

STUDYING THE RURAL ELDERLY:

AN ETHNOGRAPHY

BY

KAY LYNN TURNER  
"

Bachelor of Arts

Northwestern Oklahoma State University

Alva, Oklahoma

1986

Submitted to the faculty of the  
Graduate College of the  
Oklahoma State University  
in partial fulfillment of  
the requirements for  
the Degree of  
MASTER OF SCIENCE  
December, 1988

Thesis  
1988  
T948.5 →  
cop. 2

STUDYING THE RURAL ELDERLY:

AN ETHNOGRAPHY

Thesis Approved:

*Larry M. Beahm*

Thesis Advisor

*Jack E. Byrum*

*Gene Ruff*

*Norman N. Dushane*

Dean of the Graduate College

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION AND PROBLEM DEFINITION.....	1
II. HISTORICAL AND PRESENT DAY DESCRIPTION OF THE COMMUNITY.....	3
III. LITERATURE REVIEW AND THEORETICAL FOCUS.....	7
Rurality and Community.....	8
The Aged Population in Rural Areas.....	11
Social Gerontological Theories.....	14
Activity and Disengagement Theories.....	14
Symbolic Interactionist Theory.....	16
The Life Course Theory.....	17
IV. METHODOLOGY.....	21
The Qualitative Approach.....	21
The Study.....	21
Data Collection Methods.....	22
Validity and Triangulation.....	26
Limitations of the Study.....	27
V. THE RESULTS OF THE STUDY.....	28
The Interview Component.....	28
Social Support Systems.....	29
Resource Availability and Utilization.....	33
Social Change in Small Communities.....	36
Participant Observer Component.....	38
VI. INTERPRETATIONS AND IMPLICATIONS.....	42
Interpretations.....	42
Implications.....	48
REFERENCES.....	50
APPENDIXES.....	54
APPENDIX A - INTERVIEW SCHEDULE.....	55

VITA

## CHAPTER I

### INTRODUCTION AND PROBLEM DEFINITION

The elderly citizens of rural locales approximate thirteen percent of the rural population in the United States (Glasgow and Beale, 1985:23). Over the past decade, the special life circumstances of the elderly in this country have received an increasing amount of attention from scholars, policy-makers and service providers. The elderly in rural society, however, is one subgroup of this population whose needs have failed to be addressed (Coward and Lee, 1985:3).

The central problem this study will confront regards a facet of this subgroup. In a community setting, the elderly residents' perceptions of community and familial change, knowledge and scarcity of essential resources such as health care, nutrition and transportation, as well as perceptions of social support from family and friends will be analyzed. This analysis will enable the researcher to determine what direction future policy formation and development for rural elders might take.

The community of Liberty, Oklahoma (a fictionalized name) was chosen for this study because of its isolation from urban areas. Also, this town has an elderly population which constitutes over half (sixty-two percent) of the total resident count of approximately 350 residents (Town Board and Oklahoma Water Resources Board Community Survey, 1987). After finalizing the plans for the actual study site,

the overall plan for the research was completed.

A thorough review of the available literature was conducted, which implemented various theories on aging as well as past studies on the rural elderly. Additionally, the historical significance of the study location was analyzed to be utilized as a point of reference during the research phase of this study. The methodology for this analysis utilized the qualitative approach. Personal interviews and participant observation were utilized in the collection of the data. As the results of the study were compiled, policy implications emerged and are discussed in the concluding chapter of the study.

## CHAPTER II

### HISTORICAL AND PRESENT DAY

#### DESCRIPTION OF THE

#### COMMUNITY

The community in this study was founded shortly after Oklahoma's Cherokee Outlet land run in 1893 (Harper, 1938:326). Prior to that time, the Outlet had been utilized by several prominent cattle companies for grazing purposes, and many an "outlaw" found refuge in the rough, gypsum hills surrounding the town.

Soon after the Outlet run, a small group of settlers staked their claims in the isolated region. They congregated near the present site of Liberty, Oklahoma, and it soon became a thriving trade center for the early pioneers in this sage covered land (Liberty Museum Collection, 1988). By 1901 a weekly newspaper had been established and the United States Postal Department approved the community's request for a post office. In 1919, the Buffalo Northwestern Railroad was built along the Cimarron River and encouraged the growth of the small agriculture center (Liberty Museum Collection, 1988).

According to Otie Rickford, an early pioneer in the area, in its beginning, the community was home to a lumber company, bank, two grocery stores and two grain elevators, as well as many other essential businesses. By 1923, a new schoolhouse had been erected, and the first senior class graduated in 1924 (Liberty Museum Collection, 1988).

The majority of the early inhabitants of this area were farmers and ranchers. Through the years few names have changed, just faces. According to one of the first men to venture out to this untamed prairie, the pioneers in this raw land had to be self-sufficient and as rough hewn as dried cedar (Liberty Museum Collection, 1988). Otie Rickford recounted a typical "Fall Roundup" as follows:

...when bloom is on the sage and the odor of sweat and leather permeates the air, the cowboys gather in memory of a hard breed, many who in yesteryears have answered the call to the last roundup. Those men did not win their laurels in a fenced-in rodeo arena to the cheering voices of thousands. Instead, they were awakened at day-break by the thunderous voice of the roundup boss. The sky was the roof over their saddle rolls, the treasured saddle their easy chair, and the coyote and owl were their only cheering section...

And so they were, weather-beaten faces and rough, calloused hands, the forefathers of this region. The early days were indeed hard for these people, but they were accustomed to hardship. This attitude of endurance has carried over to younger generations and is visible today.

This rural community was forged from sand, sagebrush and sweat. The inhabitants of the area have not lost that pioneer spirit, and the name of the town certainly characterizes the underlying feelings of its citizens. The people here have endured the irrational elements of nature, the highs and lows of the wheat and cattle markets, the oil boom gone bust, and countless other pitfalls that are part and parcel of this geographic region. As one local ranchhand stated, "now cold cash, sometimes that ain't so hard to lay hands on as a good rain when you need it".

In all of its uniqueness, however, this community appears to be in a period of rapid economic and social transition. According to members of the Town Board and the local Chamber of Commerce, there are but a few essential businesses left in town (Town Board minutes, August, 1987 and



Chamber of Commerce minutes, April, 1988). Also, there no longer is a railroad because the spur to Liberty was closed in the early 1980s due to "cost effectiveness". The local school system is suffering from a decline in enrollment, and is seeking every avenue available to sustain its' level of education for the area students (School Board minutes, April, 1988). According to school board member Dorsey Talker:

...a major portion of the vitality of this town lies within the successful operation of the school and local businesses. If the town continues down the track it is on, we may experience a rolling up of sidewalks on a permanant basis...

In efforts to combat the encroaching school consolidation movement, the community has recently formed a citizen advised educational foundation (School Board minutes, April, 1988). The Chamber of Commerce is also heavily involved with economic diversification for the area. The officials of the State Departments of Tourism and Commerce have been contacted for advise on methods to attract new businesses and tourists to the area. Naturally, it is hoped these ideas will develop, and the economy of the region will be subsequently bolstered (Chamber of Commerce minutes, April, 1988).

This town of approximately 350 residents is experiencing some of the similar difficulties rural communities across the nation are confronting (Clifford et al...1982:1948). According to Everett Rogers, (1988:128):

...agriculture regions of the Great Plains currently have experienced a decline in the number of farms due to the growth of a few farms, and a large number of insolvent farming operations, these facts have reduced the total farm population. Small towns no longer function as service centers for a declining base of farm operators. Businesses close, the tax base erodes and jobs are lost. This merely continues the cycle of decline. Schools and churches must consolidate because they no longer can support themselves and on and on...

All of these factors are typical of Liberty, but this community has

resigned itself to combating the problems it confronts. The elderly, too, are concerned about these issues. Specifically, the older residents related the problems of the community to their own situations and discussed them during the interview phase of this study.

## CHAPTER III

### LITERATURE REVIEW AND THEORETICAL FOCUS

Despite the current trend in the United States toward a homogeneous society, important rural-urban differences still exist. The attitudinal characteristics and perceptions of the rural individual differentiates them historically, occupationally and ecologically from their urban counterparts (Everett Rogers, 1988:11). This study finds it imperative that the reader understand these characteristics of rurality because of their influence on rural society.

As Olaf Larson stated (1977:102) many sociologists point out that there remain unique and distinctive features of contemporary rural life in our society that qualify it as a subculture. As the United States has evolved from an agrarian to an industrialized nation, the dominant culture has become urban in character. Today, both geography and occupation form the basis on which the distinctive way of life of rural people may be seen as a subculture, despite the "homogenizing" influences of television and the spillover of urban development into the countryside (Everett Rogers, 1988:41).

Distinctive rural-urban differences are maintained by the rural individual's views on moral and ethical issues, which are significantly expressed by their disapproving views of divorce and premarital sex (Larson, 1977:96). Also, there remain differences in behavior, according to Larson (1977:101) many surveys have consistently found rural people more inclined to attend church, and volunteer their time

and effort for local problems and causes.

It has been found too, that rural people place a high value on rural living, and feel their life is generally superior to that of city dwellers despite the fact that many rural areas do not have the amenities found in urban areas. Also, rural residents tend to value the work ethic more than their urban cousins. The saying "Idle hands are the Devil's keeper" is taken very seriously by rural people (Bartlett, 1986:295).

These examples are but a few of the variations found between rural and urban societies, but do illustrate why it is necessary to differentiate the two in this research. This study will focus on the issue of rurality and specifically how the rural elderly interact with and perceive their environments. In order for the significance of the interdependence between rurality and old age to be understood, they must be analyzed separately. The following sections of this chapter will do just that.

### Rurality and Community

The term rural, as opposed to urban, has never been completely defined and agreed upon by every concerned person. In other words there is no standard definition of rural. For the purposes of this study, rural will be classified in accordance with the United States Census Bureau's definition of rurality along with several sociological descriptions of the term.

The Census Bureau divides the nation's population into rural and urban people on the basis of where they reside. Persons who live in the country or in towns of less than 2,500 population are said to be

rural (Everett Rogers, 1988:19). In 1987 about seventy-six percent of the United States population was urban and twenty-four percent rural. According to Rogers (1988:21) the rural areas have been increasing their population base, but urban areas are growing at a faster rate.

As you will recall, this study considers other descriptions of community too, more specifically, rural sociological ones. According to Robert Nisbet (1966:47):

...community encompasses all forms of relationship which are characterized by a high degree of personal intimacy, emotional depth, moral commitment, social cohesion, and continuity in time. Community is founded on man conceived in his wholeness rather than in one or another of the social roles, taken separately, that he may hold in a social order...

Basically, Nisbet's definition describes community as having three key components: association, a common value system and place.

Robert Redfield in 1941 differentiated between folk and urban societies in the following manner. He distinguished a folk society as being small, often isolated, having higher degrees of solidarity and needing to use relatively informal methods of social control. He also argued that a folk society considered the whole person rather than the fragmented roles that are often noticed in urban areas (Redfield, 1941:293-308). Accordingly, relationships in rural locales were considered important in and of themselves, not for what could be obtained from them.

In his work The Division of Labor in Society, Emile Durkheim distinguished between mechanical and organic solidarity as they related to rurality and urbanization. He suggested that mechanical solidarity was reminiscent of rural, small communities or simple societies, because all of the people had the same values and therefore the rules for behavior were perfectly clear. The laws of society were applied

methodically: specific violations called for specific punishments (Durkheim, 1893:86).

Modern societies were contractual in nature and displayed a variety of value systems. This diversity provided for a highly specialized division of labor to occur with the resultant confusion of norms and values. People in these societies were bound together because of mutual interdependence. Their rights and obligations were specified in contracts, and if violations did occur, attempts were made to rectify the situation. Punishment was seen as a last resort (Durkheim, 1893:87).

In summation, it is clear that a single description of rurality and "a sense of community" is virtually nonexistent. Community does bring to mind security, common courtesy and familiarity with one's environment, but the "ideal" is changing in the United States today. As Rogers stated (1988:109) the tight-knit relationships of the small town are increasingly being replaced by the depersonalized relationships of urban life. People seldom live a substantial portion of their lives in one community anymore. Rather, increased economic and social benefits await in larger, urbanized areas and the small-town type community loses its hold on its residents.

Mass media, geographic mobility and the access to telecommunication systems have allowed the rural areas of this country to become more diverse in values in recent years (Clifford et al...1982:148). Rural society is no longer a static ideal but a dynamic one. Because of this rapid transition in rural areas, the needs of the people too are changing. As you will recall, the elderly in rural society is the central issue in this study, their wants, needs and desires are fairly consistent with other members of rural locales and so will be discussed in the

following sections of this chapter.

### The Aged Population in Rural Areas

For the purposes of this research, the term "older adult" will refer to those persons who have attained sixty years of age or more. The term elderly is a very arbitrary one, and can in no way define a person's physical or cognitive abilities or characteristics (Hall, 1987:6). In this research effort older is merely reflective of a person's chronological age.

The latest United States Census Bureau's population data shows that in 1985 the older adult population, nationwide, numbered approximately 28.5 million people (AARP, 1986). They represent roughly twelve percent of the total number of people or about one in every eight Americans. Since 1900, the percentage of Americans, sixty-five years of age and older, has tripled and these growth figures are expected to continue. The most rapidly increasing segment of this population is the eighty-five years and over category. Also, it has been calculated that between the years 2010 and 2030 there will be a dramatic increase in the over sixty-five population because of the "baby-boom" generation reaching retirement age (AARP, 1986).

To focus on a significant subgroup of this aged population, specifically, the rural elderly, it is necessary to describe it demographically as well. In 1980, rural residents sixty-five years of age or older, numbered thirteen percent of the total population (Glasgow and Beale, 1985:22). This figure is slightly higher than the proportion of elderly found in urbanized areas. In general, there appears to be a very high percentage of older adults found in small communities of less

than 2,500 residents. It has been suggested by several studies (Glasgow and Beale, 1985 and Coward and Lee, 1985) that this is occurring because of the outward migration from rural areas of younger people for economic reasons and the inward migration to small towns of older people for retirement purposes.

Although rural areas have a higher proportion of elderly citizens than urban locations, there remains a great deal of disparity between them regarding resource availability and utilization (Coward and Lee, 1985:4). In addition to the rural segment of American society having a higher proportion of the elderly population, these rural elders also experience lower total incomes, on the average, than do their urban counterparts, and occupy a greater share of the nation's substandard and dilapidated housing (Weicher, 1980).

Besides having lower than average incomes and poor housing conditions, the rural aged exhibit a greater number of health problems than do urbanized elders. This can be best illustrated by the fact that approximately eighty seven percent of the rural elderly experience having at least one chronic illness of some type (Nelson, 1980). Several statewide surveys have indicated that the rural elderly, as compared to the urban elderly, feel that they do not have adequate access to health and social services, physicians or other health professionals (Mauer, Christensen and Warner, 1980). This disparate health care situation is often compounded by the lack or scarcity of adequate transportation resources in rural areas. Frequently, regional health care centers are the primary means for the rural aged to obtain medical care. With no regular sources of available transportation, rural elders will often go without necessary treatment or will allow



medical problems to go undiagnosed. If medicare and medicaid payments continue to be cut, while health care costs increase at the annual rate of approximately fifteen percent, communities will have to step in and fill the widening resource gaps (Coward and Kerckhoff, 1978). This situation cannot be overlooked because it is a well known fact that:

...good physical health is paramount to; life satisfaction, the ability to function independently, participation in enjoyable social activities, and the conservation of income, all factors which contribute to an overall sense of well-being... (Coward and Kerckhoff, 1978).

The availability and accessibility of health care services and facilities is definitely a critical factor in determining the quality of life for many older Americans, and the continuing inadequacies for many rural communities has been well documented (Miller et al...1982).

Elderly care continuum has been stipulated as being a top priority in the Older Americans Act 1978 Amendments, and state and local agencies have been directed toward that goal by the Area-wide Agencies on Aging (Coward, 1985:230). Nutrition, health care, home maintenance, and personal care services have all been considered as vital aspects in the maintenance of independence.

Rural areas are at a decided disadvantage in this regard, because of the lesser number of trained professionals and intact services. Additionally, urban locales have been chosen to receive the major portion of federal and state dollars for the development of services. For example, as recently as 1980, rural areas were receiving only eleven percent of the total expenditures allocated to the Administration on Aging, the major economic source for programs and services for older Americans (National Council on Aging, 1980). According to an undisclosed source with the State of Oklahoma's Special Unit on Aging, the funding

from the Older Americans Act is distributed statewide based primarily on population. Little or no attention is given to geographic area served or to the existence of in-place services. The source also stated that state legislators at the capitol have the option of "specifying" where certain state monies for the development of aging services will go with little regard given for equitable distribution statewide.

All of these issues are of paramount importance to the older adults in rural areas as well as to the younger generations. The members of rural society must become enlightened about the situation and at least try to understand the complexities of it. Social change will occur in rural areas as in others, but whether it will have a positive affect on rural populations, and specifically the elderly, is dependent on the understanding of their problems today.

#### Social Gerontological Theories

The aging of this country is a new social and demographic phenomenon, one which has eluded social scientific preciseness in regard to an all encompassing theoretical framework. Social gerontologists began formulating ideas and researching the aged population several decades ago, but because of the diversity among the elderly population it has been extremely difficult for them to accept a single theory on aging. A variety of theories exist today, and this study will utilize several of them as conceptual frameworks.

Activity and Disengagement Theories. In 1961, Elaine Cumming and W. E. Henry coauthored a work entitled Growing Old: The Process of Disengagement. This work applied the functionalist theory of Durkheimian sociology to the aging process. Cumming and Henry suggested (1961:54)

that elders show fewer adaptive capacities and experience a loss of energies. They also stipulated that older people decrease the intensity and the varieties of interaction in which they engage. It was believed too, that they reduce their social interactions progressively and withdrew unto their own selves. Old age, therefore, was viewed as functional since old people were approaching death and must eventually relinquish their major social roles. Thus, at the time of their demise, society would not suffer from any breakdown. As Fontana asserted (1977:84) "it thus became a universal functional requisite that persons growing old sever their ties with society".

The disengagement theory of aging does indeed "fit" the situations of some elderly people. However, according to Blau (1981:136) just because role-adjustments must occur at all life-stages and a major role ambiguity exists during later life, an individual should not be forced to "disengage" from societal functions. Disengagement is not a normal byproduct of aging for a large proportion of the elderly population, and this is quite evident in studies that verify the actual existence of a "busy ethic".

Robert Havighurst (1968) articulated the points of the activity theory on aging and directly contrasted it with disengagement. He equated successful aging with activity be it leisurely, industriousness, or actual work. Although this may be a value statement on his part, it is true that many elders do consider as equal, activity and success. Before one can fully comprehend the "busy ethic" however, and how it functions, it becomes important to note a few aspects about it's parent work ethic. According to Ekerdt (1986:239) the work ethic is like any ethic, having a set of values and beliefs that identifies

what is good and affirms ideals of conduct. Historically, the work ethic was studied and articulated by the classical sociologist Max Weber in his work The Protestant Work Ethic and the Spirit of Capitalism (1930:114). Weber asserted that Calvinism or Protestantism invoked the work ethic upon their followers so that they could be seen as being predestined for a place in the next world.

As Rodgers (1978:23) pointed out, through the years in America's capitalistic history the work ethic shifted away from its Calvinistic theme where believers toiled for the glory of God toward the promise of earthly rewards. As work ideals became increasingly abstract, they grew more available. Workingmen could utilize it as a weapon for power and respect and wrap themselves in a rhetoric of pride. Among persons approaching retirement, surveys show no fall off in work commitment and subscription to values about work (Ekerdt, 1986:240).

The emergence of the "busy ethic" is, therefore, no minor coincidence. It is a logical attempt to manage a smooth transition from work to retirement. Rolelessness is not as likely to occur when well-defined, nonambiguous goals are set forth for those in the post retirement phase of life. Ekerdt further stated (1986:241) that the "busy ethic" is an expectation of most retirees-shared by retired and nonretired people alike. In fact, the "busy ethic" was aptly named because so many retirees are asked "how will you keep busy with all of your free time". Maintenance activities around the home, volunteer jobs and hobbies frequently fill these "busy ethic" needs and the activity theory is verified again and again.

Symbolic Interactionist Theory. In 1961, Arnold M. Rose published an article in which he applied the symbolic interactionism of Mead and

Blumer to the field of aging. The basic points of this theory are as follows:

- 1...an older individual formulates his self-image through interaction with others,
- 2...his or her self-image is constantly changed in response to the interaction with others,
- 3...the most important interactional elements in determining the ways in which a person grows old and experiences his growing old are cultural values and meanings,
- 4...the way in which a person grows old depends largely on his environment and can be changed by changing the environment (Rose, 1961:462).

This approach has proven very useful for policy formulators and service providers. It can justify their ability to "help" or "improve" the life conditions and environments of which an older person has become a part. This theory also negates the functionalism of disengagement and conceives the ways of growing old as "characteristic to particular sociocultural contexts" (Fontana, 1977:146). Positive interaction on a regular basis is essential to successful aging according to this perspective, and it appears from the propensity of agency rhetoric on the subject that it has been useful to a degree in the field of aging (Oklahoma State Department of Health: Eldercare Guidelines, 1988).

The Life Course Theory. In analyzing the various theories, issues and policy implications regarding the field of aging, a singular point continues to surface, and is the intergenerational factor. Because this study focuses on the rural elderly, an exploration of this significant point will be conducted as it pertains to the elderly in small towns and rural areas across the country.

It has been well documented that the various experiences and aspects of an individual's life will have a definite impact on how they reach old age. A person's prior health, occupation, educational attainments, and overall quality of life will all play important parts in how

they age. Moreover, an individual's place of primary residence and overall interactional patterns have also been found to affect the aging sequence (United States Department of Health and Human Services, 1983).

According to Corman, Hirshorn and Kingson (1986:3) who formulated the life-course perspective:

...the amount and type of resources individuals give and receive vary as they grow and age, generally in this sort of pattern:  
1...in childhood individuals mainly receive resources,  
2...throughout the young adult and middle years they usually give more than they receive,  
3...and in later years-particularly in advanced old age, they receive more and more resources even as they continue to give them,  
for any society to progress and prosper, each generation must provide assistance to, and receive assistance from, those that follow...

Thus, an individual's life-course can be seen as one which involves continual reciprocity. In rural locales in particular, this theoretical perspective provides initiative for those of any age category to reassess their priorities and perhaps initiate community adjustments between the older and younger generations.

Because of the changes that have transpired in society regarding community and family structure, social policy and technology, many older adults are facing their "golden years" with apprehension. According to Brody (1979) older adults often must relocate to institutions or move closer to family members to receive the support they need in their older years. Frequently, elderly citizens are forced into these situations prematurely by fear or are influenced by family and friends.

Old age entitlements are generally not enough to cover the expenses of old age, and too often older citizens have no other means of supporting themselves. As Pollack stated (1988:15) poverty among the elderly is

more widespread than in any other adult age group, poverty that is virtually inescapable. On top of these facts, the senior entitlement programs developed to curb poverty is participated in by a mere thirty two percent of those eligible persons.

Poor health and the high cost of medical care have caused many older individuals to give up their homes and rely on community care institutions or family members. The federal and state governments do not guarantee universal access to healthcare services as other industrialized countries do, and great numbers of older adults go without even the rudiments of health care (Fein, 1986:42).

These issues all point to one basic solution, older citizens who have become frail and, or vulnerable will have to rely on informal sources of support for the most part. As Brody stipulated (1979) fewer and fewer informal caregivers will be on hand to assist more and more dependents. Women have provided the largest proportion of the caregiving in past years, but even the availability of full-time caregivers for the young and old has diminished significantly. Corrman and others (1986:59) suggest that all of these factors do nothing toward alleviating intergenerational stress and conflict. Furthermore, they asserted that "a comprehensive social policy, should therefore, focus on the positions and needs of diverse individuals as they move through their lives" (Corrman et al...1986:165). In other words, a healthy, active, well-supported sixty-six year old person should not automatically receive old-age benefits just because of his or her age. Rather, formal, and informal assistance should be based on vulnerability and levels of dependence.

Public policy should address this current demographic trend and

offer other means of care-giving to those in need. Everyone in society will have to confront the issue sooner or later, and Corrman stated "intergenerational stress and conflict must not stand in the way of reciprocity between age groups and members of the same group. It is the bond of interdependence that ties society together" (Corrman et al...1986:3).

In summarizing this particular perspective, intergenerational conflict and disregard can only hamper the future development and implementation of a cohesive interdependent social policy. Advocates of all age categories should seek reconciliation and pursue policy initiatives at all levels of government.



## CHAPTER IV

### METHODOLOGY

#### THE QUALITATIVE APPROACH

This research study utilized the qualitative approach in the gathering of the data. This format was chosen because it allows the researcher to experience the reality of his or her subjects as they perceive it. As Filstead stated (1970:7):

...qualitative methodology advocates an approach to examining the empirical social world which requires the researcher to interpret the real world from the perspective of the subjects of his or her investigation...

It is believed that in observing and interviewing the subjects of this study, the very "heart" of their life situations was exposed. This research gathered data over a period of approximately six months, data which involved the same community and people. Because of this, any potential invalid or unreliable information was discarded, and the "real stuff" surfaced concerning these subjects' perceptions, opinions and attitudes. The length of time involved in the data collection was certainly one of the major strengths of this inquiry.

#### The Study

The town of Liberty, Oklahoma was the focus of this research. As you will remember, this investigation involves two key factors: those or rurality and old age. Liberty was perfect for analyzing these

concepts because it is rural (population 350), and there is a proportionately higher percentage of elderly citizens over age 60 who reside there (sixty-two percent).

Another reason why this particular community was chosen involves entrance. As a third generation resident of this geographic area and member of the community, entree' was not a problem for me to overcome. Formal introductions were not considered a necessity, and the interviews were scheduled very casually. The participants were merely contacted via telephone, and were then asked to consider answering some questions regarding their status as an elderly, rural resident.

Value or language barriers were not a difficulty either, and the interviewees were very willing to assist me in my search for information. Additionally, my position as a practicing rural, geriatric case manager proved to be extremely beneficial in this investigation. The issues, and lifestyles of the rural elderly were not new to me. Rather, instead of feeling an overwhelming sense of subjectivity, remaining objective in the face of torrid conditions, or chronic, disabling disease is something I have been trained to do.

#### Data Collection Methods

It had been determined from the start of this project that three basic data collection methods would be used. Naturally, the collection of historical data about the community was deemed vital to understanding the present-day residents. The local museum and community meetings provided ample opportunities for me to record any pertinent observations. The collection of historical data was done because as Light and Keller argued, as well as others, (1985:41) sociological inquiry cannot ignore

the historical context of its subjects. Nor does social behavior take place in a historical vacuum. The historical background of these individuals has significantly influenced their attitudes toward life and how they interact with one another.

Another method that was used was participant observation. Entrance was not a problem, nor were there any value or language barriers to cross, I was able to go about my investigation unencumbered by questioning stares, or caution from my subjects. It was possible for me to meet my subjects on our daily rounds, in my work and at community social events, such as church or little league games. Clearly, this study did not grab "a slice of life" and generalize from it, rather the participants were observed over an extended period of time and in virtually every facet of their lives. This method of observation supplemented the data which had been gathered during the interview phase of the inquiry. Sullivan and others stated (1970:99) it allows the reasearcher the opportunity to turn up new leads for questioning. Also, as Vidich pointed out (1970:165):

...participant observation enables the research workers to secure their data within the mediums, symbols and experiential worlds which have meaning to their respondants. Its intent is to prevent imposing alien meanings upon the actions of the subjects...

As the community and its inhabitants were observed in the course of their daily activities, I kept a journal to record any notes about my subjects that I wished to use for future reference.

The third method used in the collection of the data, was personal interviews with thirty six members of the community all over age sixty. During the initial phase of the interview process, forty participants were selected conveniently. However, four of those chosen were unable

to complete their interviews. The selection process was based on age, sex, past occupation and marital status. Also, none of the participants could reside in any type of intermediate care facility. Although this selection process was far from being entirely objective or random, the participants well represented the elderly population of Liberty.

After the participants had been selected and notified of my intent, I began constructing the interview schedule, which is discussed below, and setting up appointments. One problem that continued to haunt me is in regards to the appointments that were made before the actual interviews were completed. Frequently, I found myself going down to the local cafe, or up to the quilting room at the churches to "track" a potential interviewee down. It was very apparent that my subjects had little regard for schedules or appointment calendars. Eventually, though, everything fell into place and the interviews were finished.

Most of the actual interviews were conducted in the participant's home. This enabled me to get a good "feel" for the subject's life-style. Usually, I was able to test for any incongruencies that might arise during questioning when the home situation was exposed. The interview schedule was constructed so that demographic information could be obtained, as well as information over the key issues of the investigation. The important factors of social support systems, resource availability and utilization, and individual perceptions of social change in small, rural communities were all discussed at length.

The participants were clearly informed as to my intentions and seemed to understand why they had been chosen. It was explained to them that all ethical consideration, respecting confidentiality and anonymity were to be upheld, and they were asked not to be concerned

about what their peers and family members might think of their responses. The names of the individuals and the community have all been changed, and the opinions of the participants were not discussed with other community members. An interesting point worth mentioning regarding this factor is that none of the male participants were concerned about what their peers would think of them, but did worry about "pleasing" me. On the other hand, the female interviewees were obsessed, at times, with their friends' reactions.

As each interview got underway, it took the form of an informal conversation. These conversations were tape recorded so no pertinent information would be lost and accuracy would be maximized. The conversations were a unique combination of interviewing and exchanging of information lasting up to two hours in length. These informal settings enabled me to detect any significant problem areas and explore them further.

As the conversations were recorded, I took notes on the behavior of each individual to check for any incongruencies. As Blum stated (1970:91):

...in the interview process there are certain general principles which must be emphasized: 1) the researcher must have the trust and confidence of the persons who give the information, 2) he or she must not only speak their language, but he must have a human understanding and ability to penetrate their "world" and 3) he or she must be highly conscious of psychological dynamics...

It was found that because I lived in this community the participants did worry about what I thought of their opinions and answers, and some were quite reticent in discussing certain questions which they believed may "incriminate" them. Frequently, the participants would express doubt as to whether their answers were right or wrong.

After the introductory phase of each interview was completed, the

interviewee was asked the first of the interview questions. As question number two was asked, the participants usually reiterated their life stories to me, and seemed to relish "going over the old days" to a new audience. Lewis observed (1971:240-43):

...reminiscenting apparently involves more frequent memory recall and emotionally intensive retrospection in which considerable time is devoted to remembering. It also involves other persons to whom these memories can be communicated.

As the participants began recalling their pasts, they experienced a sense of empowerment and felt more at ease in discussing the rest of the interview questions.

#### Validity and Triangulation

The investigation was carefully constructed so that all matters of importance could be cross-checked or validated in a variety of ways.

Just as Blum cautioned (1970:88):

...it is very important to construct the interview schedule in such a way that key issues are approached from different points of view. Also, valuable "off the record" information can be obtained by spending some time with the interviewee after the interview is completed...

The interview tool was formulated so that questions regarding the same subject matter were asked several different ways. The interviewees' answers were also validated as other town residents were questioned about the same subjects. Agency personnel in the field of aging were questioned on countless occasions for their input on matters pertaining to the rural elderly. Triangulation was performed and any bias hopefully was noted.

Another aspect of this study which acted as a check for any uncertainty was the fact that it was conducted over a lengthy period of

time. The residents were observed daily performing their activities of living and interactional patterns. Community functions and special senior activities provided perfect places for the social lives of the active elders to be observed.

### Limitations of the Study

Although there were many advantages to this research because I am very familiar with the social world of the people involved, there were some distinct disadvantages too. The main limitation of this study was that the interviewees did not fully disclose "what they knew" because they were afraid of what I may think of them. Peer pressure was very prevalent, and the fact that "everyone knows everyone else's business" hampered full disclosure.

Another limitation was that the people here in Liberty have a certain caution about them when "a government person" comes around. You see, to many I am merely another state agency bureaucrat who gets paid with tax dollars. The people of Liberty do like their autonomy, and do not care for too much government interference.

The tool utilized in this study had two poorly stated questions, which need to be reworded. They are questions five and six. For many of the interviewees, I had to restate the questions several times and invariably got the same answer for both questions. However, some information was obtained from these questions, and the study was too far along to drop them when I first was made aware of the problem. For a complete copy of the interview schedule, see Appendix "A" at the end of this paper.

## CHAPTER V

### THE RESULTS OF THE STUDY

The results of this study have been categorized according to the data collection methods that were used. Although the historical research segment of the community provided a substantial foundation upon which the interviews and observations were based, it will not be discussed in and of itself. The results of the interviews and observations have been analyzed and are discussed in the following sections of this chapter.

#### The Interview Component

In recalling chapter four of this study, three different groups of individuals were interviewed. The elderly residents of the community, as well as other younger town members and pertinent agency personnel were all involved in this phase. The results of these interviews have been separated by group affiliation and will be discussed as such.

In analyzing the data obtained from interviewing the older community residents, I felt that it was necessary to describe them demographically as well. These general statistics are important because they illustrate the representiveness of the participants. Thirty-six elderly residents were actually interviewed which approximates twenty-five percent of the over age sixty population in Liberty. Of these, thirty-five percent were male, and the average participant age



was seventy-seven years. Half of the interviewees were married, and the majority of these elderly participants had been associated with the community for most of their lives. Agriculture and its related industries were dominant forces behind the town and its residents, and some of the elderly interviewees were still actively involved in farming and ranching on a daily basis.

As you will remember, the interview schedule was constructed around key issues; social support systems, resource availability and utilization for the elderly, and social change in small, rural communities. The elderly citizens were asked a variety of questions with each being related to one of these factors. The results have been categorized to address one of these issues and they are discussed in the following sections.

Social Support Systems. The first factor involves individual perceptions of social support systems, be they formal or informal. As Coward stated (1985:165):

...stereotypes abound concerning the rural elderly's need for social support. Frequently, these stereotypes would have you believe that the rural elderly are so involved with kinship relations that there is no need for more formalized support systems to be developed...

I found that this problem of little or no social support especially for the disabled elderly did exist in Liberty. As I visited with one elderly woman about this issue, she offered her explanation:

...I moved back to Liberty after I had retired, thinking I would have more support here than in a larger town. Boy, was I wrong. You see, I have no children, only great nieces and nephews and they clearly have no time to look after my needs. I have to hire someone to drive me to Elva to get my prescriptions filled, pick up groceries and to see the doctor. Just little things like that are a major frustration for me. All of my old friends from way back have either died or moved away, so I feel very alone here,

and there is nothing I can do to change things...

Another interviewee who is legally blind from macular degeneration stated his opinion in the following manner:

...I do have friends and family nearby, but I hate to call on them for every little thing. They take me places and do visit, but I wish there were other things available, like a meals program or some type of public transportation. Life can get very lonely some of the time, an empty house is something I don't think anyone ever gets used to...

Other interviewees expressed a somewhat different opinion of social support systems in Liberty, and an interesting dichotomy emerged the more I probed. It appeared to me that only the disabled or chronically ill participants perceived themselves as being unsupported socially. One of the very active residents addressed this factor in the following way:

...I feel real supported by my family, course I am married and have children who live down the street. I go to church on Sunday and we have our senior meetings every week, and quilting up to the church, so there is something always going on...

When this same lady was asked about her health she said that she had no problems and only took an aspirin once in awhile for pain.

Another interesting fact occurred during the course of this study pertaining to this issue of social support systems. One of my interviewees who had been very active and healthy at the time I interviewed her stated the following:

...I don't think people here in town should feel all alone, I get out and do something everyday, because there is always something to tend to. I have lots of friends and family here in town and we always get together...

However, this same individual had an unfortunate turn concerning her health while the study was still being conducted. I interviewed her again to see if this problem had changed her perceptions on the subject,

and her response was quite interesting:

...you know, I never realized what a problem illness can be for older people like me. I don't feel like cooking or driving to town, but my friends and family cannot run up here every single day. Mr. boy, Delbert, he is gone so much and his wife is all tied up with her own folds so I really don't have anyone to help me. My sister Berrty, she has to look after too many of us as it is, so I don't know what to expect. It costs more than I make every month just to have someone to come and stay with you, it is not like the old days, when they could do that for "room and board". I just wish someone could spend some time with me...

The perceptions of well-being are directly related it seems, to activity and involvement. Kivett (1985:171) argued that:

...non-kin relationships and community participation provide for continuity in role performance over the adult years as well as for the replacement of roles lost through retirement, widowhood and other late-life events...

Havinghurst and others (1968) equated successful aging with activity of some kind, and it appears that these participants believe in this ideal. Additionally, Arnold Rose (1961) stated that positive interaction on a regular basis is essential to successful aging, and his theory did negate the functionalism of disengagement.

However, Cummings and Henry's (1961) theory of disengagement cannot be disregarded. One of the female interviewees expressed her opinion on this topic as such:

...I certainly enjoy being left alone. My daughter is grown and lives away from here, and I don't feel obligated to serve on every town committee anymore. I am old and I like doing what I want, when I want, and do not wish to be bothered...

For the most part, the residents of Liberty who were interviewed had a definite tendency to favor the activity theory of aging.

As the interviews on the younger members of the community were conducted on this particular topic, the reactions were similar to those of the elderly residents. One young working mother expressed her

perceptions as follows:

...I feel that the older people here in town do have a lot of interaction with family, friends and in social activities. Even if someone's family no longer lives here, there is always someone else to help out if needed. Of course, I am not old, so maybe I really do not know what it is like for the elderly. But, speaking for myself and others like me, I feel very secure and needed here in town, and I do not worry about someone taking advantage of me or my family...

One younger gentleman did not feel quite so optimistic regarding this topic, and explained his position as such:

...the older people who can get out and go to church and the school functions do feel supported. But I know from experience with my grandparents that unless an older person "feels good", they won't get out. This can definitely place a burden on family members, because we are already busy working and things...

The life course theory of aging as stipulated by Corrman and others (1986:10) suggests that at any given point in time and over time, an interdependent and aging society, which includes all generations, will have a common stake in family efforts and public policies that respond to the needs of dependent persons of all ages. In this study, the younger members of the community seemed to express this attitude on many occasions.

In addition to the elderly and younger resident's interviews, various agency personnel were asked for their opinions on the different topics under study. They were involved for triangulation purposes, and their responses did prove to be very helpful. An interview was conducted with a registered nurse who provides skilled care within the home environment for rural elderly citizens. Her response to the questions about social support systems was as follows:

...social support, either formal or informal is necessary for many elderly people to retain a certain amount of self-esteem. Retirement and any subsequent loss of physical functioning is seen by many of the people I deal with as little pieces of themselves slowly

disintegrating. Role loss is very detrimental to the health of the elderly, especially out here in the rural areas where hard work has always been a fact of life. Many people I see have had no time to cultivate non-work interests, so they have nothing to fall back on after retirement. Unless adequate support systems were already in place and functioning, many have nothing left in old age. Also, chronic illnesses or disabilities can put a tremendous damper on social interaction. You know, arthritis can even make it hard for the "Bible-totin Baptist" to sit in a church pew for two or three hours...

I also discussed this issue with other agency directors and caregivers, and received the same type of response from each of them. Continuity is imperative in old age, which includes social support from informal and formal sources. Interaction with friends and family members, as well as old work cronies is vital in the aging process. Rosow affirmed this belief when he argued (1974):

...although American people have some anticipations of what to expect in old age, they have no specific training leading to it. As old people they retain the general values and beliefs that they have acquired for life, but no longer have a clear role set for their new status of being old. The roles of the old are quite ambiguous...

Resource Availability and Utilization. According to Coward and McCuan (1985), there appears to be a consensus that the development and delivery of health and human services in rural locales has unique features that distinguishes it from similar processes in larger communities. In many respects the needs of older people are exacerbated by their rural residence. When rural elders do experience crises in their lives, there is sufficient evidence to predict that formal helping services will be less available and narrower in range. As I conducted my interviews on this subject, one elderly gentleman, who is a retired county commissioner, expressed his response as such:

...I moved back here a few years ago, and was kind of shocked when I found there wasn't even a senior center here. I know there are

state and federal monies available for those things, but the little folks like us don't get heard very often. We have to drive thirty miles to see a doctor, and even further for any kind of specialty work. We do not have any services here that should be. We pay our taxes too, and that makes it all even more disappointing to me...

Another elderly citizen, who discussed this issue at length, offered the following suggestions:

...we always have had a physician here at least a few days out of every month, but not anymore. This disturbs us older folks, because we cannot always drive ourselves to Elva, or other places for care. I have to have my sugar checked periodically, and it is a real problem to drive over and have it done, especially in the winter. I think if we had a real senior center, we could ask a doctor to come out here every so often, and there could be dinners every day and so forth. We just have got to get on with figuring these things out, and Medicare is another big problem. The nurses and doctors that I have talked to have mentioned the fact that Medicare will not pay them enough to come to small towns, so where do we go from here...

When I did ask the elderly about Medicare regulations, and if they were aware of organizations such as Legal Aid and AARP, I received many alarming responses:

...I don't even know what AARP is exactly, and Legal Aid is a new one on me. My doctor always has his nurse fill out the bills, but I really don't know what she is doing. It would be nice if there was some place I could go to get information on these things...

Many of the elderly residents expressed a need for some type of senior center that could serve as a central clearinghouse for meals, interaction and the dissemination of information. Transportation was another major resource gap for the elderly residents of Liberty, and seemed to be a source of everyday concern. One of the younger ladies in town who cares for several homebound elderly citizens had the following to say on this topic:

...the older folks here in town have to rely on people such as myself for transportation and shopping. This problem infringes on their independence, and does cause problems for many family members. Public transportation of some kind would be very helpful to many here in Liberty...

When I visited with some of the business people on Main Street about these resource gaps, one prominent gentleman had the following to say:

...if we had a nice senior center where various things for the elderly could take place, I think it would help the whole town. These rural development specialists have certainly been jumping on this retirement thing. They all say it is good for business to look progressive. I think more people would retire here if we had more services to offer them. The problem is where the seed money will come from to get this thing started...

The different geriatric practitioners that were interviewed expressed many ideas and concerns about the lack of adequate knowledge of resources and how those resources can be accessed by the rural elderly. According to Coward and others (1985:202) distance is a major determinant that must be considered in accessing services. However, it is not the only factor that must be entered into a formula predicting service availability and utilization. Many characteristics must be considered when judging the overall accessibility of a program to help rural residents, e.g., knowledge of services, client eligibility, fiscal constraints, psychological constraints, and administrative practices. Nevertheless, distance represents a formidable barrier to the development of programs for rural areas, and it complicates the delivery of every service (Parkinson, 1981:227). One agency director in charge of a case-management service for elderly citizens stated:

...time and mileage are two very big factors we have to contend with. Often, a case-worker will spend an entire day seeing three people because of the distance involved. Accessing pertinent resources is another problem. Rural areas typically are without home health care, therefore, a case-worker must find other adequate avenues to assist the clients, and this is often very time consuming...

The coordinator for a home health agency explained why their agency cannot reach rural residents very easily:

..Medicare reimburses us only so much per service performed

frequently a drive of over fifteen miles will eat up any profit we hope to make, so we cannot get out to the real small towns, it just is not feasible...

According to Sanders (1977:142):

...it is very difficult for members of rural networks to interact effectively with external networks if the two networks differ greatly and are not understood or appreciated. There are certain urban structures among them, some government bureaucracies, whose rules and regulations are so drawn up that rural people may find it impossible to conform or qualify...

Distance and the lack of in-town services did seem to be a major deterrant in the development and delivery of elderly services in small towns such as Liberty. This problem does lead to many implications for policy makers, and they will be discussed in the following chapter.

Social Change in Small Rural Communities. The last issue in the interview phase of this study concerns that of social change in communities such as Liberty. Several of the questions in the interview schedule touched on this factor. It became very obvious to me as I approached the interviewees with this issue, that life in small-town America is dramatically different from years past. Many of those interviewed told their life stories and how changes have occurred that have affected them personally in various ways.

Although mass media and hi-tech communications have opened the door to change, in many rural areas a difference between rural and urban still exists somewhat. Thomas R. Ford (1977:217) suggested the following:

The immediate world of rural people has profoundly changed. It has expanded to encompass "layers" of community at regional, state and national levels. Through mass media, increased mobility and higher levels of education, cultural isolation has been reduced. Rural society is more complex today and heterogeneous. Traditional beliefs and life-styles co-exist with urbanized life-styles and attitudes.



The interviewees expressed a variety of opinions on this topic and two of the elderly residents suggested the following:

...Liberty actually has changed a great deal since I came here in the early twenties. Back then we all had to hang together for survival, we had no one else to turn to. There were no highways or bridges, no phones or electricity, just lots of cattle and ranch land. We didn't go anywhere else to shop or to the doctor, we did it all right here. Saturday nights were always the big day in town, and that was how we kept up with each other, we would meet in town and visit. We finally got the school in 1923, and that was an absolute blessing. Finally, our kids could get past the eighth grade. Today, families don't try to work together, because they don't have to. When we did get electricity and things, our way of life started to change. Now we don't visit like we should because we stay home and watch television. Of course, we will never be like some big town, but we aren't like the old days either...

One other elderly woman who had a very different idea about change stated that maybe things really were not so different:

...now my days are pretty much the same as they were twenty, even thirty years ago. I know the town is different, but only to an outsider, and you are one of them you know. We act much the same, still care about our friends and neighbors, still go to church on Sundays maybe the kids are a little smarter now with computers and all, course not many of 'em could hitch up a horse and wagon either. But I think our beliefs are not too different. I still work my garden, and "can" for winter, and we still tend the cows, and don't spend a lot of money...

After gathering the perceptions of change from the elderly citizens in the community, I began approaching the younger segment of the population for their input. One of the younger women in town, who works on Main Street, had the following ideas on how the community has possibly changed:

...we really are changing a great deal, even as we speak. The economy is not up to par and we have to seek other ways and ideas to get business. I work and so do most of the young women in town, which is very different from past generations. My kids have so many opportunities available to them that even my generation did not have, but additional choices seems to make it difficult for them too. As far as how all of this will affect us in the future, I think we have to consider the idea that more and more traditional caregivers will not be available to help the elderly and care for small children. We definitely need to begin planning for this now, and stop a problem before it begins. Life just is not so cut and dried

anymore, it has become more complex...

As I visited with the various agency personnel on this subject, several expressed the opinion that the small communities like Liberty have an aging populace. As one local registered nurse suggested:

...we have got to get ourselves ready for this change in the typical age of our rural residents. The younger people have to leave to get good jobs, and the older ones are left to hold the fort down. Especially the trained, skilled younger people, they are leaving for good in a lot of cases, just to make a decent living...

Another geriatric professional with health and human services stated that in just the last few years she has received calls for assistance in the town of Liberty:

...the younger ones leave and older ones cannot live on Social Security alone. That means that agencies such as this one have to step in and help...

Social change in small communities is perceived differently by different age groups and even within the same age category. Perhaps the following quotation from Coward and others (1985:14) states it best:

...many rural areas are in the midst of significant economic and demographic change, change that is creating new demands, new problems, as well as new opportunities...

The next chapter of this research paper will attempt to highlight the areas of significant change in Liberty as perceived by its residents. Additionally, the implications involved in these changes will be listed and discussed for the purposes of guiding future social policy in small towns such as Liberty.

#### The Participant Observer Component

As you will recall from chapter four of this study, I spent several months observing the elderly residents of Liberty in their daily activities as well as during special community functions. I had

no problems "fitting into" the community for I too am a resident. This factor proved to be extremely beneficial as I went about gathering my data which has been analyzed in the following section.

One of the highlights of every week-day was nine o'clock at the post office. Nearly every able-bodied adult in town could be seen gathering their mail and visiting with the others who may happen by at that time. The weather was always a key point of speculation for these people, and the men like to see who was the most accurate weather fore-caster.

General and common interests to all were discussed. The elderly always seemed to ask about someone who may be ill or out of town. Visitors were another point of interest, especially if they planned to stay in town for awhile. I found that sitting in the drugstore for coffee was an excellent source of information. People generally wondered in after getting the mail, "just to keep up on the town gossip" as one older lady put it. Everything from last night's ballgame to the price of cattle had to be analyzed by one and all. Liberty does not have a daily newspaper, so much of the town's news is spread word-of-mouth on a daily basis.

I did find a rather interesting practice though, while I observed the elderly residents as they attended church or the socials every other week. The active elders separated themselves into two groups, the "doers" and the "do for others". The "doers" played cards, scrabble and dominoes regularly. The females of this group quilted at the church and had arts and crafts every single week. The male members of the "doers" had to spend every morning at the local cafe, drinking coffee and visiting. Both the males and the females of this group had

little patience with those elderly individuals who were sick, inactive or simply chose not to participate in their gatherings.

This particular group of elderly people could easily be compared with Fontana's "relaxers" (1977). They did want to be active and involved with each other, and chose to pursue activities that they enjoyed doing. Additionally, if one of their group deviated at all from the usual, they would be "black-balled" in later activities.

The other active group in Liberty, the "do for others" group, were those persons, male and female alike, who went about helping others all of the time. These individuals could still drive and function very well alone. They would spend their days caring for sick friends or taking others to Elva to the doctor or for shopping.

This group was also very active in community functions from Sunday School at church to being rodeo committee members. These individuals perceived themselves as still being gainfully employed, but in different jobs. The members of this category of elderly interact freely with all members of the community, and could be seen at little league games as well as the county sale barn. As Fontana suggested (1977:101) this category of elderly found new meaning in old age by engaging in activities that took the social form of providing a helping hand to others in need.

One other category of elderly resident was rather difficult to observe. This group consisted of the chronically ill, homebound or individuals who chose not to interact in the community a great deal. However, my position as a county case-worker enabled me to visit several of them for observational purposes. Frequently, these individuals did get out to shop or attend church, but that was about it.

They found life much simpler remaining at home in a familiar environment. They may have one or two close friends, but chose not to become involved in community affairs. These individuals were often cared for by the second category of elderly previously discussed. Health and age were often expressed as being deterrants to activity, although poor economic conditions affected several of them.

Although the elderly residents have been neatly categorized into three different groups, there are undoubtedly many who do not "fit" into any one of these. For the purposes of this study it was essential to combine comparable individuals into groups, which has been done. As Coward stated (1987:17):

...the rural elderly are far from being the stereotypical homogeneous group so often thought of...

The elderly of Liberty vary dramatically in age and activity levels, and in the amounts of assistance they may need now and in the future.

## CHAPTER VI

### INTERPRETATIONS AND IMPLICATIONS

The questions raised in the beginning of this work centered around three key issues. As they were stated in chapter four, these issues dealt with the following: social support systems for the rural elderly, resource availability and utilization in rural areas, and social change in small, rural communities.

Additionally, at the start of this study workable definitions regarding the meanings of rurality and of old age had to be determined. Rogers' statement in chapter three (1988:11) capsulized the meaning of rurality when he argued that the attitudinal characteristics and perceptions of the rural individual differentiates them historically, occupationally, and ecologically from their urban counterparts. Also, this study chose to remain within the parameters of rurality set forth by the United States Census Bureau's guidelines. The term "older adult" referred to those persons who had attained sixty years of age or more, but is in no way reflective of an individual's physical or cognitive abilities.

#### Interpretations

In order for the results of this study to be interpreted systematically, they have been categorized according to their relationship with one of the key issues under study.

First, the issue of social support systems will be discussed.

Formal as well as informal support networks were studied in this research. More specifically, the interviewed individuals were asked to explain how they perceived themselves as being socially supported. As the interview results were broken down, it became clear that the opinions of these people had polarized. The healthy, active, busy persons felt that they were very supported via a mixture of formal and informal sources. Family, friends and associates were deemed very vital to this group, and the activity theory of aging was very evident. This particular group believed strongly in the community as a whole, and participated on a regular basis in various organizations and with informal groups.

On the other hand, the group of interviewees who had physical or mental problems to contend with did not feel as supported socially. This group exhibited a multitude of chronic illnesses, some of which made independent living extremely difficult. Activities of daily living such as cooking, cleaning, shopping and personal care were viewed as being nearly beyond their capability to perform by many in this category. The lack of more formalized resources in the community such as transportation, nutritional programs and medical facilities exacerbated their plight. These individuals appreciated any informal assistance they received, but did not want to become burdens for anyone.

The younger members of the community held strongly to the traditional perceptions of small, rural communities and the close-knit social networks that supposedly exist in them. However, several of these individuals who had had prior experience as a primary caregiver for an elderly person expressed doubts about the social support system in place in Liberty. They all agreed that family members and friends

do step in when needed, but felt that more formalized resources should be made available in the community. Caregiving was seen as being the primary responsibility of family members, but the younger generations have comprehended the fact that fewer and fewer of them will be available in the future. Formal support systems would need to fill the void in that regard. The various agency personnel echoed these sentiments, but did state the costliness of service delivery in isolated communities.

The issue on resource availability and utilization invoked strong responses from the participants. Frankly, the resources that are available to these elderly individuals are primarily social in nature. This hardly comes close to serving the needs of the homebound or disabled residents. Nutritional, medical and transportation programs are nonexistent in this community, largely because of inadequate funding from state and federal sources. Additionally, the citizens requiring or deserving of more than average amounts of assistance go without, subsisting as best they can with family or peer help. Inadequate housing did not, however, appear to be a major problem for Liberty which was certainly a positive point.

The interviewees did express a desire to develop resources in the community, but were uncertain of the proper channels of authority that would be involved in the allocation of funding assistance. The younger community members were very positive toward the development of elderly resources. Several of the main business leaders of the community had expressed a desire to begin building some type of senior center, which would offer a number of programs to the older residents.

The results of my discussions with the various agency personnel



on this topic indicated that several major problems were deterrants in the implementation of services for communities such as Liberty. As Sanders pointed out in chapter five, frequently, urbanized locales and government structures form the basis upon which programs are developed. The regulations that govern Medicare prohibit health care professionals from providing even the basic care so often needed. The distance and time involved in the delivery of these services do not make it feasible for these practitioners to develop programs here. Another threat to the delivery of health and human services in communities such as this one, involves the very essence of rurality. According to Vidich and Bensman (1958:83):

...the rural areas of the United States often have professional positions such as physicians, nurses and teachers, as well as others, filled by professionals or semi-professional people who move into the rural community to fill essential statuses...

I found this to be true in Liberty, and it does tend to create problems. Professionals who were trained in urban environments or who were accustomed to practicing in those conditions have tremendous barriers to overcome regarding service delivery. First of all, the residents of Liberty are very independent and do not want that position to be compromised, this attitude could possibly be said to exist in many rural areas as well. Professionals must be aware of this before attempting to deliver any type of service. Value judgements can "get in the way" of effective delivery if they are not approached correctly. At times, I have found in my work and in the process of completing this study, that the residents will not admit openly if a problem exists. Rather, the practitioner has to be observant enough to gather the needed information without really "asking for it". Also, the residents

have to feel as though they have some choices in the decision-making process. In other words, a practitioner who tries to do it "by the book" probably will meet a great deal of resistance. Common sense on the part of the practitioner is very helpful in service delivery.

Another point that surfaced during the course of this study regarding this issue is that these residents would not seek outside help as long as they could do without it. Distance to needed services does appear to have a significant influence on this as well as a very conservative attitude about expenditures. All too often the elderly residents of Liberty who were in need of health or human services did not feel that they could go to the expense of traveling to a larger town or city to obtain help. Again, the distance and isolation of the community did exacerbate many problems.

The results of the questions pertaining to the perceptions of social change in small, rural communities brought a variety of responses. Basically, two different opinions surfaced. Some of the elderly residents who, although admitting changes in technology have occurred, still held firmly to the belief that Liberty was essentially the same town as it was twenty or thirty years ago. Of course, these individuals had not personally experienced any radical change in their own personal condition. They appeared to be set in the same kind of functional pattern of living as during their middle years. The other side of this issue was expressed primarily from the older individuals who had experienced a change in their personal condition, and from some in the younger age group in the community.

Traditionally, rural residents were able to rely on friends and family for any needed assistance, but the economic and occupational

structures of rural areas have changed this somewhat. Families no longer are able to work the "family farm" for their total livelihoods. Off-the-farm employment is typical of many Liberty residents, and those who cannot find sufficient employment nearby have to leave the area. This change dramatically affects many arenas of small-town life. One particular change that this study found involved the decreased number of full-time caregivers.

The lack of caregivers in rural communities increases the need for more formalized helping networks. However, because of current funding conditions this has not been adequately developed. The various agency personnel and younger individuals have recognized this problem, but do not know exactly what to do about it. Additionally, this group feels a certain amount of entitlement toward government sponsored programs funded through tax dollars. And rightfully they probably should feel that way.

Another change that is occurring concerns the overall demographics of the local population. As it was discussed in chapter three of this study, the overall population of the United States is aging. So too is the population of Liberty. However, the elderly residents of Liberty comprise a proportionately higher percent of the whole population at present, and within the next few years this number is expected to rise. This fact is certain to affect many other aspects of the community such as the local school, various community organizations and of course, an increasing need for health and human services.

All of the changes that were discussed were also observed in the second phase of this study. The local churches have high numbers of elderly participants, and the school is suffering from a severe drop in

enrollment. The few full-time caregivers who do live in the community are, at times, overwhelmed by their duties.

As the observer phase of the study was conducted, there were several points noted. First of all, Liberty is a very close-knit, independent community. The residents express a genuine concern for their families and friends. Secondly, the community has a tremendous sense of pride, evident since its founding. Decades of determination, struggle and hard-work are the backbone for this. Third, the citizens of this area are very involved in community affairs, for the most part, and feel at times threatened by the social changes occurring around them. Informal sources of social control are definitely at work in this community and are effective.

In summation, this little town is very proud of its heritage and will tackle any obstacle with a great deal of gusto. However, there are certain conditons which are evolving here that should be addressed by outside forces. In so doing, there are implications for future policies in rural areas which have been listed in the following section.

#### Implications

All too frequently, contradictory policy goals and implementation responsibilities have frustrated efforts to address rural needs within federal, state and local governments. In the past, programs have been developed based on out-of-date information and on urban needs only. This research has attempted to highlight certain areas of need in one small community, but does emphasize the possible direction new policies should consider and they are listed as follows:

1. There must be continuous research conducted from academic and

governmental institutions concerning rural communities. These research efforts should address specific problem areas utilizing both qualitative and quantitative data for a better and more complete understanding of the real issues at hand.

2. Funding formulas for the Areawide Agencies on Aging should not only consider the population base of an area, but also the number of actual, intact services for a specific geographic region. The area of the Agency's coverage should also be considered, in efforts to eliminate total isolation of some communities from vital services.
3. Reimbursement rates for health care services funded through Medicare should be revamped so as to equalize the disparity between urban and rural areas. This would allow more health care practitioners the opportunity to feasibly operate in isolated areas.
4. Rural health and human service practitioners should be trained to objectively and creatively serve their clientele based on the individual needs of the smaller communities.
5. Countywide senior service centers should be developed and maintained. These centers could satellite programs throughout the county to assure a continuum of care for the elderly citizens of the area. An example of these services would include but not be limited to: public transportation services, nutritional programs, case-management services, health care for isolated areas and home maintenance services.

#### REFERENCES

- American Association of Retired Persons: Profile of Older Americans, 1986. PF 3049 (1086) D996.
- Bartlett, Peggy F. (1986). Part-time farming: saving the farm or the life-style?. Rural Sociology, 51, 289-313.
- Blau, Zena. (1981). Aging in a changing society. New York: Franklin Watts.
- Blum, Fred H. (1970). Getting individuals to give information to an outsider. In Wm. Filstead (ed.), Qualitative Methodology (pp.83-90). Chicago: Markham Publishing Company.
- Brody, E.M. (1979). Women's changing roles, the aging family and long term care of older people. National Journal, 11(43), 1829-1833.
- Clifford, W.B., Heaton, T.B., Fugitt, G.V. (1982). Residential mobility and living arrangements among the elderly: changing patterns in metropolitan and nonmetropolitan areas. International Journal of Aging and Human Development, 14, 139-156.
- Corman, John M., Hirshorn, Barbara A., and Kingson, Eric R. (1986). Ties that bind, Washington, D.C.: Seven Locks Press.
- Coward, R.T., and Lee, Gary R. (1985). The elderly in rural society. New York: Springer Publishing Company.
- Coward, R.T., and McCuan, Eloise R. (1985). Delivering health and human services to the elderly in rural society. In R.T. Coward and Gary Lee (Eds.), The elderly in rural society. (pp.197-215). New York: Springer Publishing Company.
- Cumming, Elaine and Henry, W.E. (1961). Growing old: the process of disengagement. New York: Free Press.
- Durkheim, Emile. (1893 and 1947). The division of labor in society. George Simpson, translator. New York: Free Press.
- Ekerdt, David J. (1986). The busy ethic: moral continuity between work and retirement. The Gerontologist, 26, 239-244.
- Fein, R. (1986). Medical care, medical costs: the search for a health insurance policy. Cambridge, Mass.: Harvard University Press.
- Filstead, Wm. (1970). Qualitative Methodology. Chicago: Markham Publishing Company.

- Fontana, Andrea. (1977). The last frontier. Beverly Hills: Sage Publishing.
- Ford, Thomas, R. (1977). Rural U.S.A.: persistence and change. Ames, Iowa: Iowa State University Press.
- Glascow, Nina and Beale, Calvin L. (1985). Rural elderly in demographic perspective. Rural Development Perspectives. October, 22-26.
- Hall, Elizabeth. (1987). Acting one's age: new rules for old. Aging: Annual Edition, 6-12.
- Harper, Roscoe E. (1938). Homesteading in Northwestern Oklahoma Territory. The Chronicles of Oklahoma. XVI, 326-336.
- Havinghurst, Robert J., Neugarten, B.L. and Tobin, S.S. (1968). Disengagement and patterns of aging. B.L. Neugarten (Ed.), Middle age and aging: a reader in social psychology. Chicago: University of Chicago Press.
- Kivett, Viva. (1985). Aging in rural society: non-kin community relations and participation. In R.T. Coward and Gary Lee (Eds.), The elderly in rural society. (pp. 171-186). New York: Springer Publishing Company.
- Larson, Olaf F. (1977). Value beliefs and normative systems. In Thomas R. Ford (Ed.), Rural U.S.A.: persistence and change. (pp. 91-112). Ames, Iowa: Iowa State University Press.
- Lewis, C.N. (1971). Reminiscing and self-concept in old age. Journal of Gerontology, 26, 240-243.
- Light, Donald Jr., and Keller, Suzanne. (1985). Sociology (4th ed.). New York: Alfred Knopf.
- Liberty, Oklahoma, Chamber of Commerce Minutes, April, 1988.
- Liberty, Oklahoma, Museum Collection, 1988.
- Liberty, Oklahoma, School Board Minutes, April, 1988.
- Liberty, Oklahoma, Town Board Minutes, August, 1987.
- Mauer, R.C., Christensen, J.A., and Warner, P.D. (1980). Perspectives of community service among rural and urban elderly. Rural Sociological Society Meetings, Ithaca, New York.
- Miller, M.K., Voth, D.E., and Danforth, D.M. (1982). The medical care system and community malady: rural, urban and suburban variations in impact. Rural Sociological Society Meetings, Ithaca, New York.
- National Council on Aging. (1979-1980). NCOA public policy agenda. Washington, D.C.

- Nelson, G.m (1980). Social services to the urban and rural aged: the experience of Area Agencies on Aging. The Gerontologist, 20, (2), 206-207.
- Nisbet, Robert. (1966). The sociological tradition. New York: Basic Books.
- Oklahoma State Department of Health: Eldercare Guidelines, 1988.
- Oklahoma Water Resources Board Community Survey, Liberty, Oklahoma, 1987.
- Parkinson, L. (1981). Improving the delivery of health services to the rural elderly: a policy perspective. In P.H.K. Kim and C.P. Wilson (Eds.), Toward mental health of the rural elderly. (pp. 223-239). Washington, D.C.: University Press of America.
- Pollack, Ronald, F, (1988). Serving intergenerational needs, not intergenerational conflict. Generations, Spring, 14-19.
- Redfield, Robert. (1941). The folk society. American Journal of Sociology, 52, 293-308.
- Rodgers, D.T. (1978). The work ethic in industrial America: 1850-1920. Chicago: University of Chicago Press.
- Rogers, Everett M., Burdge, Rabel. J., Korsching, Peter F., and Donnermeyer, Joseph F. (1988). Social change in rural societies. (3rd ed.). Englewood Cliffs, New Jersey: Prentice Hall.
- Rose, Arnold M. (1961). The mental health of normal older persons. Geriatrics 16, 459-464.
- Rosow, I. (1974). Socialization to old age. Berkeley, CA: University of California Press.
- Sanders, I.T. (1977). Rural society. Englewood Cliffs, New Jersey: Prentice Hall.
- Sullivan, Mortimer, Queen, Stuart, and Patrick, Ralph. (1970). Participant observation as employed in the study of a military training program. In Wm. Filstead (Ed.), Qualitative Methodology. (pp. 91-100). Chicago: Markham Publishing Company.
- United States Department of Health and Human Services, (1983). Public Health Services: Pamphlet no. (ADM) 831266.
- Vidich, Arthur. (1970). Participant observation and the collection and interpretation of data. In Wm. Filstead (Ed.), Qualitative Methodology (pp. 164-174). Chicago: Markham Publishing Company.
- Vidich, Arthur, and Bensman, Joseph. (1958). Small town in mass society: class, power and religion in a rural community. Princeton, New Jersey: Princeton University Press.



Weber, Max. (1930). The Protestant ethic and the spirit of capitalism.  
New York: Scribners.

Weicher, J.C. (1980). Housing: federal policies and programs, Washington  
D.C.: American Enterprise Institute for Rural Policy Research.

APPENDIXES

APPENDIX A

THE INTERVIEW SCHEDULE

1. How old are you now?
2. How long have you been associated with this community and surrounding area?
3. Do you have any immediate family members living within thirty miles of here?  
(if so, go to question four)
4. Do you see them often? Be specific please.
5. What specific changes have you witnessed during your life-time regarding the structure of the community?
6. What changes have you witnessed during your life-time regarding the structure of the family?
7. What technological advances have occurred during your life, how have they affected you personally?
8. To what extent do you feel socially supported by family members?
9. To what extent do you feel socially supported by close friends?
10. Do you have a chronic illness or disability, if so what is it?
11. If you were to need rehabilitative care, who would help you?
12. Do you attend church regularly? How often do you go?
13. Are you an active volunteer in any community function? How many hours a week, on the average, do you participate?
14. If there were senior resources here in town, such as a meal site or transportation would you use them?
15. Are you familiar with most of the regulations regarding Medicare payment of medical services?
16. Do you feel as though you have a voice in policies affecting senior citizens?

17. Are there any social changes you would like to see happen regarding the older citizens in this and other small, rural communities? What are they?
18. What is a typical day like for you?

2  
VITA

Kay Lynn Turner

Candidate for the Degree of  
Master of Science

Thesis: STUDYING THE RURAL ELDERLY: AN ETHNOGRAPHY

Major Field: Sociology

Biographical:

Personal Data: Born in Alva, Oklahoma, February 5, 1960,  
the daughter of Roy W. and Loretta Decker.

Education: Graduated from Alva, Oklahoma, Senior High School  
in May, 1978; received a Bachelor of Arts Degree in Social  
Science Education from Northwestern Oklahoma State  
University, Alva, Oklahoma, in May, 1986; completed  
requirements for the Master of Science Degree at Oklahoma  
State University in December, 1988.

Professional Experience: Teaching Assistant, Department of  
Sociology, Oklahoma State University, August, 1986 to May,  
1987. Case-manager for the Eldercare Project of Woods  
and Woodward Counties in Oklahoma, August, 1987 to present.