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“Nobody Ever Asked Me Before”: Understanding Life Experiences of African American Elders

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With the unprecedented growth in the African American elderly population, there exists an urgent need to prepare nurses to deliver culturally competent care. The purpose of this study was to increase the knowledge available about the cultural heritage, worldviews, and life experiences of African American elders. Reminiscence interviews were conducted with African American elders living in a medium-sized north-east urban community. Data were analyzed using Spiegelberg's phenomenological method. The following themes emerged: (a) nobody ever asked me before, (b) stories of discrimination, (c) coping with discrimination, (d) the hurt of discrimination, and (e) self-discoveries. Nurses, through the use of reminiscence, can gain insight into the cultural heritage, worldviews, and life experiences of African American elders and improve their ability to deliver culturally competent care to this population.

Keywords: *integrative reminiscence; understanding life experiences; African American elders; culturally competent care*

African American elders represent a quickly growing segment of the geriatric population. The U.S. Census predicts that by the year 2030, African American elderly will represent the highest number of minority elders in the United States. As of 1999, the number of African American elders accounted for 2.1 million individuals, 8.1% of which are age

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65 years or older (U.S. Bureau of the Census, 2000). It is also estimated that the growth of this population is outpacing all other elderly minority groups (Giger & Davidhizar, 1997). At the same time that this minority population is increasing there is a significant underrepresentation of African American nurses in the health care system. The 1995 National Sample of Registered Nurses shows that of the 10% of minority nurses employed in the United States, only 4.2% are African Americans (Buerhaus & Auerbach, 1999). The increase in the elderly African American population together with the low number of African American nurses means that the majority of care in this group of elders is delivered by non-African Americans. Although these nurses may have good intentions, they may not have the cultural background and sensitivity to deliver the most appropriate care to this group. According to Leininger (1991) and others (Bernal, 1996; St. Clair & McKenry, 1999) today's nurses need to be increasingly sensitive to the growing cultural diversity in our population. Research indicates that nurses lack cultural self-efficacy, cultural information, and cultural experience that often results in nurses subjecting their clients to ethnocentric attitudes, damaging communication, and inaccurate and unresponsive diagnoses and interventions (Bernal & Froman, 1987; Geissler, 1992; Leininger, 1991; Rooda, 1993).

The cumulative effects of poverty, racial segregation, neglect, and disregard experienced by African American elders throughout their lifetime have left their mark. Poorer physical health and greater disability in comparison with that of White elders of the same age and gender gives evidence of these inequities and disadvantages (Wykle & Ford, 1999). African American elderly are in an exceptionally high-risk category of developing chronic diseases such as diabetes, hypertension, coronary artery disease, and renal failure. Many reasons can be attributed to the high rates of chronic diseases among the population. Poverty and lack of access to

culturally competent care are frequently given as underlying factors (Giger & Davidhizar, 1995; Wykle & Ford, 1999). In addition, African American elderly report their failure to adequately use the health care system as the result of past and present discriminatory practices and lack of trust in health care professionals (Giger & Davidhizar, 1995). This lack of trust is based, in part, on the lack of understanding that exists about the life ways and belief systems of this growing elderly population. With the unprecedented growth in the African American elderly population, there exists an urgent need to adequately prepare nurses to deliver culturally competent care and improve this population's quality of life. Nurses must not only be able to deliver care to African American elders but be sensitive to their cultural characteristics and lifetime experiences.

The purpose of this research was to increase the knowledge and understanding of the worldviews, cultural heritage, and other life experiences of elderly African Americans through the use of reminiscence. The primary research question that directed the current study was as follows: What are the life experiences, cultural heritage, and worldviews of African American elders?

REVIEW OF REMINISCENCE LITERATURE

The majority of reminiscence studies are quantitative in nature. It has been documented that implementing reminiscence as part of one's nursing practice is important to the well-being of the older adult (Haight & Webster, 1995). Generally, it has been indicated that reminiscence can provide opportunities to assist elders to cope with the present and the realities of aging, enhance social interaction, and increase self-esteem, self-worth, and life satisfaction (Haight & Hendrix, 1995). The literature shows that gerontological nurses can implement reminiscence and the life review to reduce depression and raise self-esteem (Haight, 1988, 1992) and increase ego integrity (Fishman, 1992; Stevens-Ratchford, 1993). Although there is an abundant amount of reminiscence literature, most studies have been conducted among White elderly populations.

An examination of qualitative studies that investigated lived experiences specific to African Americans was also completed and revealed very few studies. For example, Moore (2001) examined the lived experiences of African American survivors of breast cancer. Findings indicated there was a lack of social support and understanding for the unique life experiences of the African American survivor of breast cancer. Caliandro and Hughes (1998) completed a hermeneutical inquiry that examined the experiences of African Americans and Latino Hispanic grandmothers who are the primary caregivers of their HIV-positive grandchildren. Themes that emerged included upholding the primacy of family, being strong as mature women, and living within a constricted environment. The literature review reveals the

need for future qualitative inquiry regarding African American lived experiences and supports the hypothesis that there is a lack of understanding of the unique experiences of this population.

RESEARCH DESIGN

Phenomenology

This study used a phenomenology design. Phenomenology, a 20th-century philosophical movement, is attributed to the works of Edmund Husserl (1962). Phenomenology allows for the study of complex human phenomena and the description of experiential meaning. The goal of phenomenology is to develop clarity about the insights regarding the nature of the phenomenon (Spiegelberg, 1965, 1970, 1975).

Spiegelberg's approach to phenomenological investigation was chosen for the current study because it gives attention to relationships between and within essences, and for its similarity to the reminiscence interview where broad questions about past experiences are introduced and clarification and validation techniques are implemented during the reminiscence interview to provide greater meaning of the person's lived experiences.

"Spiegelberg's philosophical assumption for phenomenology is that human realities are different from the natural world because they are constructed and constituted in consciousness through interpretation of experiences rather than measuring entities in the physical world" (Semar, 2000, p. 37). The interpretation is from the situated, contextual perspective of the individual (Spiegelberg, 1965, 1970, 1975). Multiple perspectives of individuals will then create multiple realities. Phenomenology is a way of analyzing these multiple realities to develop understanding about the essences that constitute a phenomenon (Semar, 2000; Spiegelberg, 1965, 1970). "Memory is a complicated thing, a relative to truth but not its twin" (Kingsolver, 1990, p. 48). In the current study, the human realities were stories of life experiences as told by the participants from their memories. Each individual had his or her own interpretations or perspectives of personal experiences as these experiences happened to him or her. These individual perspectives created several realities. Yet within those individual realities were common essences that emerged in the data such as feeling different, strength of faith, and having regrets.

METHOD

Procedure

Approval for the research study was obtained from the University's Internal Review Board. Participants who were referred to the researcher were contacted via telephone to participate in the study. The choice of where and when the interview would take place was made by each African American

elder. All participants chose to be interviewed in their homes. The interviews were tape recorded and then transcribed by an African American who had grown up in the South and was familiar with the language and terms used by the participants. One researcher conducted all reminiscence interviews until saturation was reached.

When the study was described in detail by the researcher, informed consent was obtained. The Protocol for One-to-One Reminiscence in Reminiscence and Life Review (Burnside & Haight, 1994) was used as a guide to elicit the lifeworld experiences of the participants. For the current study, integrative reminiscence was conducted to serve a retrospective purpose. This type of reminiscence was implemented because it can give elders a chance to review their experiences and increase their self-worth and self-esteem as they tell stories of past accomplishments (Watt & Wong, 1991). The interview began with a broad question focused on what it was like growing up. For example, "Describe for me in detail what it was like growing up in . . . as an African American." Subsequent questions such as "describe what going to school was like for you" or "describe your first job" encouraged the elders to reminisce and describe other life experiences in detail. Subsequent questions were asked during the reminiscence sessions to elicit the essences of the participants' experiences and were specific to the content of the individual interviews.

Participants were contacted by phone to clarify questions that evolved regarding the transcripts or to expand on any of the descriptions. Each participant was offered a return visit or phone call by the researcher to discuss the findings. All participants received a thank-you gift for their time. It was decided that a visit or phone call would be used instead of giving each participant a copy of the transcription because of the varying degrees of reading levels among the participants.

Sample

The sample was purposefully selected to obtain rich information regarding the phenomenon. Seven African American elders participated in the study. All the participants were born in the United States and grew up in the South. Four of the participants were women, and three were men. One of the participants was married, two were widowed, and four were separated from their spouses. All participants lived in an urban city in the northeast and were retired. Two of the participants had been in the military. Six of the seven participants reported they attended church services weekly. Inclusion criteria for the study included the following: (a) participants will be English speaking, (b) at least age 70 years and born in the United States by self-report, and (c) intact cognition. The short portable mini-mental exam (Pfeiffer, 1975) was used to screen the participants for any cognition difficulties that may inhibit the reminiscence interview. The seven elders had been referred by key informants in African American church communities with whom the researcher has developed relationships.

DATA ANALYSIS

Qualitative data analysis begins with data collection. For example, coding starts as soon as data is collected through the interviews. Codes are created by looking for similarities and dissimilarities within the data. A list of preliminary codes are produced and then revised into meaningful categories. Themes are then identified. Spiegelberg's (1965, 1970, 1975) approach to phenomenology was used to analyze the data. In Spiegelberg's approach, the analysis begins intuiting general essences. The objective in this step is to identify and describe what the phenomenon is as well as what it is not. Cases, or transcripts, are lined up so that patterns and characteristics that are common in the data are synthesized from the data. This process helps to produce a synthesis of insights regarding what are required for the phenomenon (Semar, 2000; Spiegelberg, 1965, 1975). In the current study, intuiting essences was undertaken at the beginning of the study. For example, it was found that the phenomenon of life experiences of African American elders was strongly connected to discrimination. The second step involved watching the phenomenon's modes of appearing. In this step, it is important to watch the way in which the phenomenon appears as well as what appears. This was observed by the researcher as the participants described painful life experiences and frequently referred back to stories of their mothers. It was noted as a source of comfort to the elders during the moments of processing a painful time. The third step is phenomenological describing that is done only after the intuiting and analysis steps are completed. Its function is to establish reliable guideposts that aid in distinguishing and understanding the particular phenomenon under study. An important last step in phenomenological description is the interpretation of concealed meanings. According to Spiegelberg (1965, 1970), life is full of meaning and meaningful intentions, some of which are not always obvious to others. A complete phenomenological description includes the hidden and the obvious meanings (Semar, 2000; Spiegelberg, 1965, 1975). The complete phenomenological description happened at the final analysis and with identification of the themes. The themes are representative of the multiple realities of life experiences of African American elders. A text-based software program designed to manage large amounts of contextual information, Atlas.ti (2.0) (Scientific Software, 2000), was used in the data analysis process to facilitate retrieval of examples and excerpts.

Qualitative Rigor

According to Guba and Lincoln (1985), qualitative rigor emerges from credibility, auditability, and fittingness. Credibility refers to the validity or trustworthiness of the findings. The credibility of the current study was ensured by the researcher bracketing before and during the study. Bracketing was completed by the researcher focusing on her own biases and experiences of working with African American

elders. By setting potential biases aside, the researcher was able to clearly hear the reality of the participants' stories and focus on the content of the phenomenon. Other methods to ensure credibility include prolonged engagement until data saturation is reached and peer debriefing. Prolonged engagement or spending time within the culture adds breadth to overall understanding. The researcher had developed relationships with African American elders over time before the study began. Peer debriefing, completed with colleagues familiar with the study, also enhances credibility. The researcher requested the assistance of one of the consultants who is an experienced nurse anthropologist. She made herself available throughout the current study by posing questions for greater reflection, for debriefing after the interviews, and for discussion of interpretations of findings.

Auditability of a study refers to the ability of another investigator to follow the decision trail of the researcher from

the beginning of the study to the end. Intersubjective agreement between the researcher and one consultant experienced in reminiscence research was achieved.

The fittingness of a qualitative study refers to how well the results fit into context other than from which they were generated. Fittingness of the study was addressed by seeking out African American elders to participate in the study and describing the phenomenon under study. Men and women were included in the current study to help ensure the exploration of the full range of life experiences.

RESULTS

The reminiscence interviews were conducted over a 1-month time period. Saturation was reached after seven interviews. From the transcripts, codes were developed and are shown in Table 1. When the codes were placed into meaningful categories, themes were identified. Examples of statements with their subsequent themes are provided in Table 2 to illustrate part of the decision-making process used in the current study.

TABLE 1
Code List

Discrimination	Strength of faith
Family caring for family	School life
Spousal abuse	Feeling rejected
That's the way it was	Home remedies
Anger	Oppression
Prejudice	Life in the army
Hardships	Inequalities in health care
Coming north	Feelings about mother
First time talking about life experiences	Feeling different
Working in the fields	Regrets
Hurt	Missing out
Security within race	Childhood memories
Segregation	Painful memories
Asking about past is caring	Beliefs about religion
Coping	

Theme 1: "Nobody Ever Asked Me Before."

During the interviews each of the elders expressed that this was the first time they had ever talked about their life experiences because no one had ever asked them about their past.

This theme emerged with the initial contact and explanation of the study and carried on throughout the interviews. The elders revealed time and again that it was hard to believe that anyone, especially a White person, would want to know about their past: "You the first one that I ever sat down with and talked about my past. You the first one that ever asked me these kinds of things." One of the elders reminisced about very painful army experiences for most of the interview. He stated the following: "This is the first time I talked about the

TABLE 2
Themes and Excerpts

Themes	Excerpts
1. Nobody ever asked me before Subtheme: Asking about the past is caring	"I ain't never talked to no White person about my life. They never asked me before, they just didn't care."
2. Stories of discrimination; "That's the way it was." Subthemes: School, army life, work, health care	"The race it was separated, but if you know of things you don't try and mix ya see. So that's the way it was. We was told at birth not to mix so we didn't do it."
3. Coping with discrimination Subthemes: Family caring for family, home remedies, strength of faith, coming north, memories of mother	"I just prayed to God and asked Him to help me, to get me through this hard life."
4. The hurt of discrimination Subthemes: Life regrets, abuse, feeling different	"Now, looking back on my past, it makes me angry, but I don't get angry enough to fight. I get angry because I hurt."
5. Self-discoveries	"It felt good to talk to today. I finally discovered that I can talk about the war part of my life."

war part of my life since I walked off the battlefield. You know, I never did this before, no one ever talked to me about it.”

Asking about the past is caring. The subtheme of asking about the past is caring emerged as the elders reflected at the end of the interviews. There was a connection between asking about the elder's past and caring. This elder, when finishing up the interview, reflected on how she just was not asked about her life because people just do not care enough to ask or know: “No, I ain't never talked like this before, never talked with no White about it because I feel like they didn't care. They didn't care enough to ask me about my past.”

Theme 2: Stories of Discrimination, “That's the Way It Was.”

Undoubtedly, the phenomenon of lived experiences of African American elders is marked by their experiences of discrimination. Although the elders were never specifically asked to describe discrimination, they vividly described stories of discrimination during their school days, in the workplace, during army life, and with their health care experiences. In addition, as the elders told their stories of discrimination, they expressed feeling as though there was nothing they could do about the situation as “that's the way it was.”

School life. Some aspects of school life described by the elders seemed similar to what any child may experience during their school years: going to classes, playing with friends, and taking subjects such as math and spelling. However, there were some significant and disturbing differences that surfaced in their stories. For example, the elders reminisced about the White students riding the bus while they had to walk 2 to 3 miles to school every day. This elder describes a particularly bothersome experience for her as she walked to school: “If it was raining, the man on the bus, he would just ride in all the puddles and put the water on us.”

One African American elder painfully remembered a story of what it was like in school for the Black children. School supplies were handed down from the White schools, and she describes feeling like a “leftover child in the world.” She stated:

I remember going to school, it made me feel bad because it made me feel like a nobody as a kid. Seven or eight years old, that's how old I was then. I feel like we were the same as a dog or a hog or something out there because they would give Black people old, leftover and ripped things. So used. Just like if you go feed the dog, after you eat, you give him what is left. Just like that. That's the way it was. So, that's what I remember about going to school. I felt like a leftover child, a nothing in the world.

Health care. When remembering what it was like to be sick as a child, the elders repeatedly described experiences of

having to wait at the doctor's back door, not getting the care they should, and walking miles to see the doctor. Care was always provided by White doctors, and that care was provided when the doctor wanted to provide care and with little patient-doctor interaction. As one elder reminisced about the time when she had malaria, she said, “You just didn't get the medical like everybody else.” Another elder summed it up very well as she described what her medical care was like when she developed pneumonia as a child and had to see the doctor:

Back then if you went to see the doctor, you went to the back-door step and the doctor would come when he wanted to. If you was sick you even had to walk 2 or 3 miles to even get him to look at you. We had to go to him. So he put me in a little waiting room. He examined me. I don't know what he had done because he didn't use no stethoscope, didn't ask me or my mama no questions, or nothing like that.

Army life. Much emotion was displayed by the African American elders as they recalled stories of being discriminated against or as one elder stated, being treated like “non-citizens.” The participants who served this country in the war had personal stories of discrimination that, at times, were most difficult for them to share. One interview had to be stopped because of the pain and emotion that it caused the elder as he described how he was treated by White officers while he served this country in the war. He stated the following:

He gave me a lot of trouble, that White officer. He kept giving me orders to do this and that, and I was working as hard as I could to get the wounded off the boat. He ordered me to get the Whites off first, but I wouldn't do that. That wouldn't have worked. Oh, it was so bad, all that thrashing around. We all would have drowned if we did it his way. No one wanted to come and get us. He wanted to court martial me or whatever. I said, well go ahead, but I am not going to let you kill me and the rest of these peoples. I took a chance with him giving me so many problems, but you know what, we got them all out of there.

Work. Work was an important part of the African American elders' lives. As soon as they were able, they sought jobs in farms to “help to put food on the table.” In some cases, the entire family would work in the fields from daybreak to dusk. The elders recalled stories of working in the fields, being mistreated by the owners, and sharecropping. As a sharecropper, one would work hard day in and day out and then no matter what would have to give the White man one half of what he made. It made life very difficult as one elder recalled:

We raised our own hogs, sometimes we made flour out of wheat. But, if my daddy sold any of it, he had to give the White man half of everything he made. So, it was really rough on me growing up. We worked so hard and had nothing.

This particular elder painfully recalled and vividly described being mistreated by the owner of the farm stating,

I remember working for a White man, called myself share farming with him, like my daddy did. We had to give the White man half of what we made. It got so rough, the worms would eat all the tobacco up and then I tried to help. I'd go and ask the White man for stuff to help kill the worms in the tobacco field... I'll never forget it... the White man looked at me, said not one word, and spit at me in the face. He turned around and then walked on away.

Theme 3: Coping With Discrimination

The third theme, coping with discrimination, took on different forms for the African American elders. The four subthemes that emerged identified ways in which the elders were able to cope with the hardships of discrimination. The caring and love provided by their mothers, family caring for family, making home remedies, strength of faith, and coming north assisted the elders to get through some very difficult times.

Mother as a source of comfort. When using Spiegelberg's methodology for data analysis, it is important to watch the phenomenon's modes of appearing. The way in which a phenomenon appears is as important as what appears. Memories and stories of mothers and their influences on the elders were scattered throughout the data. Most interesting, however, was noting when thoughts or comments about their mothers surfaced in the data. For example, one elder, when describing a horrible war scene in which he witnessed his buddy getting wounded and then dying right in front of his eyes, hesitated for quite some time and said, "My mother, she was such a wonderful woman." He then went back in time and talked about her in more detail describing how she was a great cook and how he loved sitting at the dinner table with her and the family. It was clear that the elders' mothers provided them comfort during difficult times. The memories of their mothers were quite touching and often brought tears to the eyes of the elders. This elder reminisced about being ill and how her mother took care of her. She stated: "My mother, she would sit up all night long with me. She made a fire and lay down across my feet to keep my feet warm and under cover." The stories also revealed that their mothers often worked so hard in the fields, at home, and provided comfort and care to make life as normal as possible for the children of the family.

This elder describes her mother:

My earliest memory being a child was about my mother. She had to work so hard to bring up three girls. We didn't have no clothes, no shoes, but she did the best she could for us and had to work hard labor on a farm in South Carolina. That's the way she found money to feed us and get us a place to sleep. She didn't have to pay no rent. The guy would let us stay in a house on his place. He looked over all the Black people there.

Family caring for family. Memories of family sticking together through hard times were evident in each of the interviews. The elders spoke a great deal about the strength of their families. They cared for one another by working together, playing together, and praying together. Family caring for family was one way that the elders remembered coping through illness when medical care was inadequate:

When I had the malaria fever, I remember they put me in the front room with all my brothers, and there was a fire and everything. I was so sick, but it felt so good being there with them and everything.

Home remedies. Making home remedies was a vital part of medical care for the African Americans. The elders recalled their grandmothers and mothers making medicines out of different kinds of weeds, using cornhusks to make tea, or using berries. With medical care difficult to find, the elders remember family members learning to make medicine so they would not have to go to the doctor:

Back then by being Black, the doctors wasn't too eager to work on Black folk, so you had to make do. In my family, my grandmother taught us to always get some kind of weed. There was a weed, she called mullet. They would give it to us when we had a cold.

Strength of faith. Faith was and still remains an important part of the elders' lives. Memories of going to church, praying together as a family, and looking to God for strength helped the elders to survive the hardships of discrimination. This elder reminisced about how his parents raised them to have a strong belief system. He stated:

One thing I remember when I was growing up my father, as far back as I can remember, and my mother would read us the Bible every Sunday morning and then we have prayer every Sunday morning before we ate breakfast. So, sometimes now I get to sitting down, thinking about it, ain't nobody here but myself, then I sit down and I pray by myself. I do that to keep that remembrance on how my mother and father raised me up.

Prayer as a method of coping for the elders emerged frequently in the interviews. This elder described the following:

I just prayed to God and asked him to help me, to get me through this hard life. That's all you got to do. Go on your knees and pray, ask the good Lord to take care of ya, that's all you got to do, and He gonna take care of ya.

Although the elders told different stories that described their strength of faith, the following statement shows how this faith carried over into health practices: "I really don't have to have the medicine cause He said put your trust in Him and He will do the rest."

Coming north. When situations became intolerable, the elders talked about wanting to come north to find a better life. For all of them, one way to cope with discrimination was to get out of the situation and move north to find a better life. One man, after continually being subjected to inhumane punishment by a White farmer, stated, "Finally, I just got so angry, I left and came to Connecticut." Each elder described situations where as they grew older they began to understand what was going on around them and then wanting to get out:

I always wanted to come north. So when I got older I said I am going north because when you're little and everything it don't bother you that the race don't mix. But when I got older, I began to look at it, and everybody told me they living better up north. So, I came up north.

Theme 4: The Hurt of Discrimination

The effects of discrimination were very evident in the data as the elders described different discrimination experiences they experienced as they grew up in the South. The African American elders described feeling hurt about the way they were treated. These painful wounds still linger with them today and are difficult for them to put aside. As the elders reflected back on their lives, it was clear that some of the wounds were caused by a White person's words, other wounds were the result of actions of mistreatment and separation. As one elder stated: "Now, looking back on my past it makes me angry, but I don't get angry enough to fight. I get angry because I hurt."

Three subthemes emerged: life regrets, stories of being abused, and feeling different emerged from the elders' stories.

Life regrets. Regrets emerged in the data as the elders voiced feeling as though they missed out on things because of segregation. For example, the inequalities in education that the African American elders experienced as children certainly left their marks. The elders expressed regrets over the lack of opportunity to receive a good education. This elder, unable to attend school because he had to work in the fields every day to provide food for the family, tearfully described how he felt about not having an education:

I feel bad sometimes thinking about how I grew up and everything. Look at peoples nowadays, they get a good education. They can read and write, and I can't. It puts a different feeling on you and makes you just want to cry sometimes.

Being abused. The anger that erupted because of the effects of discrimination and life in the South was felt by everyone in the family. This anger often took the form of abuse. One elder woman tearfully recalled being abused by her husband. She attributed this behavior to the fact that he was angry, not at her, but at not being able to provide for his

family as he thought he should: "He erupted me with fights and all like that. But he was angry too because he couldn't get the things that he wanted and the kind of life he wanted for us." Another elder recalled being so frightened around her husband: "I was afraid of him because I was afraid he was going to hurt me. He might have killed me because he tried. Yes, he tried to kill me."

Feeling different. The discriminatory practices that the African Americans grew up with resulted in their expressing feeling different than everyone else. Having separate bathrooms, different schools, being made to wait at the back door to see the doctor, and being mistreated all affected their feelings and perceptions about themselves. These feelings of being different linger with the elders now because of the discriminatory practices of yesterday and yes, even today. As one elder talked of being discriminated against he said, "And, it's still all over, it's just under the cover." This next powerful reflection about discrimination in the South speaks to how the elders were made to feel so different:

Yes, it makes you feel different. You know back in some parts of the South you couldn't go into a Black man's house, sit down and talk to him like you're talking to me by yourself. If you did, they'd carry you out there, hang your head to a limb, kill you or beat you to death. You know, that stays with you.

Theme 5: Self-Discoveries

Although many of the experiences that the African American elders recalled were filled with emotion and were painful to talk about, the reminiscence interviews created opportunities for the elders to discover something positive about themselves. For some, it was the realization of their ability to survive a life filled with hardships and for others the discovery that they were able to share such painful moments with a White person. This elder, through her reminiscence of life experiences, realized how life's hardships made her a better person: "Well, now that I look back on everything, I say thank God for the hardship that I was brought up on. It made me a much better person." Another elder, although it was painful for her at times, as she recalled difficulties could see that she had the ability to overcome adversity. She stated, "I feel good now because I see done overcome."

DISCUSSION

This phenomenological study sheds light on the life experiences of African American elders. Results indicate that the elders in the current study had never been asked about their lives or experiences growing up as African Americans in the South. In addition, findings show that history, specifically discrimination, has left its mark on the elders. The stories of discrimination as told by the elders give us insight into how they lived and coped with discrimination on a daily basis dur-

ing their school days, in health care situations, in the workplace, and in the army.

The theme, "Nobody ever asked me before," is a significant finding for transcultural nursing. It has been noted in the literature that past and present discriminatory practices, mistrust, and suspicion of the dominant race are factors influencing the use of our health care system by African Americans (Boulware, Cooper, Ratner, LaVeist, & Powe, 2003; Giger & Davidhizar, 1997; Wykle & Ford, 1995) and that African Americans report greater dissatisfaction with health care providers and fewer physician and ambulatory visits than do Whites (Blendon et al., 1995). This lack of trust and dissatisfaction with health care providers could be related a lack of communication and not being asked about their experiences or their past. The reason for not asking about an elder's life may be related to having a certain fear about asking the elders or a lingering of biases. These issues need to be examined on a personal level. Developing cultural sensitivity, one necessary component for the delivery of competent care requires at least three conditions: an open-minded attitude, awareness of one's own biases, and attitudes that create barriers to interactions with an ethnic group and experiencing the culture directly (Bernal, 1996). Transcultural nurses can, by listening to the African American elders' stories about past experiences, become aware of their own biases and attitudes and experience the culture directly. Reminiscence will assist transcultural nurses to accomplish the development of cultural sensitivity and increase trust of their client.

Years of racism and being mistreated are, understandably, difficult for the African American elders to put aside. These lingering feelings are important to note and also have great implications for transcultural nurses. Williams and Williams-Morris (2000) suggested that experiences of discrimination can induce physiological and psychological reactions that can lead to adverse changes in mental health. Therefore, it is important to spend time to develop relationships with African American elders so they will begin to talk about these experiences. Establishing a rapport, facilitating discussion of these feelings, and recognizing these feelings will enable nurses to better determine health needs and support the African American elders.

This kind of interaction will help nurses to develop sensitivity to the feelings of hurt and feeling different that may still be present in African American elders and assist them to process these feelings. As evidenced by the interviews, these feelings are a heavy burden for the elders to bear.

Allowing the elders to talk about these experiences and listening to their stories of discrimination we can begin to gain an understanding and break down some of the barriers to health care access and gain insight into their health choices.

Stories describing their uses of home remedies, strength of faith, support of family, and the caring of their mothers gives us insight into how the elders were able to cope with the struggles of discrimination to get them through some very difficult

times. This finding supports the work of others. For example, Lassiter (1978) and Freedman (1998) found family to be a major source of support for African Americans in times of stress. Gibson (1982) found that Black adults were more likely to use a prayer as a means of coping, and Lee, Lin, Wensch, Adler, and Eisenberg (2000) found that Black women diagnosed with breast cancer most often used spiritual healing as an alternative therapy. In addition, Jennings (1999) found that African American elders are most likely to talk to family members about their illnesses; however, that not all family members are involved in helping the elders adhere to their health care regimen. Results demonstrate that assessment into past coping methods through the use of reminiscence can give transcultural nurses insight into health beliefs or patterns, use of alternative therapies, and past experiences with health care workers. Furthermore, educating family and encouraging their participation throughout care may be a key factor in providing culturally competent care to African American elders.

The benefits of facilitating reminiscence for the African American elders were evident in the theme, "self-discoveries," as the participants described feeling good about talking about their memories. In addition, the elders gained insight into their coping mechanisms and strengths, realized accomplishments, and simply enjoyed the experience. The use of reminiscence as a method to decrease depression and increase self-esteem has been well documented (Haight & Webster, 1995). African American elders would clearly benefit from this intervention as their White counterparts have benefited.

This research has implications for transcultural nursing research, education, and practice. In research, other reminiscence studies with African American elders are also warranted. For instance, it would be interesting to conduct reminiscence studies with African American elders who were born and raised in the North to examine differences and similarities between the groups. In addition, quantitative studies with African American elders that measure the effects of reminiscence on depression and self-esteem would further assist in determining the positive effects of reminiscence in this population. Phenomenological reminiscence studies are needed with other populations such as Hispanic and Asian elders to better understand these groups and increase the delivery of culturally competent care provided to them.

Although it is important to examine the effects of reminiscence on minority elders, studying the positive outcomes that reminiscence may have on nurses cannot be underestimated. Studies that determine the effects of reminiscence on cultural self-efficacy, attitudes, and knowledge would be helpful as schools of nursing and other institutions develop programs to increase the delivery of culturally competent care. As our minority elder population grows, we are challenged in transcultural nursing education and practice to create experiences and situations that increase our abilities to deliver quality care.

A semistructured interview of 13 African American women conducted by Freedman (1998) found that there is poor understanding by the dominant White medical profession concerning the beliefs and values of Black patients and that this compromises their care. For transcultural nurses who care for elders, it is imperative that we bring to our work a knowledge base that can assist us in providing culturally competent care to African American elders. A vital component to this knowledge base is developing a sensitivity and understanding of the negative effects of poverty, racial discrimination, and neglect that have plagued African American elders for years. Results from the current study suggest that engaging in reminiscence with African American elders is one way to gain this knowledge and to better understand their cultural perspectives, worldviews, and life experiences. Furthermore, reminiscing with an elder gives us an appreciation for the uniqueness of the individual and can assist us in avoiding serious stereotypes and generalizations that may affect our care.

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