

Transitions, Subjective Age, Wellness, and Life Satisfaction: A Comparison Between Lesbians and Heterosexual Women in Midlife

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Abstract:

A study of 221 midlife women, 35 to 65 years of age, was conducted to explore the relationships among transitions, subjective age, wellness, and life satisfaction for lesbian ($n = 81$), bisexual ($n = 14$), and heterosexual women ($n = 126$). Although the sample of bisexual women was too small to permit valid statistical analyses for this group, it is note-worthy that experiencing physical signs of aging was the most frequently experienced transition by all groups. Entry into a committed relationship was the second most frequently experienced transition by the lesbian participants, and entry into perimenopause was the second most common for heterosexuals. Lesbians whose subjective age was less than or equal to their chronological age reported greater wellness, and total wellness was a significant predictor of their life satisfaction. These findings suggest that all women experience midlife as a time of change and development, and lesbian women face specific challenges that require coping to maintain a sense of well-being during the midlife years.

Keywords: Midlife, women and transition, wellness, life satisfaction, sexual orientation and midlife transition, subjective age

Article:

Although women between the age of 35 and 65 account for about 38% of the total U.S. female population (U. S. Bureau of the Census, 2001), midlife remains the most poorly understood period of a woman's lifespan (Lachman, 2001). Quadagno (2001) noted that midlife has only recently been defined as a separate period, and that its existence is a result of increased longevity and the trend for heterosexual couples to spend decades together after having launched their children. Defining the midlife period beyond this can be difficult, as there are flexible age boundaries for entry into and exit from this stage, and there is not a single, universal set of delimited age parameters (Staudinger & Bluck, 2001). Theories of adult development, which stress the significance of transitions in the midlife decades (Erikson, 1980) have often failed to fully address the unique experiences of women. Further, women who self-identify as lesbian or bisexual represent a significant and invisible minority (Fassinger, 1991), with current estimates suggesting that as many as 3.6% of the population, or 2,300,000 women, are lesbians (Diamond, 1999). There is a paucity of empirical research addressing the midlife period of lesbians, with many of the existing articles being qualitative in nature and focusing on relationship issues (Raphael & Meyer, 2000; Rose & Zand, 2001). Both midlife women in general, and sexual minority women of all ages, remain victims of stereotypes that depict them as unhappy, unfulfilled, and stagnant (Baron & Cramer, 2000; Howell, 2001).

Midlife lesbians and bisexual women continue to experience discrimination in many facets of their lives, based on their gender and sexual orientation, in addition to age, which may negatively influence their well-being (Mays & Cochran, 2001; Weinberg, Williams, & Prior, 2001). Although there have been independent efforts towards increased tolerance of sexual minorities, levels of prejudice against these individuals have remained pretty much stable during the past few decades (Yang, 1997). Midlife lesbians and bisexual women continue to be viewed as being maladjusted, exhibiting lower levels of well-being, experiencing depression and greater suicidal ideation than heterosexual women (Cochran, Sullivan, & Mays, 2003; Mays & Cochran, 2001; Morris, Waldo, & Rothblum, 2001). Enhanced understanding of lesbian and bisexual women's midlife experiences is

needed, both to overcome negative stereotypes and to inform professionals and midlife women themselves of the potential for positive growth, life satisfaction, and well-being in the midlife decades (McQuaide, 1998; Waskel & Phelps, 1995). One factor which seems to affect both life satisfaction and wellness is subjective age.

Chronological age, or actual years of life, differs from subjective age, which is the age that an individual perceives herself to be, and provides a better indicator of adults' views of their roles in society, which in turn yields a more accurate understanding of their behaviors and attitudes (Henderson, Goldsmith, & Flynn, 1995). Wilkes (1992) observed that subjective age is a more useful predictor of successful aging than chronological age. A large amount of research supports the validity of using subjective age as a means of understanding the behaviors and attitudes of adults across their lifespan (Birren & Cunningham, 1985; George, Mutran, & Pennypacker, 1980; Henderson et al., 1995; Kastenbaum, Derbin, Sabatini, & Arnt, 1972; Neugarten & Hagestad, 1976; Van Auken, Barry, & Anderson, 1993). Subjective age has been shown to be a predictor of many behavioral and psychological variables, including life satisfaction, self-esteem, perceived health, fear of aging, boredom levels in adults, maturity, body satisfaction, and leisure activities (Barnes-Farrell & Piotraski, 1989; Gana, Alaphillippe, & Bailly, 2004; Galombos, Turner, & Tilton-Weaver, 2005; Montepare, 1996; Montepare & Lachman, 1989; Palmore, 1981; Uotinen, Suutama, & Ruoppila, 2003; Westerhof & Barrett, 2005).

Barak and Stern (1986) noted that women define their subjective age as younger than their chronological age as they grow older. Further, Weinberg, Williams, and Prior (2001) found that midlife bisexuals report an increased commitment to a bisexual identity in midlife, and a tendency to pursue sexual involvement with only one gender, apparently due to a heightened awareness of the physical aging of their bodies, further supporting the hypothesized link between aging perceptions, and, behaviors and attitudes. Kimmel and Sang (1995) found that lesbian women were less likely to connect their chronological age to their perceived self-worth than gay men. Due to the strong cultural emphasis on youth and fitness, evident in contemporary culture, women may feel more compelled to maintain a youthful appearance to avoid the stigma of old age, and to maintain a sense of well-being (Pinquart & Sorensen, 2001). These studies provide further support for the importance of subjective age in understanding women's experiences, and how they adapt to maintain a sense of well-being across the adult life-span.

Multiple studies have revealed both age and gender differences in aspects of well-being, or holistic wellness (Myers & Sweeney, 2005b); however, as Dew and Newton (2005) noted, following a review of the available literature, studies of wellness of lesbians and bisexual women are notably lacking. Of the limited existing studies, sexual minority identity status and level of outness are often the main focus (Luhtanen, 2002). The emphasis of existing research with adult women is often on mental illness or factors related to psychological distress rather than mental health (Cochran et al., 2003; Mays & Cochran, 2001). In fact, Rodin and Ickovics (1990) reported that women, especially in midlife, are diagnosed with mental disorders and prescribed psychotropic medications more frequently than men. Crose, Nicholoas, Gobble, and Frank (1992) suggested that gender differences, as found in the type of stressors faced, affect women's success in optimizing, both their holistic wellness (Myers, Witmer, & Sweeney, 2000) and their life satisfaction (Ryff & Keyes, 1995).

Life satisfaction, a person's level of contentment with all aspects of her or his life, is the most widely studied variable in relation to successful aging, and is strongly supported as a component of subjective well-being (McIntosh, 2001). Although early research showed that youth was one of the most reliable predictors of life satisfaction (Wilson, 1967), the results of recent studies indicate that life satisfaction increases with age, at least in early older adulthood (Hong & Giannakopoulos, 1994) for the general population, as well as for lesbians and bisexual women (Baron & Cramer, 2000). Other important variables for lesbian and bisexual life satisfaction across the lifespan, include income and education; however lesbian women typically earn 5-14% less than other women (Badgett, 1995), with women's earnings, in general, already lagging 25% behind those of men's earnings (U. S. Bureau of the Census, 2001). In addition, both later adulthood and midlife are times of transition, intensified self-evaluation, and life assessment, processes which can affect life satisfaction (Ryff, 1989).

In summary, women's contemporary midlife experience is significant, but not well-understood. Because lesbians and bisexual women frequently renegotiate their sexual orientations later than men (Baron & Cramer, 2000; Kitzinger & Wilkinson, 1995), transitions experienced by this group, during the midlife decades, invite further study to better capture the transitions likely to be faced by these women. Lesbians and bisexual women in midlife also face significant challenges in achieving both wellness and life satisfaction, and factors such as subjective age may be important issues during this developmental period. For many women and sexual minorities in particular, midlife is often accompanied by negative self-image, and increased risk for affective mood disorders (Cochran, Sullivan, & Mays, 2003; Mays & Cochran, 2001; Morris, Waldo, & Rothblum, 2001; Rodin & Ickovics, 1990). The relationships among factors such as subjective age, wellness, and life satisfaction, as predictors of successful midlife adjustment, merit further exploration as a foundation for better understanding the midlife experience of all women, including sexual minorities.

The present study was undertaken to explore the nature of sexual minority women's midlife experience, specifically the relationships among transitions, chronological age, subjective age, wellness, and life satisfaction, and how these may differ between sexual minorities and heterosexual women. Although our original intent was to examine both lesbian and bisexual women, due to the small sample size for bisexual respondents, statistical analyses were restricted to only two groups of women, and the information included for the bisexual women is descriptive, and must be considered as preliminary data only. The following four hypotheses were tested: (1) The most frequently experienced transitions and the dynamics of those transitions will differ for lesbians and heterosexuals; (2) Participants with subjective age less than their chronological age have higher levels of wellness than women whose subjective age is equivalent to or more than their chronological ages; (3) Participants with subjective age less than their chronological age report higher levels of life satisfaction than women whose subjective age is equivalent to or more than their chronological ages; and (4) A significant amount of variance in life satisfaction for lesbians and heterosexual women can be accounted for by wellness, household income, and the level of education.

METHOD

Researchers have used a variety of age ranges to capture and describe, midlife development, including 35-55 (Gabbard & Menninger, 1989); 40-60 (McQuaide, 1998); 39-50 (Wethington, 2000); and 35-60 (Howell, 2001), but no single, universal age range has been defined as the midlife period (Staudinger & Bluck, 2001). For this study, a three-decade span (35-65) was chosen in order to capture the experiences of adult women as they move through the middle years of their lives. Volunteers were recruited through a variety of means, including notices placed on electronic listservs, with predominantly adult female memberships and special interest listservs that included midlife women. Face-to-face contact and flyers placed at women's centers, health organizations, classrooms, and church groups provided a basis for snowball sampling, in which participants were asked to contact other midlife women and invite them to participate.

Participants

A total of 380 questionnaires were distributed. Of the 241 (63%) that were returned, 221 (92%) were usable. The remainder were excluded because the respondents did not meet the specified age criteria ($n = 2$), surveys were incomplete ($n = 5$), sexual orientation was not specified ($n = 3$), or responses were received after the deadline ($n = 10$). Only 14 participants identified themselves as bisexual, and these were excluded from the analyses as the sample size was too small to permit meaningful comparisons. Due to the nature of the sampling procedures, an accurate response rate cannot be determined, nor is it possible to determine if the characteristics of those who volunteered to be a part of the study differ in any meaningful ways from those who chose not to participate.

The final sample of 221 participants was a heterogeneous group of midlife women, most of whom (85%) were Caucasian. The mean age for lesbian respondents ($n = 81$) was 47.5 years ($SD = 7.24$), the mean age for bisexual respondents ($n = 14$) was 48.9 years ($SD = 8.56$), and the mean age for heterosexual respondents ($n = 126$) was 47.5 years ($SD = 7.46$). As shown in Table 1, lesbian and heterosexual participants reported a wide range of household income levels, but they were uniformly well-educated.

Instruments

Participants completed four paper-and-pencil assessment instruments, including the Women's Midlife Transition Survey (WMTS), (Degges-White, 2003); the Subjective Age Questionnaire (SAQ), (Barak, 1987); the Five Factor Wellness Inventory (5F-Wel), (Myers & Sweeney, 1999, 2005); the Satisfaction With Life Survey (SWLS), (Diener, Emmons, Larsen, & Griffin, 1985); and a brief demographic questionnaire.

TABLE 1. Ethnicity, Age Range, Income, and Education Data of the Participants (in Percentage)

	Lesbian (n = 81)	Heterosexual (n = 126)	Total (n = 207)
Ethnicity			
American Indian/Native American	–	3.2	1.9
Asian/Pacific Islander	2.5	–	1.0
African American	2.5	13.5	9.2
Caucasian	90.1	81.7	85.0
Other	4.9	1.6	2.9
Age			
35-44	40.7	36.5	38.2
45-54	40.7	46.8	44.4
55-65	18.5	16.7	17.4
Household Income			
Less than \$20,000	3.7	12.7	9.2
\$20,000-39,999	27.2	17.5	21.3
\$40,000-59,999	23.5	19.0	20.8
\$60,000-79,999	12.3	19.0	16.4
\$80,000 and over	32.1	26.2	28.5
Missing data	1.2	5.6	3.9
Education			
High School or Less	12.3	14.3	13.5
Trade/Technical School/ Associate Degree	14.8	21.4	18.8
Bachelor's Degree	22.2	27.8	25.6
Post-Graduate Work	50.6	36.5	41.5

Women's Midlife Transitions Survey (WMTS). The Women's Midlife Transitions Survey was designed to assess data pertaining to participants' experience of midlife transitions. The instrument consists of a list of 27 potential midlife transitions which were generated from multiple focus groups with midlife women, and from current literature. To complete the survey, participants marked the transitions that they had experienced since their 35th birthday, and provided their age when the transition occurred. For experienced transitions, participants indicated their feelings of timeliness of the event (on-time or off-time); their expectations related to the event (expected or unexpected); the impact of the event on their life (rated on a 5-point Likert-type scale, from 1 (Minimal impact) to 5, (Very strong impact), and the context in which the event occurred (personal, social, or vocational).

Subjective Age Questionnaire (SAQ). The SAQ (Barak, 1987) was designed to assess individuals' subjective, or self-perceived, age (SA) as opposed to their chronological age (CA), or actual age. The SAQ assesses four age-related concepts: feel-age, activity-age, interests-age, and look-age. The SAQ consists of four statements (e.g., "I feel like someone who is in their _____") to which respondents choose one of eight age-decade responses (teens, 20s,... 80s). For purposes of scoring the instrument, the midpoint of each age group (15, 25, etc.) is used in the data analysis. SA is determined by averaging the responses to the four questions to generate a single continuous measure which is supported by existing research (Barak & Stern, 1986; Finkelstein & Burke, 1998; Montpare & Lachman, 1989). Results from Finkelstein and Burke showed the model to be a good fit to the data with a Comparative Fit Index (CFI) of 0.99, and an internal consistency value of 0.87. In a more

recent study with adult women aged 50 to 83, Guiot (2001) used structural equation modeling to determine that subjective age was best defined when the “look-age” question was eliminated from the original four questions. She reported a Cronbach’s alpha of 0.93 of 225 women when the “look-age” question was removed. Therefore, only the three non-appearance based items were included in the current study. Our Cronbach’s alpha was 0.77.

Five-Factor Wellness Inventory (5F-Wel). The 5F-Wel (Myers & Sweeney, 1999, 2005) includes 73 behavioral and attitudinal statements designed to assess the factors of wellness identified in the Indivisible Self-Model (IS-Wel), (Myers & Sweeney, 2005b). Responses are made using a 4-point Likert-type scale, ranging from Strongly agree to Strongly disagree. Scores are sums of item responses to which a linear transformation is applied to provide an easily interpretable score based on a range from 25 to 100. Exploratory and confirmatory factor analyses supported a single higher order factor, 5 second-order, and 17 discrete third-order factors in the IS-Wel model, with a goodness-of-fit index, RMSEA, of 0.042 (chi-square = 8261, $df = 2533$) (Hattie, Myers, & Sweeney, 2004). Only the single first-order factor was included in this study as a measure of total or holistic wellness; scores for this factor are obtained by summing the scores for all 73 items.

The authors reported internal consistency as 0.94 for the single higher order or total Wellness factor; in the current study, the Cronbach’s alpha coefficient was 0.82. Hattie et al. (2004) presented supportive findings related to convergent and divergent validity, using similar instruments that assess coping skills and wellness.

The Satisfaction with Life Questionnaire (SWLS). The SWLS (Diener et al., 1985) was designed to measure respondents’ overall or global satisfaction with their lives. The SWLS comprises five items (e.g., “In most ways my life is close to my ideal.”), which are rated on a 7-point scale, from 1 (Strongly disagree) to 7 (Strongly agree). Answers to the five items are averaged, yielding a single measure of global life satisfaction. Pavot and Diener (1993) reported alpha coefficients that consistently exceed 0.80. They also explored the convergent and discriminant validity of this instrument and found thorough support for each. Specifically, the SWLS was positively correlated with assessments of well-being, and negatively correlated with assessments of psychological distress. The Cronbach’s alpha calculated for the SWLS was 0.84 in the current study.

Data Analyses

Data were analyzed using SPSS 12.0 (SPSS, 2003), and an alpha of 0.05 was set for determining statistical significance. Frequencies were computed for lesbian and heterosexual women for all transitions, and an ANOVA was computed to examine possible differences in the number of transitions experienced for the two groups (research question 1). The second and third research questions were examined using two-way ANOVAs, and the fourth was examined using multiple regression analysis. Due to the small sample size, bisexual participants were not included in the analyses. Descriptive information on these participants is included in the discussion of the first research question and at the end of the results section, and can be considered pilot data for future studies of midlife sexual minority women.

RESULTS

In Table 2, frequencies are reported for lesbian and heterosexual participants’ experienced transitions. The mean age at which the transition occurred, and mean impact level for each transition is also reported, as are the percentages of respondents who believed the transition had occurred on-time and who had expected the transition to occur when it did.

The majority of transitions occurred during the fifth decade of life for all participants, which suggests that the 40s are a time of great transition for each of the participant groups.

TABLE 2. Transitions Experienced by Lesbian and Heterosexual Participants

Transitions	Lesbians					Heterosexual Women						
	Experienced (%)	Mean Age	SD	Mean Impact	On Time (%)	Expected (%)	Experienced (%)	Mean Age	SD	Mean Impact	On Time (%)	Expected (%)
Noticed Physical Signs of Aging	86	43.20	6.38	2.70	59	62	90	42.82	5.42	2.61	65	58
Entered Committed Relationship	60	42.20	5.37	4.75	84	17	32	41.33	4.55	4.37	77	38
Marked Increase in Introspection	58	41.80	6.29	4.00	85	45	52	43.20	5.96	3.92	76	36
Entered Perimenopause	57	43.70	5.02	2.57	33	40	67	43.56	4.32	2.53	65	54
Relocated to New City	53	44.30	7.31	4.28	79	74	29	41.40	4.54	4.33	51	61
Left a Job Voluntarily	49	43.80	6.80	3.78	74	62	37	43.98	6.25	3.87	79	66
Ended Committed Relationship	46	44.20	6.24	4.51	54	28	29	43.65	6.13	4.57	31	36
Returned to School	40	40.10	5.02	4.52	77	90	38	42.93	4.97	4.36	72	54
Loss of Parent/Parental Figure	37	41.30	5.29	3.90	17	40	30	43.70	5.68	4.00	24	42
Entered or Re-entered the Job Market	36	43.64	7.16	4.00	79	89	29	43.29	6.25	4.06	72	69
Job Advancement/Promotion	33	42.60	6.21	3.81	93	67	21	43.33	5.43	3.81	92	73
Renegotiated Sexual Identity	30	42.90	5.07	4.83	74	17	6	43.60	5.55	3.83	15	0
Completed Menopause	27	49.80	5.41	2.86	62	59	29	47.52	5.99	2.92	61	60
Onset of Major Illness/Disease	26	45.80	7.74	4.71	0	0	29	45.11	5.86	4.22	6	5
Laid-off/Fired from a Job	21	43.90	7.09	4.47	24	6	21	44.40	5.72	4.52	32	28
Lost Last Parent/Parental Figure	20	44.30	2.74	4.13	25	31	13	46.44	6.16	3.79	40	53
Loss of Siblings, Close Friends	19	42.00	6.95	3.93	7	13	29	44.11	6.71	4.15	9	23
Adult Child(ren) Moved Away	16	42.80	3.02	3.00	92	92	39	43.64	4.71	3.80	80	78
Became a Caregiver for Adult Relatives	15	44.60	7.38	4.08	50	33	15	45.33	7.39	3.95	53	42
Started a "Blended Family"	11	44.13	3.83	4.00	56	11	13	41.75	4.82	3.80	81	50
Became a Grandparent	11	47.10	5.22	4.33	67	56	24	48.30	5.96	4.22	63	53
Became a Parent	10	38.30	3.41	4.75	63	75	10	37.46	2.99	4.69	62	62

Retired from Job	9	54.00	7.46	4.71	57	57	6	56.29	6.50	3.88	63	63
Adult Child(ren) Returned Home	7	47.80	4.71	4.17	17	17	11	45.25	3.82	3.50	21	21
Loss of Partner/Spouse	4	50.00	5.66	4.67	33	0	8	42.40	6.22	4.90	10	10
Loss of a child	2	37.00	2.83	4.50	0	0	6	44.00	4.08	4.71	0	0
Became a Custodial Grandparent	0	-----	-----	-----	NA	NA	1	46.00	-----	5.00	0	0

Hypothesis 1

To test the first hypothesis, that the most often experienced transitions, and the dynamics of those transitions will differ for lesbians and heterosexual women, frequencies were computed for each of the 27 transitions. Overall, lesbian participants had experienced an average of 7.8 transitions ($SD = 3.75$), bisexual women had experienced an average of 9.6 ($SD = 3.78$), and heterosexual women had experienced an average of 7.1 ($SD = 3.75$). There was no significant difference in the number of transitions experienced by lesbians and heterosexual women. For both groups, “noticed signs of aging” was the most frequently experienced transition, with 86% of the lesbian participants and 90% of the heterosexual participants endorsing this experience. Beyond this transition, each of the groups reported diverse sets of experiences, supporting the first hypothesis. For lesbians, the second most frequently experienced transition (60%) was “entered a committed relationship,” which occurred at a mean age of 42.2 ($SD = 5.37$). The highest mean impact score, 4.8, was reported for this transition and “renegotiated sexual identity.” In comparison, for heterosexual women, the second and third most frequently experienced transitions were “entered perimenopause” (67%) and “marked increase in introspection,” (52%). “Children moved away from home” was the fourth (39%) most frequently reported transition. Lesbian respondents endorsed all but one of the transitions, “became a custodial grandparent,” and heterosexual women endorsed all 27. For the lesbian respondents, mean impact ratings ranged from 2.57 (experienced perimenopause) to 4.93 (renegotiated sexual identity). For heterosexual women, impacts ranged from a similar low of 2.53, “experienced perimenopause,” to 4.90, (loss of partner/spouse) and 5.00 (became a custodial grandparent).

For the lesbians, the timeliness of transitions (i.e., were they on-time?) ranged from 0% to 93%. The transitions reported as “occurring on-time” by more than 80% of the respondents, included in descending order, job advancement/promotion, adult children moved away, marked increase in introspection, and entered committed relationship. The onset of major illness and loss of a child were reported as never expected and never on-time. For heterosexual women, timeliness of transitions had a range similar to the lesbian participants, from 0% to 92%. Transitions experienced as “on-time” by 80% or more of the heterosexual women included only job advancement, starting a blended family, and children moving away from home. Interestingly, no transitions were considered “on-time” by all of the respondents, nor were any “expected” to occur when they did by all the participants.

Hypothesis 2

The mean scores on the 5F-Wel were 77.24 ($SD = 7.24$) for lesbians and 78.45 ($SD = 3.75$) for heterosexuals. The mean scores on the SWLS were 4.73 ($SD = 1.32$) for lesbians, and 4.77 ($SD = 1.44$) for heterosexuals. Separate two-way ANOVAs were conducted to test the second hypothesis that lesbians and heterosexuals whose SA is younger than or equivalent to their CA will have higher mean levels of wellness than women whose SA is older than their CA. A subjective-to-chronological age comparison value was used as the independent variable, and overall wellness as the dependent variable.

The SA to CA comparison values are shown in Table 3. For lesbians, CA and SA were significantly related to wellness ($F = 3.798$, $df = 2$, $p < 0.05$) The partial η^2 calculation as a measure of effect size was 0.09, indicating that 9% of the variance in wellness scores was due to the CA-SA relationship. A similar relationship existed for

heterosexual women, as well ($F = 5.15$, $df = 2$, $p < 0.05$), partial η^2 equal to 0.08, indicating that 8% of the variance in wellness scores was due to the CA-SA relationship.

TABLE 3. Means and Standard Deviations for Participants' Scores on the 5F-Wel and the SWLS for Subjective Age-Chronological Age Comparisons and Percentage Responding for Age Comparisons by Age Group

Subjective Age Value	Lesbians				Heterosexual Women			
	5F-Wel		SWLS		5F-Wel		SWLS	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Subjective Age < Chronological Age ($n = 60$)	77.16	6.01	4.83	1.25	79.15	6.89	4.84	1.45
Subjective Age = Chronological Age ($n = 19$)	78.60	5.61	4.64	1.43	77.63	8.35	4.42	1.35
Subjective Age > Chronological Age ($n = 2$)	70.34	10.37	4.40	1.58	69.41	10.65	4.73	1.78

Hypothesis 3

The third hypothesis, that women whose SA is less than or equivalent to their CA will have higher mean levels of life satisfaction than women whose SA is more than their CA, was tested with two-way ANOVAs. The mean life satisfaction scores for participants, according to their SA comparison group, are shown in Table 3. For lesbians, the relationship between CA and SA was not significantly related to life satisfaction ($F = 0.344$, $df = 2$, $p = 0.71$), nor was there a relationship between the two variables for heterosexual women ($F = 0.743$, $df = 2$, $p = 0.48$). Thus, the third hypothesis was not supported.

Hypothesis 4

The fourth hypothesis stated that a significant amount of the variance in life satisfaction would be accounted for by the following variables: level of wellness, level of household income, and level of education, each of which has been traditionally assumed to influence life satisfaction (Diener, Suh, & Oishi, 1997), specifically the life satisfaction of lesbians, bisexuals, and gay males (Lee, 1987). To test this hypothesis, wellness, household income, and educational level were entered into three separate regression equations, and the standardized regression coefficients of the variables were analyzed to determine their predictive value regarding life satisfaction. For lesbians, the results indicated that these variables together accounted for 29% of the variance in life satisfaction ($R^2 = 0.294$, $F = 6.177$ (5, 74), $p < 0.000$), supporting the fourth hypothesis for this group. Examination of the beta weights of the regression coefficients revealed that only wellness ($\beta = 0.434$ t (5,74) = 4.25, $p < 0.0001$) explained a significant proportion of the variance in life satisfaction. For heterosexual women, the results indicated that these three variables accounted for 25% of the variance in life satisfaction ($R^2 = 0.248$, $F = 13.87$ (3, 114), $p < 0.000$). However, unlike findings from the lesbian group, both total wellness ($\beta = 0.058$ t (3, 114) = 3.58, $p < 0.01$) and household income ($\beta = 0.271$ t (3, 114) = 3.18, $p < 0.01$) explained a significant proportion of the variance in life satisfaction.

Bisexual Participants

For the bisexual women, "became a grandparent" and two job-related transitions ("job advancement/promotion" and "retired from job"), and two family-related transitions ("adult children moved away" and "became a caregiver for adult relatives"), were considered "on-time" by all who had experienced these. Two transitions, "became a parent" and "became a custodial grandparent" were not reported as experienced by any of the bisexual participants. Transition impacts ranged from 1.17, "experienced menopause," to 5.0 for several transitions.

A preliminary analysis of the relationship between subjective age and wellness for bisexual women did not yield significant results ($F = 0.673$, $df = 2$, $p = 0.53$). However, this finding is considered to be pilot data only due to the unequal cell sizes, as the unequal sample sizes increases the probability of a Type-1 error (Hsu, 1938; Scheffe, 1959). Similarly, there was no relationship found between SA and CA for bi-sexual women ($F = 1.604$, $df = 2$, $p = 0.25$), but this result should not be considered to be definitive. A preliminary regression

analysis revealed that none of the selected variables predicted life satisfaction, which is yet another finding that remains to be verified in future studies.

DISCUSSION

This study is one of the first empirical explorations of the midlife experiences of sexual minority women. All the participants experienced a myriad transitions during this period that affected their personal, social, and vocational lives. Lesbians with a subjective age less than or equal to their chronological age reported greater wellness, and total wellness was a significant predictor of life satisfaction of these women. However, a similar relationship was not found between subjective age and life satisfaction. Heterosexuals were similar to lesbians in the relationships among subjective age, chronological age, wellness, and life satisfaction. However, household income and wellness were found to predict life satisfaction for this group. Due to the small number of bisexual participants, scores for these women, in comparison with the other two groups, should be interpreted with caution; however, information about these women is included in the discussion as it enhances the richness of the data, and provides important implications for needed re-search concerning sexual minority women.

There are interesting differences between the groups of women, regarding the actual transitions experienced. Half of the bisexual participants renegotiated their sexual identity during this period compared to 30% of the lesbian participants. Dworkin (2001) noted that the process of identifying oneself as bisexual can reflect a move from lesbian to bi-sexual, or heterosexual to bisexual, depending on the individual, suggesting that more fluidity may lead to midlife changes of orientation. Herek, Gillis, and Cohen (1999) noted that, as compared to gay men, lesbians and bisexuals are more likely to believe that there is a degree of choice involved in sexual orientation. Contrasting with the proportion of bisexual women who renegotiated their sexual identity in their middle years, Weinberg et al. (2001) indicated that sexual identity was more solidified by midlife for bisexuals. These conflicting findings suggest that further investigation of the midlife transitions of bisexual women is warranted. Associated with this sexual identity, renegotiation differences between lesbians and bisexuals, may be the equal percentages of bisexual women who entered and exited committed relationships during this period. However, for lesbians, 60% entered committed relationships, but only 46% ended a committed relationship.

Bisexual participants were more likely to have left a job voluntarily and relocated to a new city than lesbians. The findings of Weinberg et al. (2001) regarding the midlife experiences of bisexual women suggested that work-related transitions (including returning to school or switching careers) were among the most frequently occurring transitions during this time, as bisexuals were less likely to move through the typical parenting cycles. For this group of bisexual women, only one of the ten most frequently occurring transitions was work-related, which was leaving a job. As the data show, the bisexual women experienced significantly more transitions as a group than the lesbian women or the heterosexual respondents. Perhaps this is a reflection of the complex lives of these individuals, as it has been noted that bisexuals may experience greater discrimination than gays, as both the heterosexual community and often the gay community hold negative views of this group (Dworkin, 2001). Not surprisingly, heterosexual women experienced the fewest transitions, and the majority was the type typically associated with midlife. Whether this reflected a significant difference between the groups overall or simply reflected the specific participants in this study, invites further exploration.

The lesbian women in this study, when compared with the bisexual women, seemed to be more settled in their lives and careers. The impact scores for the physiological changes (signs of aging, perimenopause, and menopause) were the lowest of all scores for both groups. This finding underscores the importance of looking beyond the physical changes midlife brings when seeking to understand these women's lives. For the lesbian women, transitions related to new beginnings (becoming a parent, exploring a new sexual identity, and entry into a committed relationship) had the highest impact scores. For the group of bisexual women, it was one beginning (entry into a committed relationship), and endings and losses that posted the highest scores (loss of a parent, child, and siblings and close friends). In comparison, the highest impact scores for transitions experienced by heterosexual women were re-reported for becoming a custodial grandparent, ending a committed relationship, and being laid-off from a job. The differences found between the experiences of lesbians and

bisexual women invite further study, as these two groups of women, who are often, perhaps more wrongly than believed, lumped together in the literature and our culture.

Existing literature suggested that a positive relationship exists between subjective age and wellness, and for the lesbians in this study, such a relationship was found. The lesbians, who reported SA younger than or equivalent to their CA, also reported significantly higher wellness. Although unequal cell sizes mandate caution in interpreting this particular result for lesbians, bisexuals, and heterosexuals, the finding is interesting and merits further exploration. It will likely be difficult, based on the demographics of this sample, to generate equal cell sizes for this type of analysis. Perhaps qualitative methods will be required to tease out the true meaning of wellness in relation to the SA-CA discrepancy. Similarly, lack of support for the hypothesis that women with SA less than or equivalent to their CA would report higher life satisfaction may be due to the small sample size or to other factors that require further exploration.

Increasing evidence has supported the belief that life satisfaction increases with age (Hong & Giannakopoulos, 1994); however, a similar linear relationship was not found for subjective age for either group of participants. Life satisfaction was assessed via questions related to temporal satisfaction, rather than engagement in activities or behaviors. Considering the strong relationship found between wellness and life satisfaction for both lesbians and heterosexuals, it seems that more re-search on common factors that contribute to the well-being of these groups may provide more tangible clues to the factors affecting their satisfaction with life. Further research with bisexual women is warranted based on these findings.

Overall, the current findings support earlier research findings that health is associated with satisfaction with life (Wilson, 1967). However, contrary to previous studies, neither level of education nor household income were significant predictors of life satisfaction for lesbian or bisexual participants, although income was significant in predicting life satisfaction for heterosexual women. It is interesting to note that wellness was a significant predictor of life satisfaction, especially in light of the fact that wellness, in this study, is a measure that included behaviors as well as attitudes and feelings. This is an interesting finding and may well reflect the often hard-fought freedom towards self-acceptance experienced by lesbian women. Still facing discrimination in many arenas, it is significant, and important for clinicians to recognize that lesbians who are able to maintain a high level of overall wellness are able to enjoy enhanced life satisfaction. Research indicates that lesbian women typically have lower household incomes than heterosexual women due to the male-female pay discrepancy, and the additional set-back of not having a husband's income to contribute to the household (Badgett, 1995). Finding that level of income does not predict satisfaction with life for the sexual minority participants in this study is a valuable addition to the literature on midlife lesbians and life satisfaction. However, questions remain regarding the lack of similar findings among the bisexual participants. The small sample size for the bisexual group requires caution in generalizing these findings, and further investigation of variables that predict life satisfaction between both groups is warranted.

A number of potential limitations may affect the internal and external validity of the current findings. The sample included selection bias in the form of self-selection, and although efforts were made to recruit women from as wide a demographic base as possible and as geographically diverse as possible, it is difficult to obtain representative samples of the overall lesbian and bisexual population. As actual population estimates of these two groups are difficult to determine, it is even more difficult to obtain a random sample for research purposes. Participants were predominantly Caucasian and well-educated. Additional limitations arise from the overall sample size and specific group sizes used in the study analysis, with the number of bisexual participants being of particular concern. Reliance on self-report measures is also a limitation of particular concern, due to the influences of social desirability, response biases, and lack of collaboration with other sources. Future studies should focus on the lives, attitudes, and health-promoting behavior of bisexual women. As bisexual women were underrepresented, there may be factors that hold significance for their wellness and life satisfaction that were not addressed adequately in this study.

These findings have implications for counselors and health services providers, and they furnish valuable data that can help shape more appropriate mental health care and service programming for midlife lesbians and, to a lesser extent, based on the absence of statistically significant findings, bisexual women. Service providers may want to assess women's perception of subjective age, rather than focusing on chronological age alone, in order to better understand their clients' self-perceptions. Understanding the relationship that subjective age has with wellness, and health-promoting behaviors may be important in working with midlife lesbians who may feel unprepared to handle transitions that accompany aging. Practitioners should be flexible in their expectations of adult development rather than being guided by notions of what "midlife lesbians" look like, based on literature grounded in decades-old, and often discriminatory, contexts. It is important that clients be evaluated for factors that are conducive to enhanced wellness through-out the aging process.

This study is notable in that it provides an exploration of contemporary lesbian and bisexual women's midlife experiences, and how these compare with the experiences of heterosexual women during this period of life. The experiences and transitions of the participants during the midlife decades, from 35 to 65, were diverse, and they produced varying impacts on these women. The results provide evidence that linking subjective age to wellness in an important consideration for lesbian women, although a similar finding did not exist for the bisexual participants. By incorporating the knowledge derived from this study into their work, practitioners and service providers may be better prepared to assist their midlife lesbian and bisexual clients move towards optimal wellness and life satisfaction. Additional studies with larger samples are needed to broaden the knowledge base of factors affecting the life satisfaction and wellness of sexual minority women across the lifespan, and notably during the midlife decades.

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