retired (If currently retired, Go to Q 8d)			
Other (please specify):			

8b. If not retired, do you plan to retire?
❑Yes ❑No

8c. What year do you plan to retire?
How old will you be?

8d. If retired, was retirement voluntary?
❑Yes ❑No
If no, why did you retire?

8e. If retired, how satisfied are you with retirement?
Circle the one number that best applies to you.

Very dissatisfied				Very satisfied
1	2	3	4	5

8f. In your decision to retire, how important was your concern about your ability to keep up with changes in the workplace?
Circle the one number that best applies to you.

Very unimportant				Very important
1	2	3	4	5

9a. At the present time, do you want to work more or less?
❑More ❑Less ❑No change

9b. What is the reason(s) you want to work more or less?
Check all that apply.
❑Increase income ❑Personal satisfaction ❑Social contacts
❑Stimulation ❑Reduce stress ❑Family obligations
❑Health reasons ❑Increase free time
❑Do not need this level of income
❑Other (please specify):

10a. Indicate your primary employment setting for the times noted below by placing a check mark on the appropriate lines.

PRIMARY SETTING

Setting	Current	1985	1975
College/University			
Secondary/Elementary education			
Private Practice			
Business/Industry			
Government/Military			
Clinic/Hospital			
Self-employed (not private practice)			
Other (specify):			
N/A, not employed			

10b. **In a typical workweek, indicate the percentage of time you spent in the following activities for the times noted below.** Include primary employment settings and others, if applicable. Each column should total to 100%.

PERCENTAGE Activity	Current	1985	1975
Teaching			
Research			
Administrative			
Consulting			
Direct Services			
Other (please specify):			
N/A, not employed			
Total	**100%**	**100%**	**100%**

11a. **In a typical week, indicate the percentage of time you are/were engaged in each activity for the times noted below (percentages should total to 100%).**

Activity	Currently	1985	1975
Paid employment			
Volunteer work			
Caregiving			
Household duties			
Social activities			
Avocation/Hobbies			
Other (please specify):			
Total	**100%**	**100%**	**100%**

11b. **If you do volunteer work, is it related to psychology?**
❑Yes ❑No ❑Not applicable

12. **Which, if any, of the following do you participate to stay current in your areas of psychology?** Please rank in order with 1 being most significant and 5 being least significant.
❑Seminars and Workshops
❑Classes
❑Conventions/conferences
❑Reading
❑E-mail discussions
❑Not concerned with remaining current
❑Other (please specify):
❑None

Finances

13. **What is/was your total gross annual HOUSEHOLD income from all sources (include spouse's/partner's income where relevant)?** Include income which is available to meet your living expenses (i.e., profits from investments, real estate, inheritances, etc.).
Currently $
1985 $
1975 $

14. **What is/was your PERSONAL gross annual income from all sources?** Include salary, retirement, social security, etc.
Currently $
1985 $
1975 $

15. **How adequate is your current personal income?** Circle the number that best applies to you.

Very inadequate				Very adequate
1	2	3	4	5

16. **How concerned are you about your future financial needs?** Circle the number that best applies to you.

Very unconcerned				Very concerned
1	2	3	4	5

Health

17. **Rate your general state of health compared to other people your age.** Circle the one number that best applies to you for the times noted below.

	Much worse than others				Much better than others
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

18. **To what extent does your health permit you to take care of your daily needs?** Circle the one number that best applies to you for the times noted below.

	Not at all				Totally
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

19. **To what extent does your health permit you to do what you want to do?** Circle the one number that best applies to you for the times noted below.

	Not at all				Totally
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

20a. **Are you covered for health insurance by any of the following?** Check all that apply.
❑ Medicare
❑Medicaid
❑APA insurance
❑Federal insurance
❑Insurance through employer
❑Other (please specify):

20b. **How adequate is your insurance coverage to meet your health needs?** Circle the number that best applies to you.

Very inadequate				Very adequate
1	2	3	4	5

21. **How significant are/were the following in giving you a sense of feeling old?** Rank in descending order all that apply, with 1 being the most significant.
❑ Physical changes
❑ Illness
❑ The manner in which others behave toward you
❑ Frailty
❑ Looking in the mirror
❑ Being/feeling out of step with contemporary society
❑ Social functioning
❑Memory
❑Sexual functioning
❑Technological advancements

❑Changes in energy level
❑Other (please specify):
❑I don't feel old

Control and Aging

22a. To what extent do you believe your age has affected how much control you have in making decisions in the following areas?

	Less control				More control
Socially					
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5
Professionally					
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5
Health Care					
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

22b. In those areas for which you have chosen 1 or 2 in Question 22a, who, if anyone, helped you make these decisions? Check all that apply.

	Socially	Professionally	Health Care
Friends			
Children			
Spouse/Partner			
Guardian			
Attorney			
Service provider			
Colleagues			
Other (please specify):			

23. Please indicate how satisfied you are with the following areas of your life. Circle one number that best corresponds with your level of satisfaction for the times noted below.

	Very Dissatisfied				Very Satisfied
Living Arrangements					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Spouse/Partner Relationship					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Family Relationships					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Friendships					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Social Life					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Sexual Life					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5

23. Please indicate how satisfied you are with the following areas of your life.Circle one number that best corresponds with your level of satisfaction for the times noted below.

	Very Dissatisfied				Very Satisfied
Caregiving Responsibilities					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Spirituality/Religion					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Professional Competence					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Work Situation					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Financial Situation					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Health					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Mood/emotional state					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5

24. Please rate your functioning in the following areas.
Circle one number that best corresponds with your level of satisfaction for the times noted below.

	Very Dissatisfied				Very Satisfied
Concentration/attention					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Memory					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5
Hearing					
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5

Vision						
	Currently	1	2	3	4	5
	10 Yrs ago	1	2	3	4	5
	20 Yrs ago	1	2	3	4	5
Driving Ability						
	Currently	1	2	3	4	5
	10 Yrs ago	1	2	3	4	5
	20 Yrs ago	1	2	3	4	5
Sexual Functioning						
	Currently	1	2	3	4	5
	10 Yrs ago	1	2	3	4	5
	20 Yrs ago	1	2	3	4	5

25. How would you rate your overall well-being?
Circle the number that best applies to you for the times noted below.

	Poor				Excellent
Currently	1	2	3	4	5
10 Yrs ago	1	2	3	4	5
20 Yrs ago	1	2	3	4	5

26. How adequately do you feel your physical health service providers were trained about issues of older people? Circle the one number that best corresponds to your feelings.

	Inadequately trained				Very well-trained
N/A	1	2	3	4	5

27. How adequately do you feel your psychological service providers were trained about issues of older people? Circle the one number that best corresponds to your feelings.

	Inadequately trained				Very well-trained
N/A	1	2	3	4	5

28a. To what extent have you experienced discrimination based on your age? Please circle the appropriate response(s) below.

IN PERSONAL LIFE

	Not at all				A great deal
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

IN PROFESSIONAL LIFE AS A PSYCHOLOGIST

	Not at all				A great deal
In the last year	1	2	3	4	5
1985-1994	1	2	3	4	5
1975-1984	1	2	3	4	5

28b. Please give a brief example of ONE experience in which you experienced age discrimination in your personal life.

In what year did it occur?

28c. Please give a brief example of ONE experience in which you experienced age discrimination in your professional life as a psychologist.

In what year did it occur?

29. Please explain how your aging has affected your work as a psychologist:

APA and Aging

30. What, if anything, has APA done that has helped or hindered you as you have aged?

31. What do you think APA should do in the area of aging in general?

32. What do you think APA should do for its older members?

The Committee on Women in Psychology would like to thank you for participating. If there are issues that were not properly covered or issues that evoked emotions, please share them with us. Also, please note any issues you believe were omitted. You may use the bottom of this page or add additional pages for comments.

Please return this completed form in the enclosed postage-paid envelope to: Women's Programs Office
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

33. Additional Comments:

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