

LIFE SATISFACTION AND RELOCATION AMONG
THE ELDERLY: A CASE STUDY

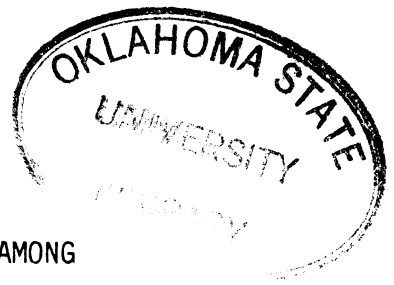
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THE ELDERLY: A CASE STUDY

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CHAPTER I

INTRODUCTION

The environment in which an individual lives and interacts is considered to influence that individual's quality of life (Carp and Carp, 1982; Lawton, Nahemow, and Teaff, 1975; Regnier, 1983; and Struyk, 1981). Quality of life includes the general mental feeling of "being in control" of ones' situation, namely, the physical factors of health and nearness to resources and being able to carry out life functions without extreme compromise. The environment, including ones' housing, neighborhood, nation, and world, can never be separated from the individual. Thus, the person and the environment are melded together in the individual's thoughts and actions.

Theories relating human behavior to environment are relatively new. It was not until the mid-1960s that behavioral scientists were asked for answers to questions about human responses to the physical environment (Lawton and Simon, 1968). Sociologists had looked at human responses to the social environment, but response to the physical environment represented a new frontier. Psychologists had looked at human responses to unique settings but not in context of ordinary environments. Several disciplines joined forces to study "environment and behavior." Environmental psychology was a multidisciplinary outgrowth of that effort (Holahan, 1978).

As Lawton has summarized (1975, p. vii), behavior

is seen as the result of an individual's interaction with his physical environment, the other individuals in the environment, and the man-made institutions that impede or facilitate his strivings for self-fulfillment.

What he suggests is an interacting relationship between individuals and their environments or a transactional approach, as other authors have suggested, whereby the individual's behavior changes the environment and the changed environment in turn affects the individual's behavior (Schwartz and Proppe, 1970).

Studies by Barker (1968), Sommer (1969), and Ittleson, Rivlin, and Proshansky (1966) also indicate that such a relationship between individuals and their environments does exist and that the study of this relationship is the study of change and adaptation. According to Havighurst (1968), the product of this adaptation process is labeled by a variety of terms, among which are "general well-being" and "life satisfaction."

Not all individuals are equally capable of adapting (Havighurst, 1968). The adaptation process is depicted in three basic relationships, as summarized by Loo (1977, p. 162): "1) dominion over nature, 2) subjugation to nature, and 3) harmony with nature." Environmental psychologists have not explained those distinct individual differences that predict which response is likely, but several researchers have suggested that not all individuals are equally capable of adapting. Personal characteristics that are often suggested as affecting the adaptation process are age, sex, socioeconomic status, abilities, group memberships, and physique

(Insel and Moos, 1974). A number of researchers have concurred that the ability to control or change the environment is affected by age, with individuals at both ends of the age continuum, young and old, having limited control over what changes they can make to their environments (Pastalan and Carlson, 1970). Age, alone, is not the factor which influences or determines the individual's capability to adapt, but

... because of its direct association with the probabilities of functional health impairments and widowhood, is a strong predictor of both living arrangements at the older ages and functional capacity (Soldo, 1981, p. 496).

The elderly, aged 65 and over, represent a large and growing portion of the American population. As of 1980, there were 25 million persons in the United States who were 65 years of age or older, representing 11 percent of the total population (Ward, 1984). From 1900 to 1978, the general population increased nearly three times, while the number of those persons over age 65 increased eight times (U.S. Department of Health and Human Services, 1980). Life expectancy has increased more than 50 percent in the twentieth century from 48.2 years at the turn of the century to 73.2 years in 1978 (Butler, 1981). The number of persons over age 65 increased 300,000 to 400,000 per year, and projections indicated that the number will continue to increase at a similar rate during the next few decades (Source book on Aging, 1979).

Public policy analysts and planners have recognized special needs of the elderly and have attempted to identify ways to assist the elderly in improving their quality of life. Increasing disposable

income through social security payment increases, subsidized medical coverage and subsidized food are examples of national efforts to assist this segment of the population. In addition, the federal government created, in 1974, the National Institute on Aging (NIA), whose mission was to support, conduct and promote social and behavioral, as well as biomedical research of the aged (Butler, 1981).

In yet another approach, the federal government subsidized public housing programs targeted mainly at the elderly. The purpose of public housing was to provide alternative housing environments, with the assumption that such environments would improve the quality of life for those elderly moving into public housing. Although the first of such housing was completed in the 1960's, funding has fluctuated through the years because of the tremendous associated cost, lack of national commitment, and lack of clear evidence that public housing for the elderly does, indeed, make a positive contribution toward improving the individual's quality of life.

There are several reasons why such evidence has been difficult to document. Research on the housing environments of aged individuals is multi-faceted, involving several disciplines with their unique perspectives on the relationship of the variables involved. For example, the medical profession has viewed health as a critical factor to the elderly, affecting all other aspects of life. Social sciences, while not discounting the importance of health, have tended to equate health with other variables. Sociologists, for example, have looked at social involvement and support systems as critical variables. Psychologists have tended to look at how the processes of the mind change as age increases and how the elderly individual copes. The

Home Economics profession has focused on the physical needs, such as housing and nutrition and the management of resources to meet those needs.

Secondly, as the review of literature will indicate, the majority of research studies have followed an experimental design which requires that all extraneous variables be controlled. Yet, much of the research has been criticized for variables which were not controlled or relationships which were not explored.

Thirdly, because of the time required for longitudinal studies, much of the research has been cross-sectional and has not explored the impact of the housing environment on the aged person over time. Therefore, in making a comparison, researchers cannot consider those factors other than age which may affect the research (Larson, 1978; Palmore and Kivett, 1977).

Problem Statement

A need exists for studies which examine, over time, variables that affect an aged person's perspective of life satisfaction as housing environmental changes occur. Such information can guide public policy planners and analysts, architects, and the aged and their families as they make decisions regarding housing for the elderly. Such information will also help to define focus of further research.

Purpose

The purpose of this study is to examine, at two points in time, perceptions by older people of their life situations and to compare

measures of life satisfaction at both points of reference. Specifically, the study seeks to determine 1) what "loss of control" over the environment is perceived by the individuals, 2) whether a change in environment affects the person's perception of his or her control either positively through increased opportunities or negatively through decreased opportunities, 3) whether there is a change in measured life satisfaction during the interval of time between the two points of reference, 4) whether the individual's perception of functional health changes following the interval of time between the two points of reference, and 5) whether the individual's perception of social activity and interaction changes following the interval of time between the two points of reference.

Assumptions

The study is based on the following assumptions:

1. It is assumed that the subjects are capable of verbally expressing feelings and attitudes that they hold, and that the expressed feelings and attitudes are a true expression of their perceptions.
2. It is assumed that 24 months is a reasonable length of time to assess changes in subjects' behavioral patterns and perceptions.
3. It is assumed that there is a stability of basic needs, regardless of age, and that those needs did not change during the 24-month interval between measurements.

Limitations

The present study is limited by a variety of factors. These include:

1. The length of the study is limited to a 24-month duration. In assessing change, time required to make generalizations regarding long term changes is a questionable factor.
2. The study is also limited by a small sample size of 15 subjects who were not randomly selected. All subjects were applicants to a housing complex and all subjects made annual incomes of less than \$8,000; therefore, results cannot be generalized for the entire elderly population.
3. Completeness and accuracy of data are dependent on the state of the science of attitude measurement, including the validity and reliability of the instrument, as well as the ability of the subjects to respond in the data collection situation.

Definition of Terms

The operational definitions of terms utilized in this study are:

Life Satisfaction: is the contentment that an individual receives when he "takes pleasure from the round of activities that constitutes his everyday life" (Neugarten, 1961, p. 137).

Social Involvement: is the interpersonal exchange of an individual with relatives, friends, recreational involvements, church and community behavior (Bell, 1976, p. 31).

Functional Health: is a subjective assessment of health made by each individual regarding his or her physical state (Edwards and Klemmack, 1973, p. 499).

Confidant: is a person with whom the relationship has some degree of intimacy and reciprocity (Strain and Chappell, 1982, p. 479).

Social Network: is a "specific set of linkages among a defined set of persons, with the property that the characteristics of those linkages as a whole may be used to interpret the social behavior of the persons involved" (Mitchell, 1969, p. 21).

Summary

The quality of life of an individual is influenced by the environment within which the individual lives. Theories which relate the environment to human behavior are relatively new and have only been studied for 20 years. The relationship between human behavior and environment is thought to be an interacting relationship whereby the individual's behavior changes the environment and the changed environment, in turn, affects the individual's behavior. The study of this relationship is the study of change and adaptation.

Not all individuals are equally capable of adapting, and the elderly population is one segment of the population that is limited in this process. Currently, the elderly population over age 65 in the United States is more than 25 million and increasing approximately 300,000 to 400,000 per year.

One effort of the government to meet special needs of the elderly has been to provide public housing, with the underlying assumption

that an environment designed to meet special needs of elderly people will promote an improved quality of life. Although public housing for the elderly was initiated approximately 20 years ago, evidence confirming a positive contribution by such housing on improving quality of life is sparse and inconsistent.

Evidence is lacking for several reasons: 1) research regarding the elderly and their housing environments is multi-faceted, involving several disciplines with different perspectives toward elderly and housing environments, 2) because the study of elderly and their housing environments involves a multitude of interacting variables, controlling for extraneous variables has been difficult in experimental studies, and 3) most research studies have been cross-sectional, rather than longitudinal, and could not assess change over time.

Research is needed which will help to place into context those variables which are believed to affect the aged person's satisfaction with life. Also needed is research that provides or strengthens evidence of changes in human behavior or life satisfaction that result from or relate to a change in the housing environment.

The purpose of this study is to examine, at two points in time, perceptions by older people of their life situations and to compare measures of life satisfaction at both points of reference. The study seeks to determine 1) whether there was a change in measured life satisfaction during the interval of time between the two points of reference, 2) whether a change in environment affected the person's perception of his or her control over the environment, 3) whether the individual's perception of functional health changed following the

interval of time between the two points of reference, and 4) whether the individual's perception of social activity and interaction changed following the interval of time between the two points of reference.

Chapter Two presents a review of the related literature. Chapter Three presents the research methodology which was used in the design and analysis of the study. The comparison of case study subjects is presented in Chapter Four. Chapter Five includes a summary, conclusions and recommendations for future research.

CHAPTER II

REVIEW OF LITERATURE

Writers in the area of gerontology have referred to research which examines the relationship of human behavior to environment as "life satisfaction research" (Dowd, 1975). This type of research is based on the assumption that man's behavior and his environment are not static and that an adaptation process will occur in either human behavior or the environment. This type of research is in contrast to a prevalent type which studies the processes of aging, be they physiological or psycho-social. The following review of literature is limited to "life satisfaction research".

Factors Influencing Life Satisfaction

Life satisfaction of older persons is an area that has received considerable attention among researchers in the area of gerontology (Adams, 1971; Edwards and Klemmack, 1973; Larson, 1978; Lemon, Bengston, and Peterson, 1972; Maddox and Eisdorfer, 1962; Markides and Martin, 1979; Medley, 1976; Palmore and Kivett, 1977; Palmore and Luikart, 1972; Spreitzer and Snyder, 1974; and Tobin and Neugarten, 1961). Larson (1978) reviewed 30 years of research on subjective well-being of older Americans. His very extensive review is incorporated here.

Earliest efforts to measure life satisfaction, such as the Chicago Attitude Inventory, looked at adjustment of older people from an overt point of view (Cavan, Burgess, Havighurst, and Goldhammer, 1949; and Havighurst, 1957). The measures focused on specific areas of the person's life such as economic situation, work, friends, family, etc. and on the person's happiness and feeling of usefulness. A higher score depended indirectly on a high activity level and, consequently, these tests are criticized for a bias toward people who continue a uniquely high activity level from middle age (Neugarten, Havighurst, and Tobin, 1961).

Subsequent measures such as the Life Satisfaction Index-A (Neugarten, Havighurst, and Tobin, 1961), the PCG Morale Scale (Lawton, 1972), and the Bradburn Affect Balance Scale (Bradburn, 1969) defined well-being from an internal frame of reference. All three of these measures have defined a multidimensional construct. Other measures, including the Kutner Morale Scale (Kutner, Fanshel, Togo, and Langner, 1956), the life satisfaction scale of the Cornell study of retirement (Thompson, Streib, and Kosa, 1960), Havighurst and Albrecht's (1953) scale of happiness, and single-item measures of satisfaction (Spreitzer and Snyder, 1974) also defined well-being as an internal but unidimensional construct.

In his review of research on subjective well-being of older Americans, Larson (1978, p. 109) concluded that "studies using different conceptualizations and measures have yielded comparable results". As for looking for the relationship of various components of life satisfaction, he stated:

Efforts to isolate empirically the components of well-being among pools of items show progress toward a clarification of the conceptual complexity represented by this array of measures (Lawton, 1975; and Morris, Wolf, and Klerman, 1975). In the meantime there is good justification for grouping them within one general construct. The evidence suggests that within this multiplicity of related measures is a shared core of something that can be called subjective well-being (Larson, 1978, p. 110).

The components of life satisfaction to which Larson refers are many (Adams, 1971; and Riley and Foner, 1968). A multitude of combinations of independent variables have been grouped to study the effect on life satisfaction. The components found to be main consistent predictors of life satisfaction are health status, activity and social interaction, and socioeconomic status (Markides and Martin, 1979). Additional independent variables that have been studied and in some cases found to relate to life satisfaction are: 1) socio-demographic factors of age, sex, race, marital status, and employment (including occupation), 2) housing location and satisfaction (which may be defined to include the neighborhood or environment at large, 3) neighborhood satisfaction (which generally includes safety), and 4) travel patterns and availability of goods and services. A review of these variables and research pertaining to them will follow. Because the variables in research studies are often grouped according to a presumed relationship, the reader will find some repetition in reviews of research by category.

Health Status

Self-perceived health status is considered to be one of the main predictors, if not the main predictor of life satisfaction (Cutler,

1973; Edwards and Klemmack, 1973; Larson, 1978; Markides and Martin, 1979; Myles, 1978; and Palmore and Luikart, 1972). Markides and Martin concluded that health (and activity) were two strong predictors of life satisfaction and stated (1979, p. 91) that "...health influences life satisfaction not only directly but also indirectly by permitting or preventing individuals from engaging in essential life satisfying activities." In looking at voluntary association participation and its relationship to life satisfaction, Cutler (1973) found that health and socioeconomic status were directly related to life satisfaction and that, when holding those two variables constant, voluntary association participation had only a weak and nonsignificant relationship to life satisfaction.

Three studies using physicians' ratings, rather than self-assessments of health, reported lower than usual associations of health to life satisfaction but the relationship was significant (Jeffers and Nichols, 1961; Maddox and Eisdorfer, 1962; and Palmore and Luikart, 1972). In all three cases, subjects were required to visit the clinic for examinations (which may have limited the sample).

Several studies have looked at the process of relocation and its effect on health of the elderly. Lawton and Yaffee (1970) found that relocated elderly experienced greater health changes than did nonrelocated elderly. The relocated elderly experienced greater change toward both ends of the continuum while nonrelocated elderly remained relatively stable. Other studies also report that a decline in health is associated with relocation within the community at large (Ferraro, 1982; and Schooler, 1970). However, as Ferraro (1982) concluded from a review of literature on relocation, moving into

senior housing environments does not appear to have an adverse effect on health. A study by Storandt and Wittels (1975) found that relocation did not affect self-evaluated health.

In view of the evidence that indicates health to be a strong predictor of life satisfaction, it is surprising that most research studies do not include health as a factor (LaRue, Bank, Jarvik, and Hetland, 1979). A review by Abrahams, Hoyer, Elias and Bradigan (1975) of the Journal of Gerontology published between 1963 and 1974 indicated that only between 16 and 17 percent of studies reported controlling for health variables. In a similar review, LaRue, et al. (1979) reviewed studies in 1978 issues of the Journal of Gerontology and reported that 68 percent made no mention of subjects' health.

LaRue, et al. (1979) suggests that the probable reason health is not included in the majority of gerontological studies is the lack of agreement on how to measure it. A controversy exists as to whether self-perceived health is an accurate indicator of actual health. LaRue, et al. (1979) studied 69 twins over 60 years of age and compared self-reports of health with physicians' ratings and found a significant correlation between the two types of ratings, although self-assessments were generally higher than the physicians' ratings. They suggested (p. 690) that "...self-reports appear to constitute a valid index of health in aged samples."

Other researchers have also concluded that self-ratings of health among elderly adults are valid measures of objective health status (Ferraro, 1980; Filenbaum, 1979; Maddox and Douglass, 1973; Palmore and Luikart, 1972, and Tissue, 1971). Likewise, a number of researchers have reported the tendency of elderly subjects to rate

their health positively (Ferraro, 1980; Filenbaum, 1979; Myles, 1978; Rose, 1965; and Shanas, Townsend, Wedderburn, Friis, Milhoj, and Stenhower, 1968). This tendency is thought to result from the subject's comparison with peers of the same age and sex (Cockerham, Sharp, and Wilcox, 1983; Fillenbaum, 1979; and Shanas, et al., 1968). Cockerham, Sharp, and Wilcox (1983) concluded that beyond the sixth decade, individuals perceive their health as being much better than others their age. This same study found that two factors affected the assessment of health: 1) the education of the individual; and 2) the number of symptoms that the individual experiences. As found to be true in prior research, the older the subject, the more positive was the assessment of health. However, as the researchers pointed out (p. 354):

...lower education and higher prevalence of symptoms among the older age groups suppress the expected positive effect of age alone on perceived health status by 31 percent.

In summarizing the association between health and life satisfaction, Larson (1978) made the point that the degree of association is limited by the range of health within the sample and that no association can be expected if the sample is in perfect health. As one might expect, research indicates that those individuals in poorer health do not or cannot participate (Maddox, 1963; and Riegel, Riegel, and Meyer, 1968).

Activity and Social Interaction

Several theories have been proposed regarding the relationship of activity and social interaction of the older person. Two theories

which have stimulated the majority of research in the area of social gerontology for the past 15 years are disengagement theory and activity theory.

Disengagement theory (Cumming and Henry, 1961) is probably the most widely known and suggests that decreased social interaction is a process that is mutually accepted by the older individual and society. This theory suggests that the individual is desirous of decreased interaction and that the process is natural rather than imposed. The individual is said to want to decrease the emotional investment in persons and objectives in the environment. The person with a sense of life satisfaction is the person who has reached a new equilibrium with different types of relationships characterized by greater psychological distance and decreased social interaction.

Activity theory contrasts to disengagement theory and suggests that life satisfaction is positively associated with the amount of activity in which one engages during the day (Lemon, Bengston, and Peterson, 1972). Society withdraws from the individual as the person becomes older, against the wishes of the person, leaving him or her in a less active role. The person who ages optimally resists society's withdrawal and maintains activities prevalent in middle age. The person finds activities to replace work and friends or relatives to replace those who died or moved away. This theory suggests that social integration is essential to the adjustment process in late life (Lemon, Bengston, and Peterson, 1972; and Maddox, 1963).

Several researchers have concluded that the theoretical search for the relationship between social activity and life satisfaction has not revealed an explanation (Larson, 1978; Dowd, 1975; and Havighurst,

1968). The disengagement theory is not widely accepted in social gerontology (Youmann, 1969). Although there are facts to support that disengagement does occur, it is argued that the theory is applicable to only a portion of older people (Brehm, 1968; and Maddox, 1968).

Research regarding the relationship between social activity and life satisfaction has not yielded consistent results (Larson, 1978; Strain and Chappell, 1982; and Ward, Sherman, and LaGory, 1984). While the search has convinced some researchers that a positive relationship does exist for general indices of social activity (Riley and Foner, 1968; Maddox, 1963; and Bultena and Oyler, 1971), it has convinced others that no relationship exists (Lemon, Bengston, and Peterson, 1972; Smith and Lipman, 1972; Edwards and Klemmack, 1973; and Hoyt, Kaiser, Peters and Babchuk, 1980.)

Numerous studies have found an association of life satisfaction with measures of activity (Kutner, Fanshel, Togo, and Langner, 1956; Havighurst, Neugarten, and Tobin, 1968; and Wylie, 1970. In an eight-year longitudinal study, Carp (1978) reported that those persons who were most active socially prior to a move into public housing and those who rated high in extraversion tended to make the greatest gains in social activity and satisfaction during the eight years following the move.

Some researchers have suggested that the interaction of other variables, such as health and income, helps to explain the association of activity with life satisfaction. Martin (1973) reported that both disengagement and activity did occur in a study at a retirement community and that both produced life satisfaction. However, he pointed out that the characteristic of economic security may have

contributed to overall satisfaction. Palmore and Whittington (1971) also suggested that health and income are determinants of activity levels and engagement. Cutler (1973) reported that, when controlling for health and socioeconomic status, the relationship between activity and life satisfaction is weak and nonsignificant. He concluded that:

...voluntary associations self-select as members and as participants persons who are initially more satisfied with their life situation by virtue of their health and status characteristics (p. 99).

In a causal model of life satisfaction, Markides and Martin (1979) found that health and activity emerged as strong predictors of life satisfaction. Income was found to have an indirect influence on life satisfaction via activity level.

It is, perhaps, surprising that in research regarding family interaction, there is no evidence to indicate that frequency of activity with family members is correlated with life satisfaction (Glenn and McLanahan, 1981; Hoyt, et al., 1980; and Larson, 1978). In fact, studies have suggested that family interaction may be less correlated to life satisfaction than interaction with friends (Haas-Hawkings, 1978; Lee, 1979; and Lee and Ihinger-Tallman, 1980).

Some researchers have suggested that the answer to the relationship may be in quality of activity and intimacy of interaction, rather than the quantity (Conner, Powers, and Bultena, 1979; and Liang, Dvorkin, Kahana, and Mazian, 1980). Ward, Sherman, and LaGory (1984) interviewed 1,185 elderly people and collected objective and subjective data regarding social ties and supports.

They found subjective measures to be more closely associated with life satisfaction than were objective measures, and concluded that subjective quality of social relationships was more important to life satisfaction than objective quantity. Conner, Powers, and Bultena (1979, p. 120) concluded that:

It seems that it is not 'how often' or with 'how many' one interacts, but rather under what circumstances, for what purposes, with what degree of intimacy and caring the interaction takes place that will have its impact on morale.

Lowenthal and Haven (1968) drew a similar conclusion in studying the availability of confidants and life satisfaction. They found that a change in activity had no relation to life satisfaction for persons who had someone in whom they could confide. Strain and Chappell (1982) found the confidant relationship to be more important to life satisfaction than quantity of interactions with family or friends.

Some researchers have suggested that a key to understanding the social activity of the elderly person lies in the more holistic approach of understanding the "social network" that connects the person to society and to the environment (Shanas, 1975). In speaking of social network analysis, Snow and Gordon (1980) employed the term "interconnectedness", "reminding us that human relationships are structured and that such structures intersect in ways that can be mobilized to shape the everyday world in which we all age (p. 464)." Sarason, Carroll, Maton, Cohen and Lorentz (1977) have described social relationships and contacts as a link through which the individual influences the environment and vice versa.

Sociodemographic Factors

Socioeconomic Status. Socioeconomic status (SES) includes income, occupational status, and education. Numerous studies have concluded that a positive relationship exists between SES and life satisfaction (Cutler, 1973; Edwards and Klemmack 1973; and Larson, 1978). Edwards and Klemmack found that all other significant relationships were eliminated when SES was controlled and they concluded that no study regarding life satisfaction should disregard SES. Neugarten, Havighurst, and Tobin (1961) found a positive but not a marked relationship between SES and life satisfaction.

Larson (1978) concluded that components of SES have been found to relate to life satisfaction, yet no single component has been shown to account for the relationship. Two studies have found occupational status to be related to life satisfaction (Edward and Klemmack, 1973; and Spreitzer and Snyder, 1974). Clark and Anderson (1967) found education to be positively related. An interesting finding of their study was that higher association occurred for elderly persons with middle levels of education. Markides and Martin (1979) reported that, except for males, education was not significantly related to life satisfaction in their study of 141 persons.

Several studies have found a relationship of income to life satisfaction. Spreitzer and Snyder (1979) found that, among older persons, both income and health were stronger predictors of life satisfaction than other factors. Edwards and Klemmack, (1973) found family income to account for most of the relationship of SES to life satisfaction. Markides and Martin (1979) found the direct effect of

income on life satisfaction was a minor one. They suggested that income has an indirect effect via activity of the individual. Palmore and Luikart (1972) found stronger correlation of life satisfaction at lower levels of income. Larson (1978, p. 113) suggested that "there is a level of sufficient income, above which additions are less and consequential to contentment."

In his review of research regarding the relationship of SES to life satisfaction, Larson (1978) summarized that studies using a measurement for the immediate time frame showed lower associations than long-term studies. He suggested that "while SES is associated with a persons day-to-day morale, it has a greater association with long-term sense of well-being (p. 113)."

Age. Most studies show a decline in life satisfaction with age (Larson, 1978). A study by Alston and Dudley (1973), based on a national sample, concluded that as age increases, the percentage of people who regard life as dull or routine also increased. Sixty-one percent of those over aged 50 found life dull or routine. This decline in life satisfaction was, however, generally thought to be a product of other factors. When factors such as health, widowhood, and financial resources were controlled, the relationship disappeared (Edwards and Klemmack, 1973; and Kivett, 1976).

Palmore and Kivett (1977) pointed out that studies prior to their study relating age to life satisfaction were not longitudinal. In a longitudinal study which they conducted, there was no overall decline in life satisfaction between the ages of 46-70 years of age. They concluded that the strongest predictor of life satisfaction is a previous measure of life satisfaction.

A number of studies have found a relationship between age and self-perceived health. As age increases, elderly tend to rate their health more positively (Cockerman, Sharp, and Wilcox 1983; Ferraro, 1980; Fillenbaum, 1979; Rose, 1965; and Shanas, et al., 1968). Cockerman, Sharp, and Wilcox (1983) found that age was positively related to self-perceived health, which has been shown to be related positively to life satisfaction. It was the more educated elderly who were shown to hold a positive opinion of their health. The factor of lower education and higher prevalence of symptoms among older persons suppressed the positive effect of age alone on perceived health status by 31 percent.

Sex. Most studies have not found sex to be a predictor of life satisfaction (Larson, 1978; Neugarten, Havighurst, and Tobin, 1961; Palmore and Kivett, 1977; Bradburn and Caplowitz, 1965; Cantril, 1965; Edwards and Klemmack, 1973; and Lawton, 1972). Several have, however, found an interaction of sex with other variables. In the case of males, for example, Markides and Martin (1979) found life satisfaction to be affected by education. They suggested that higher education was associated with more satisfying occupations and, in turn, with greater life satisfaction. Education had a very insignificant effect for females. The same study also reported a relationship between health and life satisfaction for males via activity. They suggested that involvement in activities that men engage in at older age may be affected by health.

Marital Status. Being married has frequently been found to be positively related with life satisfaction in the elderly (Larson,

1978). When controls for SES were made, two studies showed a positive association between marital status and life satisfaction (Edwards and Klemmack, 1973; and Spreitzer and Snyder, 1974). Studies that have separated subjects and married persons tended to show higher life satisfaction than those who were widowed, divorced, or separated (Kutner, et al., 1956; and Pihlblad and Adams, 1972). A survey of 1000 70-years olds suggested that the presence of a spouse may help to cushion the impact of poor health and low income (Flanagan, 1982).

One common problem in research studies exploring the relationship of marital status to life satisfaction has been the unequal distribution of the categories. Married people are generally compared with a large number of widowed women and a small number of widowed men. Lowenthal and Haven (1968) reported that the availability of a confidant reduced the association between widowhood and lower life satisfaction. A number of researchers have concluded that widowhood is more difficult for men than women (Lowenthal, Thurnher, and Chiriboga, 1975; and Powers and Bultena, 1976). Although men have been reported to have more frequent social contacts than women, they generally have fewer intimate contacts or confidants outside of the marriage relationship and loss of a spouse is a greater social disruption (Haas-Hawkings 1978).

Race. Two studies which differentiate blacks and whites and controlled for income and other variables, reported no differences in life satisfaction by race (Clemente and Sauer, 1974; Spreitzer and Snyder, 1974). One national study reported whites over age 65 to have a median score three points higher than blacks on the 36-point LSI-A

measure. however, income was not controlled in the study (Larson, 1978).

Employment. Several research studies have reported a slight positive association between employment and life satisfaction (Larson, 1978).

Housing Location and Satisfaction

Housing and living arrangements are but one aspect of the individual's total environment. Much of the literature considers housing and environment as synonymous. As Regnier (1983, p. 357) has pointed out:

...housing...should be viewed as one component of a larger environmental system, which not only provides opportunities, supports and diversions but also confronts the older person with potentially dangerous or anxiety-producing situations.

Older persons generally spend more time within the confines of their housing because they no longer have the same needs and duties as the younger family, but the larger environment should still be considered as an important source of stimulation (Regnier, 1983).

Because of the great number of factors related to life satisfaction, it is not surprising that many findings have indicated a very limited environmental effect (Lawton, Brody, and Turner-Massey, 1978). However, as these researchers have pointed out (p. 133):

...if a positive environmental situation can contribute consistently a small increment in well-being, it would seem useful to develop planning guidelines that can upgrade the quality of older people's environments.

A number of researchers have found at least a moderate relationship of housing satisfaction with life satisfaction (Andrews and Withey, 1976; Campbell, Converse, and Rogers, 1976; Carp, 1966; Lawton and Cohen, 1974; and Toseland and Rasch, 1978). Several researchers have compared information from subjects moving into special housing types with a control group of respondents who did not move into new housing. Perhaps the best-known study is that by Carp, who began, in 1960, a longitudinal study of elderly adults moving into Victoria Plaza in San Antonio, Texas. She tested 352 applicants to the housing project on demographic, attitudinal, and other psychological variables. At the end of the first year of Victoria Plaza's operation she interviewed 190 tenants and 105 community members and compared the findings. She found that a changed setting had a dramatic positive improvement in 15 measured indicators. Carp questioned whether the changes were long lived or the result of the "honeymoon period." In an attempt to answer that question, she interviewed 127 tenants and 62 community members at the end of eight years of operation. She has written a book and numerous articles (Carp, 1975a; Carp, 1975b; Carp, 1975c; Carp, 1976; Carp, 1977) regarding her findings, all of which generally conclude that:

...the initial favorable psychological and social impacts were more than "honeymoon effects." Inmovers continued to be well satisfied with their living situation (Carp, 1975a) and to evaluate it in generally favorable terms (Carp, 1976); to lead more active and more sociable lives, and to be better satisfied with their use of time and their inter-personal relationships (Carp, 1978); and to have better morale and higher life satisfaction (Carp, 1975b).

In one article, Carp reported that, when controlling for medical condition, there is evidence that older residents of the Victoria Plaza actually lived longer and more healthful lives than the control group. One criticism made of Carp's research is that the income-enhancing benefit associated with low-cost housing could account for some of the discrepancy between the residents and the control group.

Lawton and Cohen (1974) performed a similar study and reached conclusions similar to Carp's. In a study comparing 574 residents and 324 community members, the researchers concluded that the rehoused were significantly better off than the community members in five areas of measure: 1) morale, 2) perceived change for the better, 3) housing satisfaction, 4) external involvement, and 5) satisfaction with the status quo. An interesting aspect of the research was that the rehoused were found to be poorer in functional health. Lawton suggested that those individuals seeking to move may have anticipated declining health.

Neighborhood Satisfaction.

A number of researchers have concluded that neighborhood issues are more important than housing satisfaction and that the area around the residence may be as important to the individual's well-being as the house itself (Carp, 1975a; Hamovitch and Peterson, 1969; Havighurst, 1969; Lawton, 1975). Lawton (1977) conceptualized this area in terms of 1) the physical resource environment (facilities within the physically defined area), 2) the functional resource environment (facilities that are used), 3) the perceived environment

(the neighborhood, as defined by the person), and 4) the salient resource environment (resources that are valued highly). Carp (1982) summarized that gerontological research on residential area and behavior has focused on resource utilization (Bourg, 1975; Cantor, 1975; Carp, 1975b; Hammer and Chapin, 1972). Based on a review of studies, Lawton (1977, p. 278) said that, "...the shorter the distance between a subject and a resource, the greater the likelihood that he will use it." Other considerations were conceded, but the basic attribute is proximity. As far as resource utilization, then, the location of housing in relation to resources is of critical concern (Cranz, Christensen, and Dyer, 1977; Nahemow and Lawton, 1975; Newcomer, 1976; and Schumacher and Cranz, 1975). Only a small percentage of the elderly population will live in planned housing sites that are located near needed resources (Carp, 1976; and Lawton, 1977). Furthermore, most elderly people prefer to remain in their own communities and would like to have the facilities and services available in their communities rather than to move to a special site where services are provided (Riesenfeld, et al., 1972).

Carp (1976), for instance, found that 98 percent of the residents in her study rated the apartment building as "very good," whereas a majority (54 percent) found the location "disadvantageous." A study in the city of Chicago by Bild and Havighurst (1976) found that an overwhelming majority of the respondents were satisfied with their home or apartments. However, between one-fifth and two-thirds of the seven groups were dissatisfied with their neighborhoods (Regnier, 1983).

Safety is often mentioned as being an extremely important concern to the older adult (Regnier, 1983). The Harris Poll commissioned by the National Council on the Aging in 1975 documented fear of crime as the highest rated "very serious" problem of older people (Harris, 1975; Lawton, 1980).

Travel Patterns and Availability of Goods and Services

Several researchers have studied the relationship between older people and surrounding resources available through transportation. One often expressed finding is that the number and percentage of vehicle-assisted trips designated for shopping or personal business increase with age (Ashford and Holloway, 1972; Golant, 1972; Markowitz, 1971; Wachs, 1979). Markowitz (1971) found that vehicle-assisted trips vary inversely with population density.

Cutler (1975) found a relationship between life satisfaction and availability of transportation. In a longitudinal study over a two and one-half year period, a greater decline in life satisfaction was reported for those persons without transportation. Controls were made for income, subjective health, age, sex and location of residence, and the relationship still held.

Summary

Researchers agree that life satisfaction is influenced by numerous interrelated factors. Those factors which have frequently been found to predict life satisfaction are health status, activity and social interaction, and socioeconomic status. Other factors

which are considered to influence life satisfaction but not as consistently, are age, sex, race, marital status, employment, housing satisfaction and location, neighborhood satisfaction, and travel patterns.

Self-perceived health status is considered to be the main predictor of life satisfaction, yet most research studies do not include health as a factor. A controversy exists as to whether self-perceived health is an accurate indicator of actual health. Numerous investigators support the view that the individual's self-perceived health is more critical to life satisfaction than actual health.

Activity and social interaction is generally regarded as being associated with life satisfaction, though theories which explain the relationship (disengagement theory and activity theory, for example) have never been accepted. Researchers continue to find evidence for and against both theories. Health and income are factors which directly relate to activity and social interaction, and not all studies have successfully controlled for such extraneous variables.

The influence of socioeconomic status on life satisfaction is less clear. Numerous studies have found a relationship, yet no single component (income, occupational status, or education) appears to be stronger than the others.

Studies considering age as a predictor of life satisfaction have generally concluded that life satisfaction declined with age. However, only one study was longitudinal and that study found no overall decline in life satisfaction. Numerous studies have found that self-perceived health improved with age which, in turn, had a positive effect on life satisfaction.

Sex has not often been found to be a predictor of life satisfaction. Several researchers have found an interaction of sex with other variables, particularly SES.

Marital status has frequently been found to relate to life satisfaction. Being married is generally thought to be positively related to life satisfaction; however, a common problem with this research is the unequal distribution of categories of widows, widowers, and married subjects.

Studies which have considered race as a factor are very limited and inconclusive. Likewise, employment has not been widely researched, but several studies have reported a slight positive association.

Numerous studies have concluded that a relationship does exist between housing satisfaction and life satisfaction. Although longitudinal studies of housing are limited, they have concluded that an improved housing environment had a positive improvement on life satisfaction of the relocated individuals.

Research relating availability of transportation to life satisfaction is limited but has generally concluded that those individuals without transportation have a greater decline in life satisfaction.

CHAPTER III

PROCEDURES

Introduction

The elderly public housing unit providing the setting for this study was the first of such to be provided in a moderate-sized city in Oklahoma with a population of approximately 40,000 inhabitants. Because it was the initial attempt in this community to provide public housing for elderly, there was a special concern that it should be properly evaluated and assessed as a basis for future decisions regarding public housing for the elderly. A goal for the public housing complex was to provide a quality environment at an affordable cost.

The purpose of this study is to examine (at two points in time) perceptions by older people of their life situations and to compare measures of life satisfaction at both points of reference. It was assumed that the housing complex units into which subjects would be moving would offer facilities, conveniences, comfort, and a social environment that would promote a quality of life--superior in most cases to that available in prior living arrangements which were not necessarily designed for the elderly. It was also assumed that each resident would have, at least to some degree, different answers, different reasons, and different feelings to questions such as: What

did the individual hope to attain or alleviate by moving into the complex? Did the individual find the new environment rewarding, and comfortable? Did the individual find the social environment stimulating or threatening? Did the individual find that the environment accommodated his or her activities or would he or she adapt activities to accommodate the environment? These were the types of questions which the investigation sought to answer. It was further assumed that each resident would have, at least to some degree, different answers, different reasons, and different feelings. This study sought to look at the unique responses, to place the responses to these and other questions into context, and to search for patterns or similarities that would further an understanding of the aged.

Research Objectives

Specifically, this study was designed to meet the following objectives (both with measures prior to and following relocation):

1. to measure and compare individuals' perceived general life satisfaction,
2. to construct an overview of the patterns of responses by
 - a. examining and comparing individuals' perceptions of functional health,
 - b. examining and comparing individuals' perceptions of housing satisfaction, and
 - c. examining and comparing individuals' perceptions of activity patterns.

Research Design

This study incorporated methods of naturalistic inquiry in that minimal attempt was made to manipulate the research setting. As defined by Willems and Raush (1969, p. 3), naturalistic inquiry is "the investigation of phenomena within and in relation to their naturally occurring context." This design is in contrast to the experimental design in that it does not assume that a treatment is single, identifiable, isolated, and measurable (Patton, 1980). Although relocation may have been the most dramatic change to occur in the lives of the residents during the interval of time between interviews, it was not the only factor to influence the individual. Major trips, visits by distant relatives, and major illnesses were some of the influencing factors which occurred during the 24-month period between interviews. Thus, the researcher could not control for all extraneous factors.

In order to look at differences or changes that occurred during the interval of time between interviews, a pretest and posttest was used. The case study approach was utilized to focus the investigation on the perceptions of the subjects being studied rather than hypotheses of the investigator. Franklin and Osborne (1971) have stated that, rather than a specific technique, the case study is a "method of organizing data for the purpose of analyzing the life of a social unit" (p. 23). Anderson (1975) suggested that a case study lends itself to "an intensive, detailed analysis and description of ...a phenomenon in the context of its environment" (p. 45). Simon (1978) has said that a case study should be the method used when the

researcher seeks to obtain as much detail as possible regarding a subject but is not certain what will be discovered. According to Campbell (1979), the case study design is well suited for a research study where several implications of theories need to be examined. It is also suited to studies which involve "a myriad of not highly isolated variables" (Stake, 1978, p. 7).

As Patton (1980) has summarized, the case study approach allows the researcher flexibility and permits the pursuit of findings as they emerge. He further stated that case studies help to explain why there are individual extreme differences in subjects' responses or behavior, such as unusual successes or failures. Strengths and weaknesses are allowed to emerge rather than being forced into predetermined hypotheses by the investigator.

Social services are concerned with individualization, matching program services to needs of individual clients. The outcomes of programs are qualitatively different for each individual and should not be collected and compared from standardized measures (Patton, 1980). Patton emphasized the need for descriptive information regarding individual cases:

...the meaning of the outcomes for their personal lives will be quite different. What program staff want to document... is the unique meaning of the outcomes for each client. What they want and need is descriptive information about how clients' lives change over the period of treatment and following treatment. They need descriptive information about the client's response to treatment. They need descriptive information about what the client's life was like following treatment. Such descriptive information results in a set of individual case studies. By combining these case histories it is possible to construct an overview of the pattern of outcomes for a particular treatment facility or modality (pp. 63-4).

The case study approach is justified for this investigation because of the many interacting variables involved in the study of human behavior and environment and the unexplained relationship of those variables. It will provide the investigator with in-depth information unique to subjects, their environment, and their individual life situations, without eliminating unexplained or unpredicted responses. The case study approach will allow subjects' perceptions regarding life situations to emerge and take form in context of the housing environment.

Instrumentation

Data were collected using both quantitative and qualitative collection techniques. Quantitative data were collected from two sources: 1) the 13-item Life Satisfaction Index Z (LSI-Z); and 2) applications submitted to the Public Housing Authority by residents. Qualitative data were collected through in-depth interviews with residents.

Quantitative Data

The LSI-Z (Wood, Wylie, and Schaefer, 1969) was administered as part of a personal interview. It is a shortened version of the Life Satisfaction Rating (LSR) developed by Neugarten, Havighurst and Tobin (1961). The LSI-Z is composed of 13 statements regarding "life in general", and is designed to measure psychological well-being or morale of persons over 65 years of age.

The scoring system recommended by Wood, Wylie, and Schaefer (1969) was used in this study. This scoring system gives two points

for a response indicating high satisfaction, one point for an uncertain response, and zero for a response indicating low satisfaction. The scoring system yields a single score ranging from zero to 26 with higher numbers indicating a greater satisfaction.

Wood, Wylie, and Schaefer (1969) reported a test reliability of .79 on a sample of 100 scores. The correlation between LSI-Z and LSR scores was .57. Wood and associates recommended the LSI-Z for use with rural aged populations and particularly males. The instrument has been used extensively in research with elderly populations (Bloom, 1975).

Permission forms for use of information provided on applications were sent to participants prior to initial interviews. Appendix A includes a copy of the Permission Form and letter sent to participants.

Descriptive data were gathered at each interview. These data consisted of age, sex, education, marital status, and living arrangement.

Qualitative Data

Qualitative data were collected through an interview technique. The data consisted of perceptions in at least four general areas: 1) housing, 2) health, 3) social interaction, and 4) activity patterns. An interview guide was used to achieve consistency between interviews and to solicit some detailed information. A copy of the interview guide is shown in Appendix B.

Data Collection

Applicants to the housing complex were sent a letter from the investigator informing them of the study and seeking their cooperation. Participation in the study was voluntary and did not affect applicants' likelihood of being selected to enter the housing complex. The Permission Form was incorporated into the letter and was provided for signature at the time of application. The form allowed the investigator to review pertinent data supplied with applicants' applications.

After subjects were identified, appointments were made for the initial interview. All interviews were conducted by the investigator and ranged in duration from one hour to four hours. The majority of interviews were completed in approximately two hours. The initial interviews were begun in September, 1981 and were completed in November, 1981. The initial interviews were more time consuming than follow-up interviews, because of the location of the subjects.

Interviews were conducted in as informal and conversational manner as possible, with the interview guide providing overall direction and completeness to the interview. Subjects were encouraged to talk about topic areas and to discuss their feelings about topics. Tape recording of interviews was purposely avoided to encourage subjects to share feelings and information.

The format of the interview was flexible, depending upon the respondent's willingness to talk. Notes were taken during the interview, but details regarding the interview and perceptions by the investigator were written following the interview. At some point

during the interview, the subject was asked to express his or her opinion regarding the 13 items on the LSI-Z. In all cases, statements were read to the subject in the following manner: "Do you agree or disagree with this statement?" at which point a statement was read from the LSI-Z.

The follow-up interviews were conducted in November, 1983, 24 months following the initial interviews. Follow-up interviews were conducted in the same manner as the initial interview and followed the same interview guide. Generally, follow-up interviews required more time than initial interviews because subjects were more willing to visit and to discuss experiences occurring during the elapsed time since the previous interview. Whereas initial interviews required eight weeks to complete, follow-up interviews were completed in one week because the residents were located within one housing complex and travel between interview locations was simplified.

Nature of the Sample

The sample for the present study was taken from a list of over 100 applicants to a public housing complex in a moderate-sized Oklahoma city of approximately 40,000 inhabitants. None of the applicants were known to the investigator at the beginning of the study. At the commencement of the study, the public housing authority had not made its selection of the 76 individuals or married couples who would be permitted to move into the complex; therefore, neither the applicants nor the investigator knew which individuals would be selected as residents, except in the case of two applicants who had

been promised acceptance as a precondition to selling property needed for the site of the complex.

Applicants were required to submit a preliminary application designed to determine if they met the basic eligibility criteria and to place them on a waiting list for the complex. Subjects for the study were selected from the waiting list, provided they agreed to release information supplied in the application to the investigator for use in the study. All applicants had met the basic eligibility requirements which were:

1. Age--62 and over or disabled or handicapped,
2. Income limit--\$7,750 per individual or \$8,850.00 per couple,
3. Asset limitation--\$40,000, and
4. Resident within one mile radius of the city.

Thirty-eight individuals or couples (exactly one-half of the number that would be accepted into the complex) were interviewed in the initial interview process. Of the 38 subjects, 28 were female, seven were male, and two were married couples. Twenty-one of the 38 individuals or couples subsequently moved into the housing complex. Of the 21, 15 were female, five were male, and one was a married couple.

At the time of the follow-up interview 24 months later, 15 of the 21 subjects were continuing to live in the complex and were reinterviewed. Those 15 subjects consisted of 13 females and 2 males. During the 24-month period, 1 female had died, 1 male had died, 1 female had elected to move out of the complex rather than be evicted, and 3 males had been evicted. One of the males who died was married and had been caring for his invalid wife. His wife was subsequently

removed from the complex by family members. As a result, married couples were no longer represented in the sample.

Of those 17 subjects who did not move, 11 subjects chose not to move into the complex, four were rejected because of health consideration, and two were rejected because of housecleaning practices. The 17 subjects were not reinterviewed because 1) many of them had moved and the investigator was unable to locate them, and 2) several subjects indicated a lack of willingness to participate in the study once the decision was made not to move into the complex. For purposes of group comparison, Figure 1 describes the subjects and their characteristics. Chapter IV will compare and analyze Groups I, II, and III.

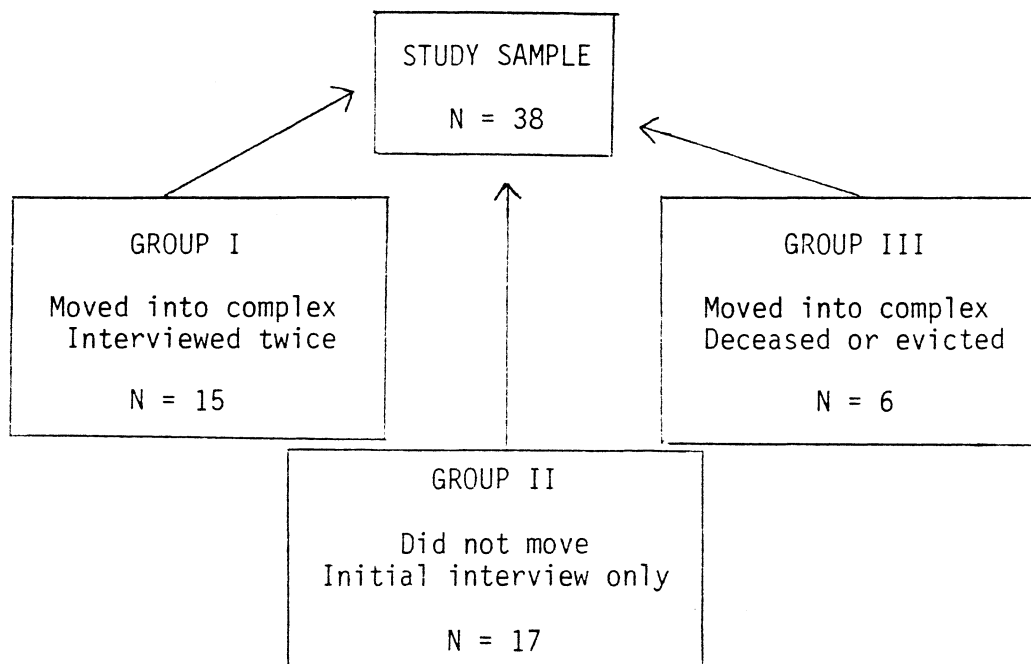


Figure 1. Group Characteristics of Study Sample

CHAPTER IV

ANALYSIS OF THE DATA

Introduction

Chapter IV includes an analysis in four sections. The first section will compare the initial interviews of those 15 subjects who moved into the complex and were interviewed twice over the two-year period (designated as Group I) with those 17 subjects who never moved into the complex (designated as Group II). The second section will compare initial interviews of subjects in Group I with six subjects who moved into the complex but were either deceased or evicted prior to the follow-up interview (designated as Group III). The third section will analyze the initial interviews of Group I, and the fourth section will compare and analyze the initial interviews and follow-up interviews of Group I.

Comparison of Initial Interviews

for Groups I and II

In comparing background data from the pretests for Group I (those 15 subjects who moved into the housing complex and were interviewed twice during the two-year period) with Group II (those 17 who never moved into the complex) there appear to be noticeable differences between the groups in characteristics of age, marital status, and length of residence in the home at the time of the initial interview.

There are few differences between the groups regarding the composition or ratio of sexes and years of education.

In comparing subjective measurements of life satisfaction and housing satisfaction, there also appear to be differences between the groups. There is no noticeable difference in self-perceived health between Groups I and II.

Age. The age composition of Group I has a mean of 73.4 years, which is about five years younger than the mean of Group II, 78.6 years. As shown in Table I, the range in ages for Group I was 18 years while the range in Group II was 20 years. Only one individual in Group II was less than 70 years of age and seven were 80 years of age or slightly over. It appears that those individuals who were selected and chose to move into the complex were, on the average, younger than those individuals who did not move, for whatever reason.

Individuals were judged as to their ability to function in an independent living arrangement on a long-term basis. It is likely that younger applicants met this criterion more frequently and to a greater degree than older applicants. However, only four subjects (CC, EE, GG, and QQ) were rejected because of health considerations.

Sex. There appears to be little difference between the groups on composition and ratio of sexes. Group I consisted of 13 females to 2 males; Group II consisted of 14 females to 3 males.

Marital Status. There are differences between the groups as to composition by marital status. As shown in Table II, Group II includes all types of marital status, although heavily weighted toward

TABLE I
COMPARISON OF AGE AND SEX FOR
GROUPS I AND II

Group I			Group II		
Subject	Age	Sex	Subject	Age	Sex
A	80	F	AA	71	F
B	74	M	BB	88	F
C	71	F	CC	78	F
D	77	F	DD	76	M
E	68	F	EE	87	M
F	64	F	FF	71	M
G	80	M	GG	81	F
H	81	F	HH	81	F
I	82	F	II	68	F
J	72	F	JJ	85	F
K	66	F	KK	88	F
L	73	F	LL	78	F
M	74	F	MM	76	F
N	66	F	NN	73	F
O	73	F	OO	79	F
-	-	-	PP	77	F
-	-	-	QQ	80	F
\bar{X} =	73.4 years		\bar{X} =	78.6 years	
Range =	64-82 years		Range =	68-88 years	

TABLE II
COMPARISON OF MARITAL STATUS AND EDUCATION
FOR GROUPS I AND II

Group I			Group II		
Subject ID*	Marital Status**	Education (Years)	Subject ID*	Marital Status**	Education (Years)
A	W	12	AA	W	8
B (M)	S	5	BB	W	11
C	W	8	CC	W	8
D	W	12	DD (M)	D	15
E	W	7	EE (M)	M	6
F	W	12	FF (M)	S	16
G (M)	S	8	GG	W	12
H	W	8	HH	W	12
I	S	7	II	W	7
J	W	8	JJ	W	8
K	W	8	KK	W	6
L	W	9	LL	W	8
M	W	10	MM	W	12
N	W	12	NN	W	8
O	W	12	OO	W	12
-	-	-	PP	W	8
-	-	-	QQ	M	8
\bar{X} = 9.2 years Range = 5-12 years			\bar{X} = 9.7 years Range = 6-15 years		

* Males are identified with (M); all other subjects are female.
**W-Widow; S-Single; M-Married; D-Divorced

widows (13 widows; 2 married; 1 single; 1 divorcee). Group I includes 12 widows and 3 singles. Note that in Group I, two of the three singles are male and in Group II, the only single is male.

Education. There appears to be little difference in education. The range in education is slightly greater for Group II (9 years for Group II versus 7 years for Group I), as is the mean (9.7 years for Group II versus 9.2 years for Group I).

Length of Residence. The groups differed in length of residence at the time of the interview (Table III). Group I had a mean of 5.4 years in living at the same home, while the mean for Group II was 13.5 years. In Group II, 15 of the 17 subjects had lived for 5 or more years in the same house. In contrast, only six of 15 subjects in Group I had lived in the same house for 5 or more years. It appears that those individuals who chose to move into the housing complex had tended to be somewhat more mobile than those who did not move into the complex.

It is likely that length of residence is affected by home ownership. None of the subjects in Group I owned homes (Table IV). Ten out of the 15 subjects in Group I lived in rented apartments, and the remaining five lived in rented houses. That is clearly in contrast to Group II, where seven subjects owned the homes in which they were living and had owned those homes from seven years to 40 years. Only three subjects lived in apartments and seven lived in rented houses. It appears from these data that individuals who moved into the housing complex were individuals who did not own the home they were living in, but were renting either an apartment or a house.

TABLE III
COMPARISON OF LENGTH OF RESIDENCE
FOR GROUPS I AND II

Group I		Group II	
Subject ID*	Length of Residence	Subject ID*	Length of Residence
A	10 years	AA	7 years
B	1 years	BB	18 years
C	5 years	CC	34 years
D	11 years	DD	15 years
E	4 years	EE	10 years
F	2 years	FF	40 years
G	2 years	GG	8 years
H	8 years	HH	23 years
I	4 years	II	5 years
J	21 years	JJ	1 years
K	1 years	KK	3 years
L	1 month	LL	7 years
M	4 years	MM	22 years
N	1 years	NN	5 years
O	7 years	OO	12 years
-	-	PP	9 years
-	-	QQ	10 years
\bar{X} = 5.4 years Range = 1 month-21 years		\bar{X} = 13.5 years Range = 1 year-40 years	

TABLE IV
COMPARISON OF HOME OWNERS AND RENTERS
FOR GROUPS I AND II

Group I			Group II			
Subject ID*	Rent House Apart.	Own	Subject ID*	Rent House Apart.	Own	
A	x		AA		x	
B	x		BB		x	
C	x		CC		x	
D	x		DD		x	
E	x		EE	x		
F	x		FF		x	
G	x		GG	x		
H	x		HH		x	
I	x		II	x		
J	x		JJ	x		
K	x		KK	x		
L	x		LL	x		
M	x		MM		x	
N	x		NN	x		
O	x		OO	x		
-			PP	x		
-			QQ	x		
Total	5	10	0	7	3	7

Of the 17 subjects in Group II who did not move into the complex, 11 chose not to and the remainder were not accepted either because of health problems (4) or unsatisfactory housecleaning practices (2). Of those who chose not to move, subjects BB, FF and HH all indicated that it would be difficult to leave the home and neighborhood that they had lived in for so many years, even though the neighborhood had changed a great deal. This attachment to a home and neighborhood may help to explain the difference in home ownership and length of residence between Group I and Group II. It appears that those individuals who owned homes and lived in those homes for an extended period of time were reluctant to move from those homes.

Self-Perceived Health. There appears to be little difference between the groups in self-perceived health (Table V). As the literature has indicated, increased age does not appear to indicate a less favorable self-assessment of health, though health was not rated higher in Group II. It should be pointed out that the selection process for housing was based on actual health problems and symptoms, rather than self-perceived health status. Therefore, a self-assessment of "poor" in the case of Subject C, for example, did not affect the determination of whether Subject C could function independently. Subjects CC, EE and GG, were rejected due to health problems. Only Subject CC perceived her health as being poor. Both Groups I and II appear to have evaluated their health very similarly.

Life Satisfaction. The measurement of life satisfaction revealed a slight difference between the two groups. The mean for life satisfaction in Group I was 17.4, while the mean for Group II was

TABLE V
COMPARISON OF SELF-PERCEIVED HEALTH, LIFE SATISFACTION,
AND HOUSING SATISFACTION FOR GROUPS I AND II

Group I				Group II			
Subject ID*	Health	LSI-Z	Hsg. Sat.	Subject ID*	Health	LSI-Z	Hsg. Sat.
A	Fair	22	S	AA	Fair	22	S
B	Fair	17	VS	BB	Excel	17	VS
C	Poor	14	S	CC	Poor	18	VS
D	Excel	26	VS	DD	Fair	8	?
E	Fair	10	S	EE	Fair	8	VS
F	Excel	20	VS	FF	Good	22	VS
G	Fair	20	S	GG	Good	21	S
H	Fair	13	VD	HH	Excel	17	VS
I	Fair	10	VS	II	Fair	13	S
J	Good	20	S	JJ	Good	15	S
K	Good	18	D	KK	Fair	19	S
L	Excel	15	S	LL	Fair	14	S
M	Good	21	D	MM	Good	12	VS
N	Good	24	VD	NN	Fair	17	?
O	Fair	11	S	OO	Fair	20	S
-				PP	Good	16	S
-				QQ	Fair	14	S
\bar{X} =	17.4			\bar{X} =	16		
Range:	Health; Poor to Excel			Range:	Health; Poor to Excel		
	LSI-Z; 10 to 26				LSI-Z; 8 to 22		
	Hsg. Sat.; VD to VS				Hsg. Sat.; ? to VS		

16. The range of scores on the LSI-Z was lower in the case of Group II (8-22) than it was in the case of Group I (10-26). Seven members of Group I scored very high (20+) on the LIS-Z, while only four scored very high in the larger Group II. These data may suggest that those individuals who chose to move into the housing complex tended to have higher morale than those who did not move. In removing those subjects from Group II who were rejected for any reason, the mean of the LSI-Z increased only slightly from 16 to 16.25. Thus, it appears that the rejected individuals were not entirely responsible for the lower mean in Group II. It is possible that those individuals who did not move had strong anxiety regarding such a dramatic change and that the anxiety showed up in the measurement of life satisfaction. Two subjects (BB and HH) indicated that they had made application because family members thought they should. In both cases, subjects were facing a dilemma of following family members' advice or making their own decisions. In the case of HH, she indicated that she had always been independent and viewed moving into the complex as relinquishing some of that independence.

Housing Satisfaction. One measurement which differed a great deal between the two groups relates to housing satisfaction (Table V). Group I included four individuals who were either dissatisfied or very dissatisfied with their housing. In contrast, no one in Group II indicated dissatisfaction with housing, although two individuals placed themselves in a questionable category between satisfied and dissatisfied. The dissatisfaction in three of the four cases in Group I related not to the structure of the housing but to other aspects,

such as safety in the neighborhood or isolation. The investigator's ratings of home interiors in Group I, based on questions asked of the subjects, were, with one exception, all good or excellent (Table VI). Only in one case was a home rated as fair. In that particular case, the individual was living in temporary housing until completion of the complex and the home was reportedly not as nice as the home she had moved from.

Group II, however, included housing which was much lower in quality. The investigator rated three homes as poor (one was extremely poor), and two were rated as fair. Even in the case of the individual living in extremely poor housing with dirt crusted floors and counters, boarded windows, and non-functional bathroom facilities, the subject indicated that he would be very satisfied if he had someone to live with him (thus indicating that his problems with the housing were not with the structure).

It is likely that the difference between the two groups reflects a difference in individual standards and in home ownership. The selection process did not include a measurement of "housing satisfaction." It did, however, assess the individual's housekeeping ability. No one was allowed into the complex with cleanliness standards that would jeopardize the safety or health of other residents. Thus, Group I does not include as diverse of a range of individuals as does Group II.

It was the investigator's observation that individuals who lived in unclean and untidy homes had either reconciled any anxiety that their surroundings had caused them, were unconcerned as a spotless house was not their priority, were unaware that others lived

TABLE VI
COMPARISON OF HOUSING QUALITY AND HOUSING
PROBLEMS FOR GROUPS I AND II

Group I			Group II		
Subject ID	Hsg. Quality*	Hsg. Problems	Subject ID	Hsg. Quality*	Hsg. Problems
A	Good	Bathroom ceiling	AA	Poor	Ceiling leaks Falling plaster Rotten Floor
B	Excel	None	BB	Good	None significant
C	Excel	None	CC	Good	None significant
D	Excel	None	DD	Poor	Boarded windows Dirt encrusted Roaches and bugs Nonfunctional bathroom
E	Excel	None	EE	Fair	Bathroom plumbing
F	Excel	None	FF	Excel	None
G	Good	Windows loose	GG	Excel	None
H	Excel	None	HH	Excel	None
I	Excel	None	II	Good	Bathroom plumbing
J	Excel	None	JJ	Good	Exterior paint
K	Excel	None	KK	Excel	None
L	Excel	None	LL	Good	Bathroom plumbing
M	Excel	None	MM	Excel	None
N	Fair	Windows rotten	NN	Good	None significant Bathroom plumbing
O	Good	Bathroom ceiling	OO	Good	None significant Windows loose
			PP	Good	None significant
			QQ	Fair	Bathroom plumbing

*Rated by the investigator.

differently, or were resigned to the fact that they had no alternatives. No one apologized or appeared embarrassed by an unclean or untidy house.

Social Interactions and Activity Patterns. Subjects were asked how often they visited with friends and relatives and to what extent they exchanged favors. They were also asked questions regarding their social activities and hobbies. Many of the activities involved social interactions and were integrated here for reporting purposes. The literature has suggested that a confidant is an important element of an aged person's social life; therefore, subjects were asked if they had someone in whom they confided.

In comparing social interaction and activity patterns for those 15 subjects who moved into the housing complex (Group I) with those 17 subjects who did not move into the complex (Group II), differences were observed regarding the depth of relationships. All 15 subjects in Group I indicated that they had someone in whom they confided and they had close friends. A greater number of subjects in Group II reported having no confidants (4) and no close friends (1). One member in each group indicated no close relatives.

Three of the four subjects who reported having no confidants, Subjects BB, EE and QQ, had grown children. Although they appeared to be close to their children, the relationship was not one of intimate reciprocity. Instead, they indicated they would talk to the children if they had a problem. The fourth subject, Subject FF, was a single male who had no children or relatives in the area. Although he had many friends, he had no "close" friends and he admitted feeling lonely. He suggested that his preference for educated people was a

problem in making friends because most available people his age did not share his interests. His only social contacts were with previous co-workers from his place of employment and these contacts were scheduled annual events.

In comparing activity patterns, more subjects in Group II were considered very active by the investigator than in Group I. Table VII shows numbers of subjects who were classified as "very active," "moderately active," or "inactive" in each group. Those subjects classified as "very active" had two or more hobbies and regular activities. Those subjects classified as "moderately active" had one hobby and irregular activities. Those classified as "inactive" had no hobbies and very irregular activities.

TABLE VII
COMPARISON OF ACTIVITY LEVELS FOR SUBJECTS
IN GROUPS I AND II

	Very Active	Moderately Active	Inactive
Group I	6 (40%)	7 (47%)	2 (13%)
Group II	11 (65%)	4 (24%)	2 (11%)

There is no obvious explanation as to why more of those subjects in Group II were "very active." It is possible that those individuals who did not move were more likely not to move because they did not

want to leave the activities and friends that they were familiar with. The investigator noted that several home owners cited gardening or yardwork as an activity that they were involved in. It is also possible that individuals in Group I were desirous of the move to new housing because activities and friends were lacking. Related to this conclusion is the observation that those subjects in Group I tended to have lived in their residences for a shorter period of time than those subjects in Group II. They may have given up some hobbies or activities associated with home ownership.

Comparison of Initial Interviews for Groups I and III

In comparing background data from the initial interviews for Group I (those 15 subjects who moved into the housing complex and were interviewed twice during the two-year period) with Group III (those 6 subjects who moved into the complex but were later evicted or deceased prior to the second interview) there were noticeable differences between the groups in characteristics of age and marital status. In order to make comparisons, Group III was divided into two subgroups--IIIa, those two individual who were deceased prior to the second interview, and IIIb, those four individuals who were evicted prior to the second interview. Few observations could be made regarding Group IIIa because of the very limited number of subjects and the absence of distinct patterns. There are, however, some interesting observations in comparing differences in background data between Group IIIb and Group I in terms of sex composition and years of education.

In comparing more subjective measurements, such as life satisfaction, Group IIIb appeared, on the whole, to have higher life satisfaction scores than Group I. There was no noticeable difference in self-perceived health or housing satisfaction between Group I and IIIb.

Age. The age composition of Group I had a mean of 73.4 years, which was seven years younger than the mean of Group IIIa (81 years) and five years older than the mean of Group IIIb (68.5 years). As shown in Table VIII, the range in ages for Group I was 18 years of age, while the range in Group IIIa was 2 years of age and the range of Group IIIb was 10 years of age. Those individuals who were deceased prior to the second interview had ages above the mean for Group I. Although their ages were within the range of Group I, they were at the extreme top of the range. Therefore, it is not surprising that these two individuals were deceased prior to the second interview. Those individuals who were evicted prior to the second interview had ages which were generally lower than the mean of Group I, with one subject being 10 years younger than the mean for Group I.

Sex. Given age of subjects in Group IIIa and life expectancy, it is not surprising that one male (age 80) and one female (age 82) were deceased prior the the follow-up interview. Sex of Group IIIb is unique, however, in that three of those four subjects evicted were male. The three males were evicted due to excessive use of alcohol and housecleaning problems, which may or may not have been related to the excessive use of alcohol. The female who left the complex was a unique case. She had married during residency at the complex.

TABLE VIII
COMPARISON OF AGE AND SEX FOR GROUPS I AND III

Group I			Group IIIa			Group IIIb		
Subject	Age	Sex	Subject	Age	Sex	Subject	Age	Sex
A	80	F	001	80	M	003	73	F
B	74	M	002	82	F	004	68	M
C	71	F				005	70	M
D	77	F				006	63	M
E	68	F						
F	64	F						
G	80	M						
H	81	F						
I	82	F						
J	72	F						
K	66	F						
L	73	F						
M	74	F						
N	66	F						
O	73	F						
\bar{X} = 73.4 years			\bar{X} = 81 years			\bar{X} = 68.5 years		
Range = 64 - 82 years			Range = 80-82 years			Range = 63- 73 years		

According to management, her husband was the reason she left the complex. She was, in essence, given a choice of being evicted or leaving voluntarily. Though the subject's husband was not a subject in the study, management indicated that he had a drinking problem and was considered a threat to other residents.

Marital Status. There was no noticeable difference between Group I and Group IIIa. Group IIIb was, however, unique in that three of the four individuals who were evicted were also divorced. The fourth individual in Group IIIb (a male) was single. As shown in Table IX, Group I includes 3 single subjects and 12 widows. As a result of the evictions, there were no divorced subjects remaining in the larger Group I. These data suggest that divorced individuals may be more likely to experience those problems which would lead to eviction from such housing.

Education. The range in education was higher for Group III than for Group I. Little can be said about the mean of Group IIIa, since only two individuals were involved. However, it was significant that three of the four individuals who were evicted had 12 years of education or more. Two of the male subjects evicted had higher educational levels than any subjects in Group I.

Length of Residence. No unique patterns were apparent from a comparison of Group I with Group III (Table X). It appears that those subjects who were evicted were very similar to Group I in terms of mobility. The mean of Group IIIb was 4 years versus the mean of Group I of 5.4 years. Those four subjects evicted were also similar to

TABLE IX
COMPARISON OF MARITAL STATUS AND EDUCATION
FOR GROUPS I AND III

Group I			Group II		
Subject ID*	Marital Status**	Education (Years)	Subject ID*	Marital Status**	Education (Years)
A	W	12	(Group IIIa)		
B (M)	S	5			
C	W	8	001 (M)	M	16+
D	W	12	002	W	8
E	W	7			
F	W	12	x =		12.0
G (M)	S	8	Range		8-12
H	W	8	(Group IIIb)		
I	S	7			
J	W	8	003	D	12
K	W	8	004 (M)	D	14
L	W	9	005 (M)	S	17
M	W	10	006 (M)	D	7
N	W	12			
O	W	12			
\bar{X} =	9.2 years		\bar{X} =	12.5 years	
Range =	5-12 years		Range =	7-17 years	

* Males are identified with (M); all other subjects are female.

**W-Widow; S-Single; M-Married; D-Divorced

TABLE X
COMPARISON OF LENGTH OF RESIDENCE
FOR GROUPS I AND III

Group I		Group II			
Subject ID*	Length of Residence	Subject ID*	Length of Residence	Subject ID*	Length of Residence
A	10 years	001	1 years	003	1 years
B	1 years	002	22 years	004	2 years
C	5 years			005	2 years
D	11 years			006	7 years
E	4 years				
F	2 years				
G	2 years				
H	8 years				
I	4 years				
J	21 years				
K	1 years				
L	1 month				
M	4 years				
$\bar{X} = 5.4$ years		$\bar{X} = 11.5$ years		$\bar{X} = 4$ years	
Range = 1 month-21 years		Range = 1-20 years		Range = 1-7 years	

*Males are identified with (M); all other subjects are female.

Group I in that all four were renting prior to moving into the complex. Three of the four lived in rented apartments and one lived in a rented house.

Self-Perceived Health. There appears to be little difference between the groups in self-perceived health (Table XI). In the case of the two individuals in Group IIIa who died during the study, the 82-year old female had rated her health as fair. The 80-year old male had rated his health as excellent. All of those subjects who were evicted had rated their health as excellent (one male and one female) or good (2 males). Both Groups I and III appear to have evaluated their health very similarly.

Life Satisfaction. The measurement of life satisfaction revealed a high measure for Group III. The mean for life satisfaction in Group I was 17.4, while the mean for Group IIIb was 21.5. Three members of Group IIIb, those who were evicted, scored very high (23+) on the LSI-Z, while only two scored above 23 in the larger Group I. One might expect those with higher educational levels to score higher on the life satisfaction test, but even in the case of one subject in IIIb with just seven years of education, the life satisfaction measurement was very high (23).

Perhaps those individuals who were evicted had an outlook that was not affected by what others thought of them. The investigator had noted in the initial interviews that two of the male subjects, 005 and 006, were very private people and did not have or appear to desire a great deal of social activity. Subject 006 said that neighbors "don't bother me and I don't bother them." Subjects 003, a female, and 004,

TABLE XI
COMPARISON OF SELF-PERCEIVED HEALTH, LIFE SATISFACTION,
AND HOUSING SATISFACTION FOR GROUPS I AND III

Group I				Group III			
Subject ID*	Health	LSI-Z	Hsg. Sat.	Subject ID*	Health	LSI-Z	Hsg. Sat.
A	Fair	22	S	(Group IIIa)			
B	Fair	17	VS				
C	Poor	14	S	001	Excel	18	S
D	Excel	26	VS	002	Fair	22	VS
E	Fair	10	S				
F	Excel	20	VS	X = 20			
G	Fair	20	S	Range: Health; Fair to Ex LSI-Z; 18 to 22 Hsg. Sat.; S-VS			
H	Fair	13	VD				
I	Fair	10	VS				
J	Good	20	S				
K	Good	18	D	(Group IIIb)			
L	Excel	15	S	003	Excel	23	?
M	Good	21	D	004	Good	23	VS
N	Good	24	VD	005	Good	16	D
O	Fair	11	S	006	Excel	23	VS
$\bar{X} = 17.4$				$\bar{X} = 21.5$			
Range: Health; Poor to Excel LSI-Z; 10 to 26 Hsg. Sat.; VD to VS				Range: Health; Poor to Excel LSI-Z; 8 to 22 Hsg. Sat.; ? to VS			

a male, were more outgoing. Subject 003 participated in a number of activities and indicated that she attended the Senior Citizen Center each week, made ceramics, played bridge often, went to theatre performances, and attended church regularly. Subject 004 said that he visited three or four older folks each day to help them or just check on them.

There is a wide range of activity level between these four subjects and each appeared to be doing what he or she enjoyed most. From these data, it would appear that a high activity level is not necessarily a prerequisite to a high life satisfaction measure.

Housing Satisfaction. Measurement of housing satisfaction did not differ between Groups I and III (Table XI). Individuals in Group IIIb included two individuals who were very satisfied with their housing, one individual who was questionable, and one who was dissatisfied. The one individual who was dissatisfied with housing was dissatisfied because he was isolated from town. Three of those four individuals in Group I who were dissatisfied with their housing were dissatisfied because of reasons other than the physical structure. The ranges of housing satisfaction and reasons for dissatisfaction are similar between Groups I and III.

There appear to be few noticeable differences between housing in Groups I and III. The investigator rated three homes as good and three as fair (Table XII).

Social Interaction and Activity Patterns. Because of the limited number of subjects in Group III (6), trends are not easily identifiable. Two male subjects in Group III expressed a limited

TABLE XII
COMPARISON OF HOUSING QUALITY AND HOUSING PROBLEMS
FOR GROUPS I AND III

Group I			Group III		
Subject ID*	Hsg. Quality*	Hsg. Problems	Subject ID*	Hsg. Quality*	Hsg. Problems
A	Good	Bathroom ceiling			(Group IIIa)
B	Excel	None			
C	Excel	None	001	Fair	Windows loose Poor ventilation
D	Excel	None	002	Good	None
					(Group IIIb)
E	Excel	None			
F	Excel	None	003	Good	None
G	Good	Windows loose	004	Fair	Poor ventilation Windows loose
H	Excel	None	005	Good	None
I	Excel	None	006	Fair	Windows loose No insulation
J	Excel	None			
K	Excel	None			
L	Excel	None			
M	Excel	None			
N	Fair	Windows rotten			
O	Good	Bathroom ceiling			

*Rated by the investigator.

social network. Subject 005 indicated that he had no one in whom he could confide, no close friends, and no close relatives. Although he had one sister living, she lived several hundred miles away and they rarely visited. He indicated that he did not know how to make friends. He was highly educated and admitted that he enjoyed drinking. He was later evicted from the housing complex for alcohol-related problems. Subject 001 also had a limited social network, though he had a son living within a one hour drive. He had no friends. He had been an accomplished composer and had moved to this particular city from New York City to be near his son. He spoke with a very strong Italian accent and suggested that to be a reason he had difficulty talking with people. Probably his biggest handicap in making friends was his invalid wife who suffered from amnesia. She was a constant concern to him because she would wander away if he left for groceries or errands. He accepted his plight, but indicated that his life was lonely and he was looking forward to being around people at the housing complex. He died within two months of moving into the complex.

Both Subjects 001 and 005 realized the importance of friends and recognized the void of them in their lives, but neither one saw a means of filling that void. Both were hopeful that the housing complex would fill that social need.

There were no subjects in Group I that paralleled Subjects 001 and 005. All subjects in Group I indicated that they had friends and persons in whom they could confide.

In comparing activities between the groups, Subjects 001 and 005 were inactive. Neither had hobbies or regular activities to pass

time. A third individual, Subject 002, also was rated inactive. She had close friends and relatives but no hobbies and no activities, although she attended church meetings on an irregular basis. She died approximately one year after moving into the complex.

Although Group III was, perhaps, too small to use in a comparative analysis, one would anticipate that evicted and deceased individuals would be in the minority. An interesting aspect of this group is that one half (3 subjects) had an activity level that was almost nonexistent, and one third (2 subjects) had a social interaction level that was clearly not satisfactory to the individual.

Comparison of Initial Interviews for Group I

Following is a comparison of the 15 case study subjects in Group I, based on initial interviews in the fall of 1981. Patterns were observed among the subjects regarding the background characteristics of age, sex, marital status, education and length of residence. Patterns were also observed in more subjective measures of life satisfaction, housing satisfaction, health, and social activity and social network.

Age. The range in ages for Group I was 18 years of age. Four individuals were in their sixth decade at the time of the initial interview, and four were in their eighth decade. The majority of subjects (seven) were in their seventies. Table XIII lists the subjects and sex by age.

Although age was objectively measured, the investigator did not notice unique patterns in the subjects associated with chronological

TABLE XIII
AGE AND SEX OF SUBJECTS IN GROUP I

60-69 Subject	Age	Sex	Subject	70-79 Age	Sex	Subject	80-89 Age	Sex
F	64	F	C	71	F	A	80	F
K	66	F	J	72	F	G	80	M
N	66	F	L	73	F	H	81	F
E	68	F	O	73	F	I	82	F
			B	74	M			
			M	74	F			
			D	77	F			
$\bar{X} = 66$ years			$\bar{X} = 73.4$ years			$\bar{X} = 80.8$ years		

age, except in two cases. Subjects C and I appeared to "feel" old and expressed that feeling in their interviews. Subject C was 71 at the initial interview but had suffered a stroke ten months prior to interview. She felt as though she was not the same person she had been before the stroke and expressed incompetence in talking and remembering. In discussing activities or interests, she often indicated that she was "not able" to participate any more. Subject I felt as though she was a burden to others. At age 82, she was the oldest in the group in both chronological age and attitude. She indicated that she had felt rather useless since quitting work in 1976. Both of these individuals appeared to be somewhat older than others in the group, and age to them was a significant explanation for their life situation and their health problems. Others in the group, however, could all have been similar in chronological age. Some subjects joked about being old, but they never appeared to have internalized the feeling and did not dwell on age as a major determinant of their life situation. Although two individuals in their 60's and one individual in her 70's were still employed on a part-time basis, they were not uniquely different in their patterns of activity level or interests.

Sex. Little can be said about sex of Group I, since there were only two males in the group. The ratio of 13 females to 2 males is not a true picture of the general population over 65, where females outnumber males by 3 to 2 (Ward, 1984). It should be noted, however, that inclusion of the three evicted males (discussed in Group III) would have depicted a ratio very similar to the national average.

Marital Status. All of the individuals in Group I were either widowed or single. Widows far outnumbered those never married by 12 to 3, as shown in Table XIV. Both males and one female were single. No unique patterns were observed regarding marital status. Widows did not generally appear to be consistently different than those who had never been married.

Two of the widows, Subjects F and H, made frequent reference to their spouses. Subject H, a widow for 28 years was especially proud of her husband and his occupation and removed a picture from the wall to talk about him. Subject F had been married twice and talked about her marriages as happy times in her life and often made mention of statements her husbands had made about her.

Subject D spoke of married years as difficult years for her and her children. Though she never indicated that she was pleased he had died, she appeared to be relieved that she was not living those difficult years.

Other widows seldom, if ever, made mention of husbands and appeared to have adjusted to widowhood. Single individuals in this group never expressed a feeling that they had missed anything by remaining single.

Education. Though education was objectively measured, patterns were not evident to the investigator based on number of years of education. Qualities which were prevalent in those with higher educations, such as self-pride and articulation, were also evident in several of those with eight years of education or less. The three single individuals in Group I had among the lowest educational levels in the group, ranging from 5 to 8 years.

TABLE XIV
 MARITAL STATUS, EDUCATION, AND LENGTH OF RESIDENCE
 FOR GROUP I

Subject ID*	Marital Status**	Education (Years)	Residence (Years)
A	W	12	10
B (M)	S	5	1
C	W	8	5
D	W	12	11
E	W	7	4
F	W	12	2
G (M)	S	8	2
H	W	8	8
I	S	7	4
J	W	8	21
K	W	8	1
L	W	9	1 month
M	W	10	4
N	W	12	1
O	W	12	7

* Males are identified with (M); all other subjects are female.

**W - Widow; S - Single

Length of Residence. As shown in Table XIV, three of the subjects had lived at one residence for ten years or more. Six subjects had lived at their residence for two years or less, with other subjects falling between two and ten years. None of the subjects owned their homes. All were renting houses or apartments. Unlike subjects in Group II who owned homes, no one expressed a real attachment to a rented home or a sentimental concern about leaving it.

The investigator observed that those who had lived ten years or more in the same residence tended to have a social network in the immediate vicinity. That was also true for a number of subjects who had moved only a short distance from the previous location. Other than that observation, there did not appear to be consistent patterns relating to length of residence. Factors such as closeness to previous home(s) and mobility, both in terms of physical capability and transportation appeared to be important considerations. Those subjects who referred to being "away from friends" were Subjects F, I, L, and N. In two cases, Subjects F and L, the subjects had moved a great distance away from their previous residences. Subject F was handicapped and had moved from another state to the city where her daughter lived. She spoke of her physical limitations as being the reason she had not developed real close ties in the area. Subject L had recently moved from a farm into the city. Subjects I and N had moved across the city and expressed a preference for the past residence and neighborhood. Both I and N stressed lack of transportation as being a problem.

Subjects B and G (both males) had also moved within two years but neither expressed any serious regrets or problems. In the case of B,

he was close to his previous residence and still maintained the same friendships and activity patterns. Subject G, a handicapped individual had moved several blocks away but utilized available sources of transportation, such as the mini-bus to maintain his previous social network and activity patterns. The daily routine of Subject G involved the Senior Citizen Center and the Nutrition Site, which were no further from his present location than they had been at his previous location.

There do not appear to be any unique patterns which result from objective measurement of length of residence. Other factors, such as closeness to previous residence and mobility, both in terms of transportation and physical ability, appear to buffer any negative effects which displacement might bring about.

Self Perceived Health. All of the individuals in Group I were in reasonably good health, as evidenced by the fact that they were judged to be capable of independent living and were permitted to move into the housing complex. Only one subject, Subject C, judged her health as poor. Subject C had suffered a stroke 10 months prior to the interview and was still experiencing physical limitations even after months of therapy. As shown in Table XV, all other subjects rated their health as fair to excellent.

There were no consistent patterns regarding health in Group I. Some subjects were more capable than others of walking and participating in activities outside the home. Those who had difficulty in walking up and down stairs or for long distances were Subjects A, C, F, and G. Subject A was a large woman whose legs

TABLE XV
 SELF-PERCEIVED HEALTH, LIFE SATISFACTION,
 AND HOUSING SATISFACTION FOR GROUP I

Subject ID*	Health	LSI-Z	Hsg. Sat.
A	Fair	22	S
B (M)	Fair	17	VS
C	Poor	14	S
D	Excel	26	VS
E	Fair	10	S
F	Excel	20	VS
G (M)	Fair	20	S
H	Fair	13	VD
I	Fair	10	VS
J	Good	20	S
K	Good	18	D
L	Excel	15	S
M	Good	21	D
N	Good	24	VD
O	Fair	11	S

*Males are identified with (M); all other subjects are female.

occasionally gave out. Subject C was still recovering from her stroke and used a cane in walking about. Both Subjects F and G were handicapped.

Life Satisfaction. Probably the most noticeable patterns in Group I pertained to life satisfaction. The investigator observed differences among the subjects in their personalities and attitudes toward life, their friends, the investigator, and the interview experience. The group of 15 subjects could be categorized into three groups: 1) those who were very outgoing, friendly, generally active, open and interested in talking about their lives, 2) those who were friendly but were preoccupied with a problem that seriously affected their life style or attitude, and 3) those who appeared to be unfriendly or angered by the interviewer and by the plight they perceived themselves to be in. Table XVI lists the subjects by category.

The investigator's classifications were generally consistent with scores on the life satisfaction measure (LSI-Z). Those subjects who scored high on the LSI-Z were also those subjects who had an abundance of life events to share and enjoyed sharing them.

Generally, subjects in the first category had at least one significant activity or person that they spoke of frequently, and their lives seemed to take special meaning because of that activity or person. Subject B, for example, was responsible for "keeping an eye on the church" across the street. An important function in his life was to regulate the heating and cooling at his church and to make certain that no one broke in. He accepted his responsibility with dedication and was proud of the set of keys in his possession.

TABLE XVI
 GROUP I SUBJECTS BY INVESTIGATOR'S CATEGORIES
 AND LIFE SATISFACTION SCORES

Category I		Category II		Category III	
Subject	LSI-Z	Subject	LSI-Z	Subject	LSI-Z
A	22	C	14	E	10
B (M)	17	H	13	L	15
D	26	I	10		
F	20	O	11		
G (M)	20				
J	20				
K	18				
M	21				
N	24				
Range = 17-26		Range = 10-14		Range = 10-15	

*Males are identified with (M); all other subjects are female.

Subject G's life revolved around a person, his "girlfriend," whom he did not see as often as he liked but he corresponded and visited via telephone. She occasionally drove from another town to visit him. One of their favorite pasttimes was to go for drives.

Three subjects, Subjects D, K, and N, were all employed on a part-time basis and their work and fellow workers were an important aspect of their lives. One was a seamstress at a dry cleaners, one was employed to pick up trash on the apartment grounds, and one took care of an elderly lady.

Subject J was a very devout Christian lady active in church and Bible study and spoke often of other friends from the church and activities that they shared. She was probably the most popular subject in Group I based on number of close friends and number of activities she engaged in. Her telephone rang regularly during the interview.

Subjects A, F, and M were different from other subjects in the first category. The three were very sociable people who loved to talk, but they had few current activities or interests to discuss. All three subjects had physical problems which limited their ability to participate socially. Subject A, a large woman with leg problems, had lived an action-packed life as a cook at a Boy Scout Ranch and enjoyed reliving her experiences for anyone who would listen. Subject F, handicapped from an automobile accident, enjoyed talking at length about her philosophy of life. Subject M was a unique case in that she was friendly, talkative and outgoing, but she admitted that she had psychological as well as physical problems left from a type of stroke which partially paralyzed her mouth. She had temporarily suspended

all of her activities and interests and had become a recluse in her apartment. The high scores on the LSI-Z would indicate that these three subjects maintained a positive outlook on life, despite physical problems.

All of the subjects in the first category had scores on the LSI-Z of 17 or above with only two subjects below 20. Scores in the second and third categories were not as easily distinguishable. The relatively high LSI-Z score of Subject L was not consistent with other scores in the second and third categories, but Subject L was not especially friendly toward the investigator and appeared to have hostility toward her situation.

Scores in the second category for Subjects C, H, I, and O ranged from 10 to 14. These individuals were friendly but tended to be preoccupied with a problem. Subject C had had a stroke 10 months earlier and most of her statements reflected self-pity for what she could no longer do. She was very pessimistic about her situation and her future in comments such as, "I just don't remember anything anymore," "I used to drive but now I gave the car to my daughter." Her main activities were watching television and knitting.

Subject I was not so dissimilar in that she, too, expressed self-pity. She had moved to this particular city to be closer to one of her two sisters. She had never married and her only family consisted of her two sisters and their families. She had moved from her life-long home in a town 40 miles away and indicated that it may have been a mistake. In four years she had not joined any clubs and had not made any close friends in the present location, other than her doctor. Except for her sister, no other relatives visited her. She

reported that she watched television all day long, crocheted regularly, and played solitaire occasionally.

Subject H was unique in that she lived in fear of all the "trash" that lived in the apartments around her. She talked in a loud whisper so no one could hear her and kept her drapes closed so no one could see in her windows. She told of a rape that occurred in the apartment complex and of being chased by a man on the way from her car to her apartment. As a result of that incident, she never left her apartment in darkness and always made a point of being home before nightfall.

Subject O lived in the same apartment complex as Subject H. She was a very critical person. She indicated that she had "nothing good to say about the place." She was "almost certain" that the couple above her sold "dope," and she had heard that one person was on probation. She perceived the existence of a clique of enemies that sought to do her harm. She categorized others in the complex as either being on her side or strong enemies, out to do her harm. "Teenagers have dented the car and thrown rocks at it." During the interview, the manager came to check her furnace filter and the subject later indicated that she was certain the manager had been listening at the door to what she had been saying. She occasionally glanced under the door for shadows as she talked. Later, she called the investigator in the middle of the night because she feared she might have "signed" her car away. She said her car was all she had left and didn't understand why people would want to take it away from her.

In contrast to those in Categories I and II, Subjects E and L seldom looked at the investigator. Both subjects appeared to be doing

something that was not pleasant. The investigator was curious as to why these subjects had agreed to participate in the study. In the case of Subject E, she felt that she had to participate or she would not be allowed into the complex. She acted very nervous and often looked out the window. Subject E indicated that she had a friend who helped her with errands but it was her business "and no one else's." The conversation disclosed that the friend was a man and that she was, most likely, experiencing guilt regarding the relationship. She perceived that others did not approve of the relationship and was apparently concerned that her application for housing in the complex was in jeopardy.

Subject L looked at her coffee cup and mumbled that the move was her daughter's idea. Apparently the agreement to be in the study was also her daughter's idea as she indicated that her daughter was "running the show." She appeared to have strong resentment toward her daughter and skepticism about her future. Neither subject E or L had activities or interests to discuss, although Subject L indicated that she enjoyed watching television and watched more than six hours each day.

Housing Satisfaction. Eleven subjects in Group I were satisfied or very satisfied with their housing. Four subjects were dissatisfied or very dissatisfied with some aspect of their housing (Table XV). Only one of those four dissatisfied subjects was dissatisfied because of the physical structure of the housing and that was Subject N.

Subject N had lived in a house located at the site of the future housing complex. The housing authority had agreed to guarantee her

acceptance into the complex and to find housing for her during the building of the complex. The house into which she moved was old, poorly insulated, and drafty. She indicated that it did not compare to her previous home. Her biggest criticisms were that the location was not good for someone without transportation and neighbors were not friendly. In view of the circumstances surrounding her move, it was not surprising that she was dissatisfied.

The other three subjects who expressed dissatisfaction with housing, Subjects H, K, and M were all located at the same apartment complex--subsidized public housing. None of the subjects were dissatisfied with the physical structure of the housing. The dissatisfaction stemmed from other factors, such as safety in the neighborhood, noisy and rowdy children, and poor management. Subject H said "many people have come and gone and the more they change, the trashier they get." She also said there were "too many colored kids running around and yelling and riding their bikes in the breezeway." Subject M said "noise and children" were her biggest problems and she would rather live in a "quieter place."

Other than living in the same apartment complex (for three of the four subjects), there is no consistent explanation for the dissatisfaction in housing. Age does not explain the pattern, since subjects represent all age groups from 66 to 81. Likewise, only Subject H scored low on the LSI-Z measurement (13). Others scored reasonably high, in spite of their dissatisfaction. It appears that a very real threat was perceived by those individuals who lived in this apartment complex, and the threat caused anxiety in the subjects.

Social Interaction and Activity Patterns. All subjects in Group I indicated that they had someone in whom they could confide, and in most cases (nine) the confidant was a child or other relative. All subjects also indicated that they had friends and relatives, though varying in numbers and frequency of contacts. In most cases, there was a balance in interaction between friends and relatives. In several cases, even though the subject was a parent, all social support was derived from friends. Such was the case with Subjects E and N.

Subject E had two children, a son and a daughter. She indicated that she did not know where the son was and had not heard from him in over one year. She had been aggravated by his collect telephone calls and requested that her number be unlisted. She appeared to have no regret that she had lost contact. Her relationship with her daughter was similar, and personal visits were very infrequent.

Subject N was similar in that she indicated that she had never been close to her five children. She attributed the lack of closeness to the fact that her husband had died at a young age and she had worked since that time to support the family.

Both of these subjects indicated satisfaction with their social lives. Although subject N expressed some regret that she did not enjoy a close relationship with her children, she gave no indication that she wanted to initiate a change in her situation. Subject E appeared to be satisfied without familial contact. These subjects were unique in this respect. Other subjects talked fondly and boasted of children and of grandchildren and told of their accomplishments in much the way elderly have been characterized. The relatives' lives

were part of the subjects' lives. Even three single subjects spoke of nephews and nieces in a very familiar way that verified a social exchange.

In comparing individuals based on activity level, the investigator categorized individuals based on involvement in hobbies and regular activities (Table XVII). Those subjects classified as "very active" had at least one hobby and regular activities. Those subjects classified as "moderately active", had one hobby and irregular activities. Those classified as "inactive" had no hobbies and very irregular or no activities.

All subjects indicated having some type of hobby. Sewing, crocheting, solitaire, and puzzles were the most often given as hobbies for personal enjoyment. Regular activities were not as prevalent. It was the lack of activities that generally determined categorization by the investigator. For instance, Subjects M and O could not report any regular activities within the last year. Both subjects watched more than four hours of television each day (Subject O watched over six hours daily), and suggested that television was the greatest source of enjoyment. (Television viewing did not appear to relate consistently to any particular category of subject. In some cases, very active subjects watched more television than subjects judged moderately active).

Generally, those very active subjects were able to verbalize a daily schedule. In most cases, they were proud of a busy routine, and arranging interview times was a challenge for the investigator. For example, Subject G indicated that he took the minibus to the nutrition site each week day, then went to the senior citizens' center each

TABLE XVII
COMPARISON OF ACTIVITY LEVELS FOR SUBJECTS
IN GROUP I (1981)

	Very Active	Moderately Active	Inactive
	B	A	M
	C	E	O
	D	F	-
	G	H	-
	J	I	-
	K	N	-
	-	L	-
TOTAL	6	7	2

afternoon for pool, games, and socialization with friends. He attended church functions or services three times each week, and worked on jigsaw and seek-and-find puzzles at home during his spare time. Subject J indicated that she went to church to worship services each week, attended two Bible clubs each week, attended a card party one each month, attended local theatre performances, took grandchildren to sporting events, did yardwork each week (about four hours), and sewed and knitted at home during her spare time.

Those individuals who were moderately active or inactive did not verbalize a daily schedule. They often depicted a more loosely-structured day which often included soap operas. Several of these subjects preferred interview times which did not interrupt soap operas. As Subject A said, "I do what I have to do and that's about all."

An important observation is that most subjects expressed satisfaction with the amount of social interaction and activity they were involved in. Only three subjects, Subjects M, F, and I expressed a desire for more interaction or activity. Subject M had curtailed activity because of her self-conscious feelings regarding her physical disability. Subjects F and I were both relatively new to the area and did not have many friends, and, in addition, Subject F was handicapped. These three subjects were somewhat frustrated with their life situations and hoped for an improved social and activity level in the complex.

Comparison of Initial and Follow-up

Interviews for Group I

The 15 subjects who were interviewed in the fall of 1981 and again in the fall of 1983 showed changes in self-perceived health, measured life satisfaction, and housing satisfaction. Some very dramatic changes were observed in social involvement and activity level for selected subjects. Background data which was discussed in the previous section did not change, except for age which increased by two years in all cases.

Self-Perceived Health. Most subjects (eight) reported a slight decline in health. Only three subjects perceived their health as being at the same level as two years earlier, and four subjects indicated an improvement in self-perceived health. The ratings for self-perceived health for both years are shown in Table XVIII.

Health changes were not apparent to the investigator. Number and seriousness of symptoms were not indicative of a change. In the cases of Subjects E and L, both subjects had fewer symptoms and had overcome serious problems of, respectively, a nervous condition and a broken pelvis but felt as though health had declined. In several cases, subjects suggested reasons for feeling that their health had declined. In the case of Subject D, she indicated that her arthritis had gotten worse and caused her frequent pain. Subject N had suffered from blood clots and expected more to occur. Subjects L, I, E, and C all indicated that their high blood pressure had gotten worse during the past 24 months.

Literature indicates that trends for declining health are not novel for relocated individuals. As one researcher suggested (Lawton and Cohen, 1974), individuals may have foreseen declining health, which prompted them to make the move to the housing. It is also possible that some subjects reassessed their health after observing their peers at the complex and altered their perception based on that comparison.

Life Satisfaction. Changes in life satisfaction for the 15 subjects were not consistent (Table XVIII). Measured scores for two of the subjects remained unchanged, six subjects showed improved measurements of LSI-Z, and seven of the 15 subjects showed a decline of some magnitude.

In four cases (Subjects F, H, L, and M) the investigator noticed improvement in the individuals' dispositions and attitudes. This observation was verified by increased LSI-Z scores. In three of the four, the improvement was evident in an easy-going and comfortable nature they now displayed. In the fourth, the individual's disposition was outgoing in both interviews, but she was proud and talkative regarding her social life in the follow-up interview. Although the increase was not as dramatic in two of the four, the change was verified by the investigator. In talking with the subjects, the investigator noted factors which were probably responsible for the change.

In the case of Subject F, the change probably occurred because of an increased social network and increased confidence in her own

TABLE XVIII
COMPARISON OF SELF-PERCEIVED HEALTH AND LSI-Z SCORES
FOR SUBJECTS IN GROUP I

Subject ID*	1981 Health	1983 Health	Health Change	1981 LSI-Z	1983 LSI-Z	LSI-Z Change
A	Fair	Good	+	22	22	None
B (M)	Fair	Good	+	17	11	-6
C	Poor	Fair	+	14	15	+1
D	Excel	Good	-	26	21	-5
E	Fair	Poor	-	10	8	-2
F	Excel	Good	-	20	22	+2
G (M)	Fair	Fair	None	20	17	-3
H	Fair	Good	+	13	18	+5
I	Fair	Poor	-	10	6	-4
J	Good	Good	None	20	19	-1
K	Good	Fair	-	18	18	None
L	Excel	Fair	-	15	22	+7
M	Good	Fair	-	21	22	+1
N	Good	Fair	-	24	25	+1
O	Fair	Fair	None	11	10	-1

*Males are designated by (M); all others are female.

physical abilities. Her social network had been very shallow at her previous location, and her fear of falling did not help her to develop her social network. She was unique in that she "needed people" and loved talking to people perhaps more than any other subject.

In the case of Subject H, the change was probably due to a feeling of safety. She had been physically threatened and chased at her previous location and lived in a locked apartment until the move, afraid to open the door to anyone at night. Although she recalled the incident at the follow-up interview, she was calm and looked with some humor on it. She did not display the nervousness that she had shown at the initial interview and talked in a calm and natural tone about her activities and friends.

In the cases of Subjects L and M, changes were most likely due to improved physical health. Subject L had broken her pelvis, and had taken in two students to help her during her rehabilitation. She had appeared angry and unwilling to talk and implied several times that her daughter was "running the show." At the follow-up interview, she was much friendlier and appeared not to hold any grudges against her daughter. She laughed frequently and appeared to enjoy her lifestyle.

In the case of Subject M, her physical problems had not improved but her self confidence and attitude toward her physical problem had improved. At the initial interview she had become, by her own admission, a recluse because of extreme self-consciousness. She had suffered a disability which left one side of her mouth paralyzed, and she did everything possible to hide it with a handkerchief. At the time of the follow-up interview, she had, by her own choosing or by peer pressure, mingled with residents in the complex and was socially

active again. She only covered her mouth on an occasional basis, as though from habit.

The other two subjects who improved slightly in the measurement of the LSI-Z, but not as visibly dramatic to the investigator, were Subjects C and N. Both of these subjects were extremely pleased with their apartments and with the environment in the complex. Living in the complex was "the best thing that ever happened" to Subject C. Subject N said that she had never been happier. The satisfaction with housing could have been a main contributing factor to an improved life satisfaction score. Improved health could also have been a factor in the case of Subject C. She had had a stroke prior to the first interview and was much improved at the time of the second interview. She said that her left hand was "still like a disobedient child," but she was now able to walk up stairs when there was a bannister and to visit friends in the complex. She perceived her health as being better than it had been in 1981. Subject N perceived her health as having declined since the initial interview; thus, it is doubtful that her health was the contributing factor to her improved life satisfaction. She had been "very dissatisfied" with her housing at the initial interview. She was now suffering from blood clots in her legs and rated her health as fair, rather than good as in the initial interview.

Seven subjects showed a decline in life satisfaction, Subjects B, D, E, G, I, J, and O. There was not a single factor which appeared to explain the decline in all cases, though four subjects complained of others living in the complex. Subject B, a male, suggested that there were "too many bosses" and "too many women want to run the place."

Subject E said she liked everything about the complex but "the people," and said that she would rather live in a house because she lacked privacy. Subject G, the other male in the study, also indicated that "some of the people" were the only complaint he would have about the complex. Subject O suggested that a number of people "think they are better" than others.

Subject D showed a significant decline in life satisfaction, probably due to family problems which caused her a great deal of anxiety. Her daughter was in the process of a divorce. The disturbing aspect Subject D was that her daughter was not confiding in her regarding the details of the divorce. She knew that her daughter was trying to spare her the pain, but she felt she had failed as a mother in establishing a close relationship.

In the case of Subject I, there was no single contributing factor. She frequently mentioned cost of the housing and indicated that she worried she could not afford it in the future. The housing had cost much more than she had anticipated and she was considering moving to a cheaper apartment. She also indicated that noises, like furniture being moved in the apartment above her, bothered her quite often and woke her occasionally. Interestingly, she indicated that her hearing problem had gotten much worse.

The investigator had no explanation for the slight decline of one point in measured life satisfaction for Subject J. She appeared to be equally happy and healthy at both interviews and extremely satisfied with her environment in both locations.

Measured life satisfaction did not change for Subjects A and K. This was not surprising in the case of Subject K, as the investigator

noted few changes in her lifestyle. She continued to work part-time, though at a different job from the initial interview, and she maintained the same social network that she has described in the initial interview. Subject A, however, indicated a decreased social network and sadly reported that she had lost a close brother during the past year. She now indicated that she had no human in whom she confided--"only God." Despite the diminished social network, her LSI-Z score did not reflect a change.

Housing Satisfaction. One area that was unanimously positive was housing satisfaction. Eight subjects reported that they were "very satisfied" with the housing and seven reported that they were "satisfied." Although no subject expressed dissatisfaction, some subjects did not rate the housing as positively as they had rated their previous housing. Seven subjects rated the complex higher than previous housing and six rated the complex lower than previous housing. Three subjects who had been very dissatisfied or dissatisfied with previous housing now said that they were very satisfied, and one subject who had been dissatisfied with housing now said that she was satisfied.

One common complaint was the heating and cooling system. Eight subjects mentioned problems with the system or with associated utility costs. Subjects appeared convinced that design problems with the heating and cooling system had been corrected and no one was anticipating future problems.

A second often mentioned complaint dealt with other residents and social problems, as discussed in a later section. As summarized by

Subject D, "I'd like to see a little bit more love manifested in some of the people." Subject B, one of those who gave the complex a lower rating than previous housing, said, "It's okay as long as they (other residents) mind their own business."

There were many positive comments regarding the housing. Subject A said, "I feel so safe I sleep with my windows open." She did, however, suggest that her neighbor was a kleptomaniac and "stole the preacher's Bible" during a worship service in the lobby. Subject C said, "I like everything about it. It's the best thing that ever happened to me!" Subject G, a handicapped individual said, "This apartment was really built for me." Subject I said, "I like the little parties." Subject J said that she liked "the association with others and the feeling of security." Subject K said that she liked being able "to walk to town when I get bored." Subject L said, "I don't have to get outside--it's all inside."

Several people mentioned the increased feeling of security. Subject B said that the best thing was "the string that you pull to get help."

Social Interaction and Activity Patterns. In most cases, subjects had a similar type of social network and were participating in similar activities at both points of reference (Table XIX). Those who were judged in the initial interview to be very active were in all cases very active 24 months later in the new environment. There were, however, three cases where the investigator noted an increased social network and activity level on the part of subjects. In contrast, there were two cases where moderately active subjects were judged in

TABLE XIX
 COMPARISON OF ACTIVITY LEVELS FOR
 SUBJECTS IN GROUP I

	Very Active	Moderately Active	Inactive
1981	B	A	M
	C	E	O
	D	H	-
	G	I	-
	J	N	-
	K	F	-
	-	L	-
1983	B	F	A
	C	L	E
	D	N	O
	G	-	-
	H	-	-
	I	-	-
	J	-	-
	K	-	-
	M	-	-

the second interview to have a lesser social network and activity level.

Subject M probably made the most dramatic change from inactive to very active. This subject had become a recluse at the time of the initial interview because of a physical disability. She seldom left her apartment except to visit her daughter and never attended social activities. At the follow-up interview, she was participating in regular social activities at the complex.

Subjects H and I also showed increased activity levels from moderately active at the time of the initial interview to very active at the time of the follow-up interview. The change in Subject H was likely due to a feeling of security in the new environment. She had felt unsafe in her previous apartment and fear from her neighbors had restricted her social freedom. In the case of Subject I, she now had regular activities (playing cards three times each week) at the housing complex. At the time of the initial interview, she had no activities to report in the previous year.

Subjects A and E both showed a decline in activity levels from what had been a moderately active level to an inactive level. Subject A indicated a diminished social network and had lost a close brother during the past year. She indicated that she now had no one in which to confide. Subject E had significantly curtailed her activities. At the initial interview, she had attended church once each week and ate lunch daily at the nutrition site. At the follow-up interview, she indicated that she attended church about once each month and had quit going to the nutrition site. She had indicated in the initial interview that one reason for moving was the convenience in getting to

her church and the nutrition site. There was no apparent reason for the decrease in activity, except that she appeared to feel guilt over a relationship with a "friend" that she would not discuss. She indicated that she lacked privacy and "they always watch what I do."

Although other subjects did not show a change in amount or depth of social network or activity, they did frequently make reference to the social involvement at the complex. Most comments regarding activities at the complex were favorable. Several mentioned appreciation for church services, Bible studies, and dinners held within the complex. There were, in fact, no negative comments regarding activities. There were, however, several negative comments regarding residents within the complex.

Subject G, a male, suggested that he felt disapproval from his neighbors for a social relationship involving his "girlfriend." His lifestyle was not however, greatly affected by the new environment and he maintained a very active social network and activity level after the move. Indicative of the restraint that he felt, he stated that he and his girlfriend talked as they rode in her car or as they parked in the parking lot. He did not feel free to bring her into the complex.

Subject B, also a male, indicated that there were "too many bosses" in the complex. he felt that his freedom was restricted by "nosy women." For example, he reportedly took regular naps on the lounge couch rather than in his room, and some female residents found such activity to be unbecoming to the complex.

Subject F, who loved people and rarely found fault with them, stated that she was surprised at the amount of "gossip in the lobby." She rarely went to the lobby because of fear that she would be misquoted.

The investigator noted two social relationships that evolved among subjects in Group I following the move to the complex. One apparent clique involved Subjects E and O. At the time of the follow-up interview, both spoke of each other as being close friends. It is interesting that both subjects complained of others in the complex and in making complaints, always referred to "they" as a defined group that did not approve of Subjects E and O. Subjects E and O had two of the lowest measures for life satisfaction on the LSI-Z at both points of measurement, suggesting a relationship between life satisfaction and social problems.

The second social relationship formed between Subjects D and J. These subjects were next door neighbors at the time of the follow-up interview. They were acquaintances prior to the move but were not close friends. Subject D indicated that Subject J had become her closest friend and confidant, although she mentioned her previous social network as well.

One social relationship which had formed prior to the move involved Subjects H, K, and M. These three subjects had lived in the same apartment complex at the time of the initial interview. At the time of the follow-up interview, it appeared that Subjects H and K had bonded closer together and had formed an alliance.

Summary

In comparing background data from Group I subjects and Group II subjects, those subjects in Group II were approximately 5 years older than subjects in Group I. Subjects in Group II included all types of marital status, whereas those in Group I were either widowed or single

Subjects in Group II were less mobile than subjects in Group I and were more likely to own their homes. Likewise, Group II subjects had lived in their homes much longer than subjects in Group I.

In looking at subjective measurements, Groups I and II showed little difference in self-perceived health. The measurement of life satisfaction was slightly higher for those individuals in Group I who did move into the housing complex. Group I subjects were more likely to be dissatisfied with housing than those subjects in Group II, possibly because of a difference in standards or the fact that subjects in Group II were more likely to own the home they were living in. Housing in Group I was generally superior in quality to that in Group II. Subjects in Group II were more often found to be "very active" by the investigator than subjects in Group I; however, they were more likely not to have a confidant. All subjects in Group I had a confidant and close friends.

In comparing background data for Groups I and III, Group III subjects were generally seven years younger than Group I subjects. Three evicted subjects in Group III were male and were evicted for alcohol-related problems; likewise, three of four evicted individuals were divorced and one was single. The frequency of males and divorced subjects in Group III was much greater than the frequency in Group I. Educational level of subjects in Group III was greater than that of subjects in Group I.

Subjective measurements of self-perceived health and housing satisfaction did not differ between Groups I and III. Those subjects in Group III were found to have a higher level of life satisfaction, however, than subjects in Group I. In terms of social interaction and

activity patterns, Group III subjects were generally lacking. One half of subjects in Group III had activity levels that were almost nonexistent and one third had a social interaction level that was not satisfactory to the subject. As reported earlier, Group I subjects all had close friends and confidants and most were very active or moderately active.

Group I subjects who were interviewed twice in a 24-month interval of time generally showed a slight decline in self-perceived health. A number of subjects cited high blood pressure as a worsening factor. Life satisfaction did not change greatly over the 24-month period. Most subjects (9) showed either no change or a slight decline. Two subjects showed a dramatic increase, which was probably attributed to increased social interaction and increased security and safety measures at the complex. All subjects in Group I were positive in their assessment of the housing complex, whereas four had been dissatisfied or very dissatisfied with housing at the initial interview. In most cases, subjects had a similar type of social network and were participating in similar activities at both points of measurement. Three subjects showed a dramatic improvement in level of activity at the complex and two subjects showed a decline in activity level.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This research was designed to examine over a two-year period, those variables that affected aged persons' perspectives of life satisfaction as housing and environmental changes occurred. The study focused on 1) a measurement of individuals' perceived life satisfaction, and 2) perceptions by aged subjects of their functional health, social activity, housing satisfaction, and activity patterns.

Summary and Conclusions

A comparison of background data for 15 subjects who moved into the housing complex with 17 subjects who did not move revealed that those who moved into the complex were, on the average, younger than individuals who did not. In the selection of residents, individuals were judged as to their ability to function in an independent living arrangement on a long-term basis. It is likely that younger applicants met this criterion more frequently and to a greater degree than older applicants.

As well as being younger, subjects who moved into the housing complex tended to be more mobile than those who did not move into the complex, in that they had changed residences more frequently than those subjects who did not move. Individuals who did not move were

more likely to own their own homes and had lived in those homes, on the average, 2.5 times longer than subjects who moved into the complex. Subjects who moved into the complex were, in all cases, renting houses or apartments prior to the move. The data from this study indicate that those individuals who owned homes and had lived in those homes for an extended period of time were reluctant to move from those homes. Several subjects suggested that it would be difficult to leave the home and neighborhood they had lived in for so many years. Although the review of literature did not look at sentimental attachment to home or family possessions, it is possible that those subjects who were younger and more mobile had already parted with the family home or heirlooms that would tend to complicate relocation. Or, perhaps the difficulty of leaving the family home or certain family possessions and making the transition to a smaller apartment is greater for those elderly who are older than it is for those elderly who are younger.

In comparing housing satisfaction of those 15 subjects who moved into the housing complex with those 17 subjects who did not move, there was a greater likelihood that subjects who moved were dissatisfied with their housing. Those subjects who did not move, however, had a greater tendency to be homeowners. Dissatisfaction generally stemmed from factors other than physical structure, such as safety, relocation, or rowdy neighbors. Subjects who did not move into the complex were likely to be satisfied or very satisfied with their housing. Consistent with other studies, there was no observed pattern between housing quality and housing satisfaction. Subjects living in housing of substandard quality did not express

dissatisfaction with their housing; in contrast, three subjects living in excellent quality housing did express dissatisfaction. Housing literature suggests that individuals who are not certain that a housing change will take place are generally content with the condition of their present housing.

Data regarding evicted subjects were limited in this study, but they suggested a tendency for males to have alcohol-related problems which lead to eviction. Three of four evicted subjects were male and were evicted because of alcohol-related problems. The data also revealed, perhaps coincidentally, that evicted individuals were likely to be divorced and were likely to be highly educated. Three of four evicted subjects in this study were divorced and had a high school education or higher. There was also a tendency for evicted subjects to score very high on the measure of life satisfaction. There is no obvious explanation for these phenomena. Perhaps the characteristics of these individuals would not be as unique in society, as a whole, as they appear to be in the context of this study. Highly educated people may have experienced or hold an appreciation for diverse life styles which include options not accepted by others, such as divorce. The literature review in this study did not address alcohol-use by elderly, but it is possible that elderly males, as well as males of all ages, perceive that society condones or tolerates excessive drinking, especially by men. It is also probable that the men in this study had experienced drinking problems years in advance of moving to the complex. Although some research has been conducted regarding the use of alcohol and drugs by elderly, the investigator is curious as to whether research has been conducted which looks at environment (both

social and physical) in relation to alcohol-use. For instance, did the drinking patterns of those individuals included in this study change after moving into the complex? Did the environment in the complex contribute to the change?

In comparing pretests and posttests for the 15 subjects who moved into the housing complex, the investigator observed that classifications of personality traits by the investigator were generally consistent with scores on the LSI-Z. Those subjects who were outgoing, friendly and willing to talk generally made higher scores on the LSI-Z. Those subjects who appeared withdrawn, angered with the interviewer, and unwilling to talk generally made lower scores on the LSI-Z.

There was, overall, little change in life satisfaction during the two year period. Although there were two exceptions of individuals who showed dramatic increases, most individuals (nine) showed no change or a slight decline. It is probable, in the investigator's opinion, that the improved life satisfaction scores resulted from 1) increased safety and security, and 2) increased social interaction at the complex. But these factors did not have a similar impact on the life satisfaction of all subjects. As literature generally concludes, the relationship and importance of various factors are highly individualized. In the case of the two individuals who showed dramatic improvement in life satisfaction, both had expressed a genuine need for improvement in the factors of safety and social interaction. The complex met that need. Other subjects frequently mentioned safety or social involvement, but perhaps had not "needed" an improvement as much as these two subjects.

The decline in life satisfaction cannot be attributed to any one factor. Declining self-perceived health (especially higher blood pressure) was cited so frequently, that it surely contributed to the decline. Social problems with specific individuals were frequently mentioned and may also have contributed to the decline. It is possible that 24 months was not a sufficient amount of time to make a true assessment of change in life satisfaction, especially as it relates to social interaction and involvement. Relationships, which take time to develop, may not have had sufficient time to form.

In comparing housing satisfaction for the 15 subjects who moved into the complex, there was no consistent change in perception of housing, although all subjects were satisfied or very satisfied with housing in the complex. All of those subjects who were dissatisfied or very dissatisfied with previous housing did show a consistent positive change and were generally very satisfied with housing at the complex. As discussed earlier, social problems with other residents were frequently mentioned as being a reason for not being "very satisfied" with housing at the complex. Safety and security were frequently mentioned as being the best aspect of housing at the complex.

In comparing self-perceived health for the 15 subjects who moved into the complex, more subjects perceived a slight negative change in health than any other type of health change. Perceptions of declining health were not necessarily consistent with number and severity of health symptoms. A number of subjects perceived that their high blood pressure had gotten worse during the two-year period, although no one cited the new environment as being responsible for the change.

In comparing social interaction and activity for the 15 subjects who moved into the housing complex, there was not a consistent change. Most residents showed little change in social interaction or activity levels. Three subjects showed much improvement, with one subject making a dramatic change from inactive to very active. Here again, needs of the individual for increased social interaction and activity probably determined whether the individual did change. Some subjects seemed content to continue at the same level they were accustomed to, even though the environment provided a potential for increase. In the three cases where dramatic change was noted, each individual had expressed a desire for an improved social life. The complex provided the potential for such improvement, at least in these cases. An unanswered question is whether it provided the potential for evicted male subjects who had also expressed a need for an improved social life?

Recommendations

The following recommendations relate to this research project and pertain to: 1) selection and evaluation of applicants to housing facilities, 2) education and dissemination of information to applicants and their families, and 3) recommendations for future research.

Selection and Evaluation of Applicants

1. In an effort to alleviate some of those problems associated with eviction of residents, both for the resident and for management

of the housing facility, the investigator suggests that the screening process include an assessment of the individual's use of alcohol.

Education and Awareness of Applicants and Their Families

1. The investigator recommends that management consider providing applicants with first hand social experiences within the housing complex to help prospective residents understand the totality of the housing environment.

2. If the facility is not yet constructed, the investigator recommends providing pictures or films of people in the facility and vivid descriptions of social interactions, so as to acquaint the individual with that dimension of group living.

Recommendations for Future Research

1. Future research should consider alcohol-related problems in housing facilities for aged to determine the significance and severity of the problem, as well as its relationship to environment (both social and physical). It should determine if being male, divorced, and highly educated are related to excessive use of alcohol.

2. Researchers need to determine how and why social problems develop within such housing arrangements and develop guidelines for management in alleviating or resolving those problems. Screening techniques may be needed to assist management in acceptance and location of residents.

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APPENDIXES

APPENDIX A
PERMISSION FORM



Oklahoma State University

DIVISION OF HOME ECONOMICS
Department of Housing, Design and Consumer Resources

STILLWATER, OKLAHOMA 74078
HOME ECONOMICS WEST BUILDING
(405) 624-5048

Dear Applicant:

YOUR HELP IS NEEDED!

The number of elderly in the population is increasing but we don't have much information from these people about what they want and need for a satisfying life. For example, it would help in planning housing and service programs for the elderly if we knew something about your housing now, the housing you would like to have, your health needs, where you shop and the transportation you use.

As a graduate student, I am planning a study that would help answer these questions. The study is not intended to probe into personal areas of your life. You are not obligated to furnish any information that you may consider private and your participation will have no bearing on your eligibility for the elderly housing project. All information will be confidential and you will be anonymous so no information about you can be identified with your name after it is collected.

If you are willing to help plan for your needs and the needs of other elderly people, I would like to make an appointment to visit with you in a few weeks--at your convenience.

Thank you for your understanding and willingness to help.

Sincerely,

William J. Bragg
William J. Bragg

_____ It is okay for the researcher to use information from my application with the assurance it will be kept confidential and anonymous.

_____ I will participate in the study and will expect an interviewer to call for an appointment.

Signature

Date

APPENDIX B

INTERVIEW GUIDE

Appointment Time: _____ Date: _____

GENERAL INFORMATION:

Name _____ Age _____ Sex: M F

Address _____

Marital Status: Never Married _____ Education: _____
 Married _____ Divorced _____ Highest level completed _____
 Separated _____ Widow/Widower _____ Technical or Further Yes No

HOUSING:

1. What is your living arrangement?

_____ Live alone _____ Other relatives live with you
 _____ Your spouse lives with you or you live with relative,
 _____ Non-relatives live with you specify _____

2. How long have you lived at this address _____

3. There are good things and bad things about all living environments. What do you like best about living here?

4. What do you like least about living here? _____

5. Are there any problems with your house? _____

Would you say these problems are minor or major? Minor _____ Major _____

Is there anything wrong with the following things? No Problem Minor Problem Major Problem

Heating.....	_____	_____	_____
Ventilation.....	_____	_____	_____
Lighting.....	_____	_____	_____
Bathroom (s).....	_____	_____	_____
Windows.....	_____	_____	_____
Laundry facilities (Are they present? Yes No)	_____	_____	_____
Closets and cabinets (Amount, Location or What?)	_____	_____	_____

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6. How satisfied are you with the amount of space you have here in your house?

___ Too large for me ___ OK ___ A little small

7. How would you rate the structural quality of this house (foundation, sagging floors, ceilings, leaks, etc.)?

___ No problems ___ Minor problems ___ Major problems

8. If you were describing this house in terms of needed maintenance (painting, wallpaper, broken windows, etc.), how would you describe it?

___ Needs no maintenance ___ Needs minor repair ___ Needs major repair

9. How is your dwelling cooled? (Check as many as apply)

___ Window or attic fan ___ Central air conditioning
 ___ Free standing fans ___ Window air conditioning
 ___ Other (specify) _____

10. How is your dwelling heated? (Check as many as apply)

___ Floor furnace ___ Radiators
 ___ Wood stove ___ Central heating
 ___ Space heaters ___ Other (Specify) _____

11. How satisfied are you with this house or apartment as a place to live?

___ VS ___ S ___ ? ___ D ___ VD

Now, some questions about the neighborhood that you live in:

12. There are often both good and bad things about a neighborhood. What do you like best about this neighborhood?

13. What do you like least about this neighborhood?

14. In this neighborhood, is it easy enough to get to: Yes No ?

Doctors or other medical care	___	___	___
Churches	___	___	___
Places of entertainment.....	___	___	___
Supermarkets or grocery stores	___	___	___
Clubs and organizations that you belong to.....	___	___	___
or would like to belong to	___	___	___

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15. What about the condition of the houses in this neighborhood? Would you say they are:
- _____ Very well _____ Fairly well _____ Not very well
 kept up kept up kept up
16. How much does any noise from the outside bother you in your house or apartment? Does it bother you:
- _____ A lot _____ A little _____ Not much _____ Not at all
17. How convenient is the location of this place for visiting with friends? Is it:
- _____ Very convenient _____ Fairly convenient _____ Not very convenient
18. How convenient is the location of this place for visiting with family? Is it:
- _____ Very convenient _____ Fairly convenient _____ Not very convenient
19. Do you feel safe in your neighborhood at night?
- _____ Yes _____ No _____ Don't go out at night
20. How satisfied are you with the amount of privacy you have here:
- _____ VS _____ S _____ ? _____ D _____ VD
21. If you could live wherever you wanted, would you like to live here or elsewhere?
- _____ Here _____ Elsewhere
22. At present, are there any little children living close by?
- _____ Yes _____ No _____ Don't know
23. If you had your choice, would like to have little children living close by?
- _____ Yes _____ No _____ Don't care either way
24. What about the people who live around here? As neighbors, would you say that they are:
- _____ Very good _____ Fairly good _____ Not very good
 neighbors neighbors neighbors
25. Since you moved here, would you say this neighborhood has changed:
- _____ A great deal _____ Somewhat _____ Not much
26. If it has changed, in what ways has it changed? _____
-

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27. Have you made friends with any of the people living in this neighborhood?
 _____ Yes _____ No If yes, about how many? _____
28. How satisfied are you with this neighborhood as a place to live?
 _____ VS _____ S _____ ? _____ D _____ VD

LIFE SATISFACTION

	Agree	Disagree	Not sure
29. As I grow older, things seem better than I thought they would be.	_____	_____	_____
30. I have gotten more of the breaks in life than most of the people I know.	_____	_____	_____
31. This is the dreariest time of my life.	_____	_____	_____
32. I am just as happy as when I was younger.	_____	_____	_____
33. These are the best years of my life.	_____	_____	_____
34. Most of the things I do are boring or monotonous.	_____	_____	_____
35. The things I do are as interesting to me as they ever were.	_____	_____	_____
36. As I look back on life, I am fairly well satisfied.	_____	_____	_____
37. I have made plans for things I'll be doing a month or a year from now.	_____	_____	_____
38. When I think back over my life, I didn't get most of the important things I wanted.	_____	_____	_____
39. Compared to other people, I get down in the dumps too often.	_____	_____	_____
40. I've gotten pretty much what I expected out of life.	_____	_____	_____
41. In spite of what people say, the lot of the average man is getting worse not better.	_____	_____	_____

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HEALTH

42. How would you rate your overall health at the present time?
 _____ Excellent _____ Good _____ Fair _____ Poor
43. In the past 12 months, have you had any physical condition, illness or health problems that bother you?
 _____ Yes _____ No If yes, what are these? _____

- Did you have to be hospitalized for these problems? _____ Yes _____ No
44. Do you use: A cane? _____ yes _____ no
 A walker? _____ yes _____ no
 A wheelchair _____ yes _____ no
45. In the past 12 months, have you had any nursing care in your home — did a nurse or someone else come to your home to give you treatments or medications prescribed by a doctor?
 _____ Yes _____ No
- If yes, who helped you?
 _____ Relative not living in household _____ Friend or neighbor
 _____ Someone sent by a social agency _____ Someone you hired
- Does anyone help with your nursing care now? _____ Yes _____ No
- Do you need more nursing care now? _____ Yes _____ No
46. Do your health problems stand in the way of your doing the things you want to do:
 _____ Not at all _____ A little _____ A great deal
47. Which of these statements fits you best:
 _____ I cannot work/keep house at all because of my health
 _____ I have to limit some of the work or other things that I do
 _____ I am not limited in any of my activities
48. Which of these things are you healthy enough to do without help?
 _____ Heavy work around the house, like washing walls?
 _____ Walk half a mile (about 8 blocks)
 _____ Go out to a movie, to church or a meeting, or to visit friends
 _____ Walk up a flight of stairs

49. How does your health status influence what you have to do from day to day? Would you say that you:

- Can do everything without help
- Can do most things without help
- Need help to do most things
- Need help to do all activities

SOCIAL NETWORK

50. Is there anyone in particular in whom you confide or talk to about your problems?

Yes No

51. What is that persons relationship to you? Is he/she a:

- Spouse Child Other relative Friend/neighbor
- Other (specify) _____

52. How many living children do you have? _____

53. How many living brothers and sisters do you have? _____

Now please think of your relatives that you feel close to -- your children, brothers or sisters, and other relatives:

54. What are their first names? (List names in table below)

55. How is (NAME) related to you?

56. Overall, in the last 12 months or since you moved here, how often do you see or visit with (NAME)?

57. About how often do you talk with (NAME) on the phone?

58. Does (NAME) live in Stillwater or within 20 miles?

	Q54 FIRST NAME	Q55 RELATIONSHIP	Q56 VISIT FREQ.	Q57 PHONE FREQ.	Q58 YES NO	
1.						
2.						
3.						
4.						
5.						
6.						

59. During the last 12 months or since you moved here, have you helped your children or other relatives:

	Yes	No
Doing small things or errands	_____	_____
With money	_____	_____
By giving advice or a shoulder to lean on	_____	_____
When they were sick	_____	_____

60. During the 12 months or since you moved here, have your children or other relatives helped you:

	Yes	No
Doing small things or errands	_____	_____
With money	_____	_____
By giving advice or a shoulder to lean on	_____	_____
When you were sick	_____	_____

Now a few questions about friends.

61. What are the first names of friends that you keep in fairly close touch with? (List in table below)

62. How often do you see or visit with (NAME)?

How often do you talk with (NAME) on the phone?

FIRST NAME	VISIT FREQ.	PHONE FREQ.
1.		
2.		
3.		
4.		

Frequency Code

- Never
- 3x yr. or less
- 4 - 10x yr.
- 1x per month
- 2 - 3x per month
- 1x per week
- 2 - 4x per week
- 5x per week or more

63. During the past 12 months or since you moved here, have any of your neighbors done any of the following things for you?

	Yes	No
Watch over your apartment when you are gone	_____	_____
Listen to your thoughts and concerns	_____	_____
Check on you to see if you are all right	_____	_____
Give you advice about problems	_____	_____
Cook up a dish for you	_____	_____
Make small loans, if needed (such as food items or money)	_____	_____
Provide transportation (driving or lending a car)	_____	_____
Done some errands or shopping for you	_____	_____

64. Do you have any friends or neighbors who would help you if you were sick for a short time?

_____ Yes _____ No

65. Where do they live? _____

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LIFE PATTERNS

66. About how often do you leave the neighborhood to go downtown or to other parts of Stillwater?

_____ Frequency

67. Do you (or your husband/wife) own and drive a car now?

_____ Yes _____ No

68. Can you get to places that are beyond walking distance?

_____ Without help (travel alone on the mini bus or drive own car)
 _____ With some help (have someone to help or accompany)
 _____ Are you completely unable to travel (unless arrangements are made for specialized vehicle)

69. Do you need more help with transportation to places out of walking distance now?

_____ Yes _____ No

70. During the past 12 months, have you obtained any rides to places you needed to go to from the Stillwater mini bus?

_____ Yes _____ No If yes, how often do you use it? _____

Now I'd like to find out the kinds of places you go to for your errands.

71. Do you go to (ERRAND below), where do you go for that errand, and how often do you do that?

ERRAND	YES	NO	WHERE	FREQ.
Shop for groceries				
Shop for clothing				
Cash your checks				
Get your hair done or cut				
A drug store				

72. Do you go shopping for groceries:

_____ Without help (take care of all shopping needs yourself)
 _____ With some help (have someone to go with you on all shopping trips)
 _____ Not at all (someone else does it)

If someone helps you, who helps you? _____ Spouse or someone living in household
 _____ Friend/neighbor
 _____ Someone from social agency _____ Relative not living in household
 _____ Someone you hired

73. In the past 12 months or since you've lived here, how often have you:
attended a church or synagogue service

_____ Frequency _____ Where

participated in or gone to meetings of organizations like clubs, unions,
or religious groups?

_____ Frequency _____ Where

gone to movies, theater, concert or lectures?

_____ Frequency _____ Where

played cards, bingo, pool or some other game?

_____ Frequency _____ Where

done any outdoor gardening?

_____ Frequency _____ Where

74. Now please tell me which of these things you do regularly as a
source of entertainment?

	Yes	No
Sew, knit, paint a picture, play a musical instrument or do handicraft?	_____	_____
A crossword puzzle, jigsaw puzzle, or play a solitaire?	_____	_____
Go to a baseball game or sporting event?	_____	_____
Babysit with grandchildren or others?	_____	_____
Go for a ride?	_____	_____
Do volunteer work?	_____	_____

75. About how many hours a day do you watch TV?

- _____ Not at all
- _____ Less than 1 hour
- _____ About 1 hour
- _____ 2 - 3 hours
- _____ 4 - 6 hours
- _____ more than 6 hours

76. In the past 12 months or since you've lived here, how often have you:

gone to the Senior citizen Center at Couch Park? _____ Frequency

gone to the Payne County Nutrition Center for meals? _____ Frequency

Interviewed by:

VITA 9

William J. Braun

Candidate for the Degree of

Doctor of Philosophy

Thesis: LIFE SATISFACTION AND RELOCATION AMONG THE ELDERLY: A CASE STUDY

Major Field: Home Economics/Housing, Design and Consumer Resources

Biographical:

Personal Data: Born in Holden, Missouri, January 1, 1947, the son of William R. and M. LaVera Braun. Married to Bonnie Sue Fitterling on December 17, 1967. One son, Joel Douglas, born December 26, 1971 and one daughter, Jennifer Grace, born December 28, 1981.

Education: Graduated from Holden High School, Holden, Missouri, in May, 1964; received Bachelor of Science degree in Public Relations from Central Missouri State University in May, 1968; received Master of Arts degree from Central Missouri State University in August, 1971; completed requirements for the Doctor of Philosophy degree at Oklahoma State University in May, 1985.

Professional Experience: Analyst, Federal Reserve Bank of Kansas City, Missouri, August, 1971 to July, 1977; Graduate Research Assistant, Department of Housing, Interior Design and Consumer Studies, Oklahoma State University, August, 1979 to January, 1983; Contracts and Grants Officer, College of Home Economics, Oklahoma State University, January, 1983 to August, 1983.