

COHORT-CENTRIC STEREOTYPES: SOCIOECONOMIC
AND SOCIO-DEMOGRAPHIC CORRELATES

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Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
DOCTOR OF PHILOSOPHY
May, 1981



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ACKNOWLEDGMENTS

I would like to extend recognition to all the people who aided me in preparation and completion of this manuscript. Special appreciation is extended to Mr. Harvey Harris of Oklahoma Gas and Electric Company and the 224 retirees who were gracious enough to devote their time to participate in this study.

The technical format and general appearance of the final draft of this dissertation are attributable to Jimmie Lee Hill, who typed it with the minimal amount of time available prior to the deadline.

Appreciation and thanks are extended to Drs. Donald Allen and Carl Anderson for serving on my committee. A special thanks to Dr. Jack Bynum, who 3 1/2 years ago convinced me that the sociology department would crumble if I did not choose to attend OSU. And to my advisor, Dr. Gene Acuff, the deepest gratitude for his continual guidance during my graduate program and for the intellectual challenge he offered me during our discussions of the early drafts of this dissertation.

My appreciation is extended to the faculty of the Midwest Council for Social Research in Aging, especially Jack Sigler, who encouraged me to use the scale I had chosen when others criticized my decision.

My sister, Donna, has earned my deep appreciation for being a silent support system and always believing in me. My brother, Pat, has earned my gratitude by sharing with me his intellectual insight and for being there when he was needed. I thank my other brothers, Mack and

Dan for just being my brothers and supplying me with the feeling that I had a place to go if I ever needed to. This is true also of my father, Joe B. Miller, my grandmother, Mary "Gakie" Maguire, and my mother-in-law, Rafaela Carrillo. To all of them I extend my appreciation.

I would like to thank Sister Pierre Vorster, an old friend and former teacher for believing that I could amount to something and for keeping me out of trouble one afternoon so that I would have the opportunity. Even more important, I would like to thank her for helping me to believe in myself.

Finally, I would like to express my sincere thanks and appreciation to the one person who has worked and sacrificed more than myself, Francis, my wife. She has shared all my low points: before and after comprehensive exams, during the preparation of this manuscript, and the long job search. Her understanding, encouragement, and friendship has made this final project both possible and bearable. To Francis I offer my love and thanks for going through it with me, which is only a small consolation for what she has given me.

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CHAPTER I

INTRODUCTION

The history of the United States has been marked with many evolutionary changes in social conditions, but probably none have had the far reaching effects of the industrial revolution. The positive effects the revolution brought about (i.e., automation, labor laws, and higher wages) are well known. Society does in fact owe the majority of its present circumstances to the resultant changes of the industrial revolution. One specific social situation which needs to be explored further is how the change in family structure, which accompanied the industrial revolution, altered the entire social system.

At the industrial and technological revolution that accompanied urbanization became widespread, the concept of "cottage industry" became inconvenient from a societal perspective and a cost rather than an asset. As a result, the functions of the traditional family structure were moved outside the home into factories. This transition affected the elderly members of the family the most (Gruman, 1978). They were no longer viewed as productive laborers but as a drain on the family resources. As society became more efficiency oriented, it tended to de-evaluate the functions of the older family members. There was no place in the new work ethic orientation for someone who could not produce at peak levels of efficiency. Their inability to fulfill this "achievement syndrome" of

society's was a damaging factor to the position of the elderly held in society (Clark, 1967; Cowgill & Holmes, 1972).

Several cultural phenomena that occurred between 1865 and 1914 which brought about the negatively perceived view of the elderly were discussed by Achenbaum (1978). The first, alluded to above, was the development of the principle of efficiency. Second, early nineteenth century America epitomized the belief in the value of youth. This resulted in a new "youth cult" which was based on rationality and efficiency, not the sentimentality previously valued. A third phenomenon was the research of medical science on the problems of aging. Aged people became viewed as poor occupational risks due to the problems associated with age. The last factor Achenbaum discusses was the abolishment of the functions of the elderly family member within the family. Instead, specialized institutions assumed the responsibility for the social welfare, as well as the education, of the young.

Fischer (1977) preceded the historical analysis of Achenbaum but in a slightly different vein. Studying the period of 1920 to 1970, Fischer found that this was the time when old age and aging began to be perceived as a social problem. Henry (1963) suggested this argument earlier by illustrating the development of a societal mind set in which old age has no functional value. He points to norms based on competition, profit, achievement, and greater mobility as arguments used against the utility of old people. It was also in this time period that the field of social gerontology began to develop as a force designed to deal with the problem of old age. This action resulted in the reinforcement of the societal perspective of old age as a social problem. Barrow and Smith (1979:11) address this idea as follows:

If aging is a social problem, it is largely one that society itself has created. Old age is approached with apprehension, if not always fear, for it has been regarded as a time of physical ugliness, sadness, and sorrow, and a time of uselessness, loneliness, boredom, and poverty.

The growth of this new attitude and the resultant stereotypes which tend to perpetuate this attitude warrant further examination. Perhaps still more important is the effect that these stereotypes have on people, especially on the elderly themselves.

Statement of the Problem

Prejudice and negative stereotypes are not new phenomenon in the United States; however, Butler (1969:243) was the first to introduce the term "ageism" into our vocabulary when he defined it as ". . . prejudice by one age group toward other age groups." Although technically this includes any age group's prejudices toward another age group, Butler used it primarily in referring to any age group's prejudice against the elderly. He exemplified this by continuing to say that "ageism reflects a deep seated uneasiness on the part of the young and middle-aged--a personal revulsion to and distaste for growing old" (1969:243). This view is strongly supported by the majority of research (Harbert & Ginsberg, 1979; Knapp & Moss, 1963; Tuckman et al., 1953; and Whittington et al., 1972, to name a few). However, whether or not our society has a culturally induced negative stereotypic image of old age is a very controversial question. Thomas and Yamamoto (1975) found that children do not share the allegedly negative attitudes toward old age. Seltzer and Atchely (1971) argue that social gerontologists may have created the stereotypes. Still other research points to ambiguities of stereotypes in their own findings (Powell & Arquitt, 1978; Weinberg & Millham, 1975).

Several studies have been done in recent years which indicate that there is a sex factor involved in ageist stereotypes. Keith (1977) found that older females tend to have more stereotypes attached to them than any other group. Sontag (1975) referred to this as "the double standard of aging." It appears that little has been done on this sex variable in studying either stereotyping of older females or stereotyping the elderly by females.

Some research, such as Rosow (1974), stresses the importance of peer group identification among the elderly for continuation of self-image and mental sustenance. Rose and Peterson (1965) suggest that the elderly constitute a subculture. Barron (1953) and Drake (1958) went a step further, suggesting that given society's orientation, the aged constitute a minority, or a "quasi-minority." Opponents of this minority thesis (cf. Streib, 1968) argue that not all of the aged are the recipients of differential or unequal treatment. Peters (1971:73) also makes this point when he states that:

There is increasing agreement among gerontologists that it is unprofitable either theoretically or in terms of policy formulation to make generalizations about the aged as if they constituted a homogeneous category.

There appears to be some contradiction in the literature as to whether or not negative societal stereotypes are prevalent in society. The purpose of this study will be to assess the stereotypes that an elderly sample of retirees have about old age and the elderly. In addition, various socioeconomic and socio-demographic factors will be analyzed to determine their impact on these stereotypes. Also, inter-generational contact involving the respondents and their children will be considered as a determinant of stereotypes. All of this will be done

in a framework around the impact of a pre-retirement program on the retirees' perceptions.

As the population pyramid shifts toward older age groups, society will have to look at ways of coping with the resulting high levels of stereotypic beliefs manifested by the younger generations as well as the ever increasing elderly population. Whether it is education, training, or some other solution (e.g., contact with or exposure to the elderly) will be examined in greater depth in this study than in previous research.

Expected Contribution

The results of this study will allow for a critique of how well the pre-retirement program examined succeeds at fulfilling the criteria of a pre-retirement program (Monk, 1979). In a broader realm, this research may lead to a re-evaluation of one's own beliefs and the effects of these beliefs on his/her own behavior as well as the beliefs and behavior of others. It could possibly lead to a more realistic view of old age and less misunderstanding of growing old if people come to grips with the reality that society generally views the aging process not as a physical decline, but what Comfort (1976:4) calls "socio genic aging." He contends that this type of aging has no physiological basis but instead is the "role which our folklore, prejudice, and misconceptions about age impose on 'the old'." This is not to suggest that aging is not a physiological process, but that it is more commonly viewed from a social perspective in everyday life. Thus, it is the social component of age that will be examined here and not the physiological aspect. Consequently,

it is imperative to learn more about the stereotypes and biases held about an important component of the population.

Organization of the Study

Following this introductory chapter, Chapter II will begin with a demarcation of terminology which will be used throughout this dissertation. Previous literature suggests that because of lack of such operationalization, much confusion exists throughout social gerontology. Chapter II will next contain a review of literature pertinent to the perceptions of the elderly and the results of these perceptions. Also to be discussed will be some of the solutions proposed in other research that are designed to correct stereotypes of the aged. Chapter II will also have a brief discussion of the literature on the elderly as a minority. It will be concluded with a statement of the specific goals of this research as well as the research objectives to be tested in light of the previous review of literature.

Chapter III will discuss the research methodology, including the sample selection, data collection, and statistical procedures employed. Chapter IV will be concerned with the results of the research. Chapter V will provide a summary of the study, implications of the findings, and a discussion of the shortcomings of the report. Finally, this chapter will conclude with recommendations for further research.

CHAPTER II

DEMARICATION OF TERMINOLOGY

Kogan (1979) wrote a critique of attitudinal research in social gerontology and the misuse of some very important concepts. The main concern he illustrated in this article was that researchers' use of the terms "attitudes" and "beliefs" (Kogan uses the term knowledge as synonymous with beliefs) interchangeably has lead to many misconceptions of exactly what has been found. Kogan's (1979:13) simplified definition of an attitude is a concept that "carries the conotation of a 'pro' or 'con' disposition toward the object of the attitude." Though he does not define a belief, he indirectly refers to it as something which does not have a positive or negative disposition. Other researchers have argued similarly to Kogan (Bennett & Eckman, 1973; Brubaker & Powers, 1976; Kilty & Feld, 1976).

The author does not wish to debate semantics with Kogan or any of the other researchers who have differentiated between attitudes and beliefs. There is little doubt that the two concepts, attitudes and beliefs, are indeed different terms denoting different things. However, the difference Kogan makes between attitudes (having an affective component) and beliefs (lacking the affective component) is not acceptable to the author. Rokeach (1968) has a very thorough discussion of the difference between attitudes and beliefs. He states that, "Virtually all theorists agree that attitude is not a basic irreducible element within

the personality, but represents a cluster or syndrome of two or more interrelated elements (1968:112). He goes on to say that "In our definition, the elements are underlying beliefs . . ." Rokeach (1968:113) continues by defining an attitude as "A set of interrelated predispositions to action organized around an object or situation."

As indicated by the literature, the differentiation between attitudes and beliefs involves many diverse ideas. However, this study will utilize the argument of Rokeach since it appears to be supported more by existing attitudinal works. Still, in agreement with Kogan (1979), the use of attitudes and beliefs as synonymous is incorrect. But in using Rokeach's approach, it is not incorrect to report as similar, results from studies using beliefs and attitudes.

Based on previous discussion, the reader should be made aware that this research will use the terms stereotypes, beliefs, knowledge, and bias interchangeably with attitudes. They are not being used synonymously but as logical components in progression toward attitudinal development.

Perception of the Aged

The discussion which has been presented in the previous introductory chapter is supportive of the hypothesis that the larger culture in which the elderly live generally regards them as being without social function. It is the contention of many researchers that this cultural orientation may have led to the elderly being perceived in much more negative terms than positive. Kuhn (1979:32) described this negative perception in the following way: "There is a pervasive societal bias in the U.S., which contends that old age is a disaster and a disease, a loathsome disease that no one wants to admit he has."

With this frame of reference, the first section of this chapter will be concerned with the broader societal perspective of aging. For organizational purposes the next section will deal with the effects of age on perception of the aged. Then, sex will be looked at as a determinant of stereotypes. A brief discussion of the pertinent literature relating to the elderly as a minority will be followed by a brief review of ageism and self-perception. This chapter will conclude with a more indepth look at solutions to dispel stereotypes. At all times the author will attempt to present the controversies involved in each section.

The literature presents several strong arguments for the belief that negative stereotypes do exist as a cultural orientation. Harris et al. (1975:193) stated: "The image of older people held by the public at large is a distorted one tending to be negative and possibly damaging." Even studies within the medical field find typical illustrations of negative attitudes and bias (Beattie, 1975). Numerous research studies have found that there appears to be a general negative attitude throughout society about the elderly (Barrow & Smith, 1979; Bringman & Rieder, 1968; Freimuth & Jamieson, 1979; McTavish, 1971; Rubin & Brown, 1975; Slater, 1963; Solomon, 1978). Kogan and Wallach (1961) found that most people even had negative feelings for the phrase "old age."

One area of interest for social scientists in recent years has been the study of effects of television and mass media. Mander (1978) points out that since 1945, 99 percent of homes in this country have acquired a television. With the widespread availability of television, it is a plausible assumption that television has become one of the most important socializing agents in society today for all age groups. Thus it would be

expected to have a major impact on attitudes of the culture. Several studies have concluded that television does in fact transmit negative images of the elderly. Pratt and Castendyk (1978) argue that television is the most potent medium of transmitting stereotypes of the aged. Beattie (1975) calls television a major cause of ageism.

Although television research does indicate that the picture people get of the aged is often outdated and patronizing, the security of older people in television is equally problematic. Weinberger (1979) states that attitudes may be learned from acts of omission as well as of commission, omission indicating that old people are not interesting or dynamic. Arnoff (1974) found that the appearance of the elderly on television was much less between 1969 and 1971 than the percentage of the population they comprised. Greenberg et al. (1979) showed that their appearances dropped even lower, to about two percent) in 1977. Given this lack of exposure to the elderly through a major socializing agent, in conjunction with Weinberger's contention of attitudes formation through omission, it appears that many images of the elderly must be developed in some manner other than exposure to them through the television medium.

Television is not the only form of medium which negative attitudes are perpetuated. MacDonald (1973) found that newspapers also portray the aged in outdated, negative, and patronizing ways. Research indicates that literature is one of the most notorious tools used to spread negative stereotypes (Ansello, 1977a, 1977b, 1978; Barnum, 1977; Bradford, 1978; Freimuth & Jamieson, 1979; Martel, 1968; Peterson & Eden, 1977; Pratt & Castendyk, 1978; Storey, 1977; Taylor, 1977). Some research has even indicated that jokes are transmitters of negative

stereotypes (Freimuth & Jamieson, 1979; Palmore, 1971; Richman, 1977; Smith, 1979).

Bengston et al. (1975) and Fry (1980) concluded that ageism has a tendency to become more intense in modernized, industrial societies (consistent with the ideas that the aged person has no functional value). However, the implications of these negative stereotypes have yet to be explored.

Still, other research indicates that the general perception toward the aged in this society is a positive one. Graney and Graney (1974) suggest that television is a tool which breaks down stereotypes and that it keeps the older person involved in society. Duncan (1963) feels that the image of the elderly in our society has improved over time. Tibbits (1979) contends that we are moving away from a society of derogative stereotypes about old age toward one which views the elderly in a positive light. Seltzer and Atchely (1971) examined literature for children from the period of 1870 to 1960. They decided that the attitudes and stereotypes found toward the old were not as negative as social gerontologists have led people to believe. In fact, they concluded that:

We might borrow a leaf from the late C. Wright Mills' classic article on the social ideology of social gerontologists. We may well find ourselves overly sensitized to all signs of ageism so that our expectations are for negative attitudes and stereotypes. Those we find, we then tend to exaggerate as part of the 'and-for-the-rich-they-sing' syndrome (1971:230).

Comfort (1976) supports Seltzer and Atchley's contention but does not suggest quite as positive an image. He states negative stereotypes are of two kinds, those which are comprised of thoughtless ageism and those which are overstatements of the injustices inflicted on the elderly in order to reform them.

Even if one assumes that the cultural orientation of the elderly is positive there arises other problems. Bradford (1978) suggests that positive stereotypes can be equally as damaging as negative perceptions. She points out that this simplifies the task of overlooking the severe problems which actually do exist for the elderly. Crockett et al. (1977) had made a similar point earlier, which also supports Comfort's second concept of negative stereotypes, in that they argued that positive stereotypes lead to overly positive perceptions of the aged. As a result, the elderly fail to receive the help that is actually needed. In addition, if the elderly share these unrealistic positive stereotypes, old age can be a very depressing stage of life when they find the beliefs to be false.

As has been illustrated by the previous literature, there is much confusion as to whether or not society has indeed negatively stereotyped the elderly. However, the volume of work which has been done does tend to suggest that the elderly are in fact viewed as being a unique, homogeneous group within society. The remaining sections will deal with the consequences of being viewed as such.

Age and Perception of the Elderly

The studies of attitudes toward the elderly have found the respondent's age a predominant characteristic associated with perception of the elderly. However, there is some controversy even here on how much this single factor affects one's perception. Some researchers use age as the primary factor (cf. Pratt & Castendyk, 1978; Signori & Kozak, 1976; Tuckman, 1965; Whittington et al., 1972) while others argue that age has little or nothing to do with stereotypes of the aged (Hickey & Kalish,

1968; Kogan, 1961; Merrill & Gunter, 1969; Thorson, 1975a; Troll & Schlossberg, 1979; Ward, 1977a). This section of the chapter will look at the literature which is pertinent to age and its effects on the direction of perceptions. It will be divided into three subareas. The first will pertain to children's attitudes toward the elderly. The second area will cover a broader age group, college age through middle age; and the third area will address the elderly's perceptions of the elderly. This will incorporate a discussion of literature on their self-concept as a result of existing attitudes.

Children's Perceptions of the Elderly

The findings of studies on children's perceptions of the elderly have resulted in some disagreement. Seefeldt et al. (1977a) found that children as young as age three reported negative and stereotypic attitudes toward old people. The same study indicated that children had negative concepts, not only of old people, but of their own aging process. In similar studies, Jantz et al. (1977) and Seefeldt et al. (1977b) found that although children had little general knowledge about old people, they did not perceive being old nor their own aging as a positive thing. However, both studies reported ambiguous feelings among the children in relation to perceptions of old people. Jantz et al. (1976) indicated that although the children interviewed did not know any elderly people, or have any contact with the elderly, 90 percent had negative feelings about old people. Weinberger (1979) found that children between the ages of five and eight had negative stereotypes toward the elderly similar to those of adult age groups. The most statistically

significant stereotypes of the elderly chosen by the children were: the elderly as the sickest group, the ugliest, and having the fewest friends.

Hickey and Kalish (1968) further stress the point of negative stereotypes by children in their research. Along with earlier findings by Tuckman et al. (1953) and Knapp and Moss (1963) they suggest that children develop stereotypes early in life and they become more marked, or less pleasant, as the child ages. An additional finding by Hickey and Kalish is that the older the adult is, the less pleasant the perception of them. Should this be the case, it would seem that as children grow older their attitudes toward the elderly would become more negative. Also, since they are growing older themselves, it seems to follow that since negative attitudes increase as the object of the attitudes become older, a negative self-concept would simultaneously develop. This point is born out by Weinberger (1979:132-133):

The attitudinal and behavioral repertoires acquired in childhood have at least threefold importance: (1) They have a direct effect upon the manner in which children perceive and relate to the elderly; (2) They may influence children's attitudes and behavior when they themselves reach young and middle-aged adulthood; (3) They may help to mold the type of self-image to which they will subscribe in old age.

So far only research indicating the prevalence of negative attitudes has been presented; however, there are some equally notable studies done pertaining to the positive perceptions of the elderly by children. Thomas and Yamamoto (1975) and Ross and Freitag (1976) found children did not subscribe to society's general negative attitudes of older people. Ivester and King (1977) also concluded that adolescents have positive attitudes toward the elderly which the authors attributed to adolescent's ability to appreciate the elderly as individuals and not as a homogeneous group.

Although the interpretations by Thomas and Yamamoto (1975), Ross and Freitag (1976), and Ivester and King (1977) are without a doubt plausible interpretations, there are other explanations which are of equal merit. Weinberger (1979:128) suggested quite convincingly that "negative stereotypes sometimes elicit prosocial behavior." He continues:

The positive bias manifested by children . . . is perhaps nothing more than the consequences of acknowledging prevailing negative stereotypes. People who are sick, ugly, unhappy and have few friends are more needy than those who are not perceived this way.

Other research (cf. Krebs, 1970) has illustrated that the elderly whose dependency is not perceived as overwhelming are more likely to receive help from others. So, although the research appears to indicate a confusion on how children perceive the elderly, the negative views appear to dominate the research findings.

Adult Perceptions of the Elderly

Some of the most enlightening research findings have resulted from studies of young and middle-aged attitudes toward the elderly. One study in particular which illustrates Ivester and King's (1977) argument for the importance of awareness of individuality was that of Weinberg and Millham (1975). Their study indicated that although college students had negative stereotypes toward the elderly as a group, they indicated positive attitudes toward the elderly individual. Crockett et al. (1979) support Weinberg and Millham by showing that the stereotypes held by college students are in fact negative, but that if an older person deviates from these stereotypes, they are looked upon as being "exceptional."

Several other studies have had important implications for supporting a negative bias orientation. Spence and Feigenbaum (1968) found that medical students were more prejudiced against old patients than against patients of a different race than themselves. Collett-Pratt (1976) found that although all age groups devalued old age, the young and middle-aged subjects devalued old people almost twice as much as old people themselves. In trying to account for generational differences in perspectives, Tuckman and Lorge (1953) attributed college students' attitudes to limited knowledge. They argued that this limited knowledge is gained through observation and personal experience which is no more than a reflection of cultural expectations.

Traxler (1971) found that there were attitudinal differences between college students and their middle-aged parents, with college students being more negative. The author contended that this was due to the student being temporarily more removed from old age and thus more likely to base attitudes on cultural stereotypes of the aged rather than from actual contact with the aged. Although this seems plausible, this contact hypothesis is questionable as a solution for stereotypes. However, this will be addressed further in a later section of this chapter.

One area where negative attitudes of young and middle-aged adults can have immediate overt effects is in the area of employment and services rendered. Rosen and Jerden (1976) found negative stereotypes regarding older workers resulted in discrimination against them. Other studies indicate that the majority of counselors are ageists (Troll & Schlossberg, 1971) as are people employed to work in the field of aging (Coe, 1967; Siless & Estes, 1973). Longino and Kitson (1976) and Moberg (1975) concluded that the clergy also reflect society's ageists bias.

Even the services the elderly receive from professionals (Ginsberg & Goldstein, 1974; Kucharski et al., 1979) and paraprofessionals (Burnside, 1976; Gillis, 1973; Thorson, 1975b) reflect negative attitudes toward the aged. Still other research indicates the existence of negative images of the elderly by younger adults in other areas (Britton & Britton, 1970; Kastenbaum & Durkee, 1964; Ross & Freitag, 1976; Ryan & Capadano, 1978; Schwab & Heneman, 1978; Tuckman, 1965; Tuckman & Lorge, 1952).

As has been previously illustrated, there are various amounts of disagreement in research results. This holds true of studies on young and middle-aged adults also. Seltzer and Atchley (1971) and Bear and Guy (1976) found that high school students had positive attitudes toward older people. Bell and Stanfield (1973a) suggest that there is a tendency for college age students to rate elderly people more positively than the elderly people rated themselves. However, the difference was not statistically significant. Another study by Bell and Stanfield (1973b) concluded that college students as a group tend to be neutral in their attitudes toward the elderly.

Again the literature supports the contention that negative attitudes toward the elderly are more typical in society than are positive perceptions. However, promising research indicating a shift from the negative orientation is becoming more prevalent (cf. Weinberg and Millham, 1975). Still there needs to be more research of a similar vein before a trend toward negative or positive perceptions about the elderly within this group can be predicted.

Elderly People's Perceptions of the
Elderly

Martin (1973) recommended that attitudinal research in social gerontology adopt a developmental orientation toward attitudes. Since this study does not have the appropriate data to test a developmental theory as Martin calls for, it will be based on the hypothetical assumption that attitudes are in fact developmental. However, this developmental model does not assume attitudes to be as rigid as Klausmeier and Ripple (1971) would have one believe nor as inner directed as Brubaker and Plowers (1976) believe. Assuming this developmental model, in light of the literature which has been previously cited, this section on age and perception of the elderly will be conducted by discussing how the elderly perceive old age and, as a result, their self-perception.

By the time a person is three years old they have already developed a negative impression of older people (Seefeldt et al., 1977a). By the age of eight these negative stereotypes approximate that of the adult population (Weinberger, 1979). As the person ages, these negative stereotypes become less pleasant (Knapp & Moss, 1963). During the rest of one's life these stereotypes exist, functioning to pigeonhole "people and not allow them to be individuals with unique ways of living their lives . . ." (Butler & Lewis, 1973:283). Eventually that person reaches the age of 65. This means that for approximately 62 years this person has held certain beliefs and attitudes about old age. According to Weinberger (1979) this could very possibly cause the older person to subscribe to these beliefs themselves. It should be pointed out for clarification purposes that this perspective is an ideal developmental model of negative attitudes based upon the literature previously cited.

It fails to recognize the continuous socialization process that age cohorts are exposed to throughout life and consequently does not suggest that negative stereotypes actually develop in such a rigid manner.

This section will begin by examining the literature on negative stereotypes held by the elderly toward old age and old people. Butler (1975:13), in discussing the concept of ageism, said: "Ageism, like other prejudices, influences the self view and behavior of its victims. The elderly tend to adopt negative definitions directed against them, thereby reinforcing society's beliefs." Butler's point has been illustrated time and again by research (cf. Harris et al., 1975; Hendricks & Hendricks, 1977; Kuypers & Bengston, 1973; McTavish, 1971). Other research has found that older people do in fact have negative stereotypes and attitudes of aging and old people (Ansello, 1977a; Bloom, 1961; Calhoun & Gottsman, 1969; Guttman, 1978; Kahana, 1970; Kogan & Shelton, 1967; Kozak & Signori, 1976; Naus, 1973; Romaniuk et al., 1977). Still other research indicates that the development of negative attitudes increases in old age. Tuckman and Lorge (1953, 1956) state that as people grow older they subscribe more to the stereotypes of old age, and that these stereotypes become more negative. Kuhlen (1959:871) stated that "the data seem to suggest that consciously or unconsciously the individual, as he grows older, has a less positive attitude toward himself."

Contrary to the previous literature, many researchers suggest that older people do not hold negative attitudes toward old people or toward being old themselves. Nardi (1971) suggests that old people are less negative toward old age than any other age group. Lester et al. (1979) argue that although old age may be feared, older people fear it much less

than younger people. Nehrke et al. (1975) found that older people who have come to terms with their situation are much more satisfied than those who do not accept it.

Although the research cited above by Tuckman and Lorge (1953, 1956) and Kuhlen (1959) strongly support a developmental model approach in the negative direction, Brubaker and Plowers (1976) argue that negative stereotypes of aging become positive as one ages. This hypothesis is supported as well from research by Grant (1969) and Kaplan (1970). Other studies have even found that older people not only have more positive attitudes, they also have positive self-concepts (Hess & Bradshaw, 1970; Parker & Kleiner, 1966). Grant (1969) went as far as to say that old age is a desirable stage in life. This is supported by still other studies which suggest that there are very few stereotypes or negative views about old people in general (Knapp & Moss, 1963; Kopan & Wallach, 1961; Neugarten, 1968; Newfield, 1971).

Kalish (1979), in discussing stereotypes of all groups toward the elderly, argued that stereotypes about the elderly are negative simply because the stereotypes are developed around the frail elderly alone. He refers to this as the "new ageism" because it handicaps the healthy aged which comprises the bulk of the elderly population. Hellebrandt (1980) lends support to Kalish's concept in her study by showing that the elderly who are educated, affluent, and healthy do not hold negative stereotypes about old age.

Self and Perceptions of the Elderly

There appears to be very little systematic study of the possible effects of negative views of the elderly. Kahana et al. (1977:127)

suggest that the consequences are practically nil:

While ageism may be a prevalent feature of modern U.S.A. society, and while negative stereotypes of aging may be shared by old and young alike, relatively small proportions of older people report having experienced discrimination or personal rejection. We may conclude, then, that elderly persons do not perceive ageism to be a very potent influence in their personal lives.

This optimistic view which Kahana et al. suggest has too many alternative interpretations to accept their conclusions without further examination. Instead of these negative views not affecting them in any significant manner, this author would propose that discrimination and personal rejection are practiced covertly. Thus, elderly people may not even be aware of the discrimination. In closer examination Kahana et al. may have found that the lack of perception of negative results is due to the elderly's internalization of the basic ageist stereotypes which results in their denial that they are being discriminated against. Thus, behavior toward the elderly is viewed not as discriminatory but as a consequence of being old (e.g., retirement).

The majority of research does indicate that the negative views of the elderly has some effect on the elderly's perception of self. Brubaker and Powers (1976) suggest that a person does not accept a negative stereotype of old age resulting in a negative self-image. They contend that instead, the self-concept is developed early in life and that it mediates between labeling oneself as old and the acceptance of stereotypes about the old. Comfort (1976) takes a slightly less positive view in that he suggests that in society, if people are indoctrinated throughout life with the inferiority of old people, they may in turn be prejudiced against themselves when they reach old age.

Rosow (1974:12) states:

The position of the elderly has several consequences: They are devalued, viewed in invidious stereotypes, excluded from social opportunities, and they lose roles, confront severe role ambiguity in later life, and struggle to preserve self-esteem through self-images.

This last idea of Rosow's is one which needs to be explored in more depth. Is this presentation of a youthful image a result of negative stereotypes? The literature indicates that they do in fact postpone recognition of being old to avoid the stereotypes of society as well as the negative self-images. In a relative sense, old people see old age as beginning much later in life than do young people (Blau, 1956; Drevendstedt, 1976; Perril, 1963; Shanas, 1962; Zola, 1962).

In conjunction with the research of those who find that older people postpone the beginning of old age, others have found that there is a denial by older people that they themselves are old, regardless of when they see old age starting (Aisenberg, 1964; Carp, 1967; Kutner et al., 1956; Perlin & Butler, 1962; Riley & Foner, 1968; Taves & Hansen, 1963; Tuckman and Lorge, 1954). Hess (1974) argued that the denial of one's age helps to perpetuate negative stereotypes. Streib (1968), however, suggests that the elderly have little choice in how they perceive themselves. He makes the point that because the elderly are talked down to as if they were children, it is no surprise that as they become chronologically older they tend to perceive themselves as relatively younger.

Still another effect of society's stereotypes of the aged is that they result in them alienating themselves from the other elderly people. Harris et al. (1975:38) found that, "The older public, like the young, have bought the negative images of old age. They apparently assume that

life is really tough for most people 65 and that they are merely exceptions to the rule." Rosow (1974:88) illustrated the point in greater depth when he said:

Basically, older persons share the common denigrating beliefs about the elderly, but only about others. They exempt themselves personally from such invidious social judgements. Thus, they stigmatize others while dissociating themselves from the stigmatized category.

Calhoun (1964) also found a tendency for older people to consider themselves in a better light than the elderly in general. Troll and Nowak (1976) suggest that those who think they are young tend to adjust better and have a higher morale. Conversely, Ward (1977b) argues that those who identify themselves as elderly tend to have more positive attitudes toward the elderly.

As in the literature pertaining to the other age groups, the majority of the research indicates a negative bias among the elderly toward their own age group and indirectly toward themselves. However, there is probably more contradiction about the effects of the elderly's perceptions and whether they perceive old age as negative or positive, than with any other age group. Thus, it is imperative that greater scrutiny be applied to the question of how older people view old age and the elderly.

Sex and Perception of the Elderly

A review of the literature pertaining to the relationship between sex and perceptions of older people produces mixed results. Sontag (1975) referred to the situation in which aging is viewed more negatively for females than for males as a double standard of aging. Palmore (1971) indicated that this double standard against females is exemplified in

humor. Although a majority of jokes about old people are negative, Palmore found that those dealing with females tended to be much more negative than those dealing with males. Payne and Whittington (1976) claim that older women are subjected to more negative stereotypes than any other age-sex group. Other research has indicated that not only are older females more often the recipients of negative stereotypes, they themselves also stereotype old age more negatively than do males (Drevenstedt & Banziger, 1977; Merrill & Gunter, 1969; Neugarten, 1968; Perrill, 1963; Pollack et al., 1962; Silverman, 1966; Streib & Schneider, 1971; Ward, 1977b; Weinberg & Millham, 1975). Conversely, very few studies have found women to be less negative than males toward older people (Hickey et al., 1976; Troll & Schlossberg, 1970). The alternative of no difference in perception by sex has been reported by others (Britton & Britton, 1970; Bynum et al., 1978; Ivester & King, 1977; Klemmack et al., 1980; Kogan, 1961; Rosencranz & McNevin, 1969; Traxler, 1971). These contradictions indicate that sex may not be a factor in developing attitudes toward the aged.

Socioeconomic and Socio-Demographic Factors and Perception of the Elderly

As has been illustrated with age, research concerning relationships between measures of socioeconomic and socio-demographic factors and perceptions of the elderly indicate a variation of associations. Part of this variation can be attributed to utilization of different indicators of socioeconomic status and socio-demographic variables. Some general conclusions can be gleaned from the literature in this area. Several studies have indicated that members of the lower class tend to hold more

negative stereotypes of the elderly than do other classes (Harris et al., 1975; Hickey & Kalish, 1968; McTavish, 1971; Neugarten & Peterson, 1957; Rosencranz & McNevin, 1969). Educational achievement has been found to be associated with positive perceptions of the aged (Drevenstedt & Banziger, 1977; Klemmack et al., 1980; Merrill & Gunter, 1969; Plamore, 1977; Troll & Schlossberg, 1970). Others have indicated that some urban respondents view the older person in a more positive light (Klemmack et al., 1980). Troll et al. (1979) and Johnson and Bursk (1977) contend that health and attitudes toward the elderly are highly related, with poor health being accompanied by negative attitudes.

Life Satisfaction and Perceptions of the Elderly

In the study of aging populations, life satisfaction has been a major area of concern. However, the most common theme has been a major area of concern. The most common theme of this research to date has been the measurement of characteristics which are associated with elderly life satisfaction (cf. Neugarten et al., 1961; Lohmann, 1977; Thompson et al., 1960). A review of the life satisfaction literature by Larson (1978) indicates a minimum of 25 different studies designed to determine characteristics of life satisfaction in the elderly.

With the abundance, if not over-abundance, of studies determining factors leading to life satisfaction, one particular approach seems to have been almost totally ignored (i.e., the use of life satisfaction as an independent variable). Lowry and Archer (1974) contend that positive attitudes and behavior lead to higher life satisfaction. The next logical question to be asked is how this life satisfaction affects the

perceptions of the elderly toward old age and the elderly. Klemmack (1980) found that life satisfaction is positively correlated with positive perceptions of old age. Consequently, the feasibility of using life satisfaction as a determinant of stereotypes seems to be justifiable.

Methods of Dispelling Stereotypes

One of the areas which has the greatest amount of literature is in the area of dispelling stereotypes. The three methods which will be dealt with in this review will be contact, education, and training. It should be noted that all of the literature dealing with dispelling stereotypes assumes that these three methods should be used primarily on younger people and not the elderly. However, a few of these studies do address the need for helping the elderly deal with these stereotypes as well. In this section, the author will deal with contact as one method and education and training simultaneously as another method.

Contact

Mead (1977:27) said that, "If you associate enough with older people who do enjoy their lives, who are not stored away in any golden ghetto, you will gain a sense of continuity and the possibilities for a full life." This is just one indication of how people feel who favor contact as a way to dissolve prejudicial attitudes toward old age. Research by Tuckman and Lorge (1953, 1958), Burger (1972), Gordon and Hallaver (1976), Fletcher et al. (1971), John (1977), and Rosencranz and McNevin (1969) all found that increased contact by children and college age students with older people resulted in more positive images of the elderly.

Aronson and Graziano (1976) found that the elderly's self-concept can also be improved if they perceive older people performing various tasks successfully. Still other research found that more exposure to and actual contact with older people tends to mitigate negative bias. Kogan (1979:28-29) suggests that, "The process of aging and the opportunity to interact with diverse kinds of old people should reduce stereotypes in any form and enhance the appreciation of individual differences within the older population." Butler (1969) also suggested that myths and stereotypes surrounding old age are due to insufficient contact with the aged.

Implicit in this idea of contact is that knowledge accompanies contact and that this knowledge leads to the realization that negative stereotypes are incorrect. However, there are several studies which tend to indicate the opposite--that, in fact, increased contact may result in more negative attitudes (Keith, 1977). Drake (1957) found that increased intimate contact does not breakdown negative stereotypes held by students. Other studies have found that neither contact nor frequency of contact had any effect on attitudes toward old people (Click & Powell, 1976; Ivester & King, 1977; Naus, 1973).

A unique finding by Olejnik and Larue (1977) indicated that when children interact with the aged their stereotypes and biases tend to be less negative than prior to contact. However, as the age of the child increased, the level of attitudinal change decreased. In addition, regardless of the child's age, after the intergenerational contact the children were less willing to interact with the elderly again. Auerbach and Levenson (1977) indicated that contact by college students resulted

in strong negative attitudes when the contact with the elderly was done on an equal or peer group basis.

These last two studies indicate that when contact takes place on the basis of the younger person perceiving equality with the older person, negative attitudes develop. This appears to be especially true as the younger person becomes older. These findings suggest a process similar to that Amir (1969) called the threat-competition hypothesis or the contact hypothesis. This hypothesis assumes that contact on an equal basis between the two groups (young and old in this case) results in a perceived threat for a valued commodity, thus competition develops. Neugarten (1976:107) suggests this occurs when she says that "ageism is negative or hostile attitudes between age groups that lead to socially destructive competition."

One point which appears to be neglected in the literature on contact with the elderly is that contact is actually a very complex variable and includes more than simply the frequency of contact. It may actually be more important to examine the situation where the contact takes place and the perceived quality of the contact, rather than the frequency. Current research has illustrated that the threat-competition hypothesis is highly valid in examining racial attitudes and that quality of contact is indeed extremely important (Miller & Cannon, 1979). So the studies in race relations may be a good guide for social gerontologists concerned with contact.

Education and Training

The American society is one which places great emphasis on education as a way of solving its social problems. Thus, it is understandable that

education would be looked to as a way of dispelling the stereotypes of old age.

Education and training will be analyzed simultaneously in this section but they are not being used synonymously. Education refers to more theoretical, abstract learning while training refers to learning which is more technical and applied. However, most research suggests that there is a need for both. The majority of research which has analyzed education or training as a factor in lessening negative bias has found that when one or the other is increased, bias tends to become more positive (Campbell, 1971; Fletcher et al., 1971; Gillis, 1973; Hellebrandt, 1980; LaBouvie-Viel & Baltes, 1976; Smith & Baker, 1972; Steinbaum, 1973; Thorson, 1975b; Thorson et al., 1974). Cautela and Wisocki (1969) found that attitudes in young people can be changed if they perceive positive factors about older people.

There has been still other research which has failed to analyze the effects of education and training on negative stereotypes, but which concludes that education and training may help control or dispel commonly held stereotypes (Allen, 1979; Ansello, 1978; Kawabori, 1975; Lane, 1964; Lee, 1978; Palmore, 1977; Ralston, 1978; Seefeldt et al., 1977a). Freimuth and Jamieson (1979) suggest education be used on teachers so that they will no longer perpetuate negative stereotypes through their teaching. Hickey et al. (1976) found that training practitioners who work with the elderly lessen their cynicism about aging.

Although the majority of research does indicate that education and training do in fact lessen negative stereotypes, there are a few which argue conversely. Spence and Feigenbaum (1968) found that medical

training did not affect the existing negative attitudes of medical students. In a similar study, Cicchetti et al. (1973) conclude that learning social facts about the aged increased people's level of knowledge but did not result in a change of their attitudes. Fabiano (1977) discovered that after having read about older people, children's attitudes were no different than prior to having read about them. Although Fabiano concluded this was due to attitudes being more fully developed by this time, another possible explanation should be considered. Assuming the initial attitudes were negative, it is very likely that the literature they were reading was equally negative, thus supporting their present biases (Ansello, 1978; Freimuth & Jamieson, 1979; Pratt & Castendyk, 1978; Taylor, 1977).

The research dealing with dispelling society's negative biases does tend to indicate that they can be discounted by education and training. However, there is no clear cut majority of studies either supporting or opposing contact as an effective method of lessening stereotypes.

Summary of the Literature

The following points may offer some clarification of the primary orientation of the literature reviewed in this chapter:

1. The societal perceptions of the elderly suggest a predominantly negative, stereotypic image.

2. Literature which reviewed the perceptions of the elderly by children showed a considerable amount of confusion over the direction of the attitudes. However, there is a significant body of research which indicates that the general perception of children toward the elderly is negative.

3. The view of the aged by young and middle-aged adults tends to indicate that this age group has attitudes which parallel society's image of the aged and that this image may in fact be negative. However, there is enough contradiction in the literature to warrant caution when concluding that a negative trend predominates.

4. The research on the elderly's attitudes toward old people and aging illustrated the most inconsistent results. Some research suggests that a pattern seems to exist which indicates that the elderly have internalized negative biases against the elderly (how the biases have been manifested have taken a multitude of forms). Still other literature contends that the elderly are the least negative in their perceptions of old age.

5. Separate from attitudes toward older people in general, self-attitudes by older people tend to indicate that most old people deny their own aging process and disassociate themselves from the elderly.

6. There tends to be a double standard of aging, with the aged female suffering more than any other age-sex group from negative stereotypes.

7. Females tend to stereotype old age and the elderly more negatively than do males.

8. There is little consensus on whether contact with the elderly can dispel bias and, if it does, in what direction. However, there appears to be almost total agreement that education and training are the best methods available to discount misconceptions about the aged.

Research Objectives

In light of the contradictory findings of the literature previously

cited, the following research objective orient the present research:

1. The first objective will be to examine the stereotypes of the respondents to determine how they view old age and the elderly.
2. Sex will be analyzed to ascertain if it is an important factor in how one perceives the elderly.
3. To determine if there is pre-retirement program participation/non-participation variation in stereotypes. In addition, if there is variation between the two groups, is it significant and directional opposites?
4. Is there any variation in types of stereotypes that participants/non-participants hold?
5. To see if intergenerational contact results in more neutral or positive stereotypes among the elderly than lack of contact.
6. Does socioeconomic and socio-demographic factors yield some influence on the elderly's perceptions of old age?

Although these are the primary research objectives, other factors will be analyzed and addressed to determine their effects on the elderly's biases toward aging and old age.

CHAPTER III

RESEARCH METHODOLOGY

The purpose of this chapter is to acquaint the reader with the methodology utilized to test the six research objectives. For organizational purposes, this chapter will be divided into five substantive areas. The first consists of a re-statement of the research problem. Following this will be a discussion of the research instrument, including relevant analysis of each sub-part. The next section will address the administration of the scale. This section will be followed by a description of the sample who returned the instrument. The concluding section will present the statistical techniques to be utilized in data analysis.

Research Problem

The literature reviewed in Chapter II suggests that although there is near consensus that our society has a stereotypic view of the elderly, there is enormous controversy over the direction of these stereotypes (Butler, 1969; Seltzer & Atchley, 1971; Weinberg & Millham, 1975). Some gerontologists suggest that stereotypes of positive or negative direction are incorrectly applied because the elderly do not constitute a homogeneous group (Peters, 1971). However, whether a stereotype is correctly applied or not is an irrelevant point here since it is normally assumed that the aged are a homogeneous group by the populace. As a result, they

also share in the labels which become attached to that group, regardless of whether they identify with that group or not.

The purpose of this study then will be to determine what kind of stereotypes the elderly accept about old age and the aged in general. Not only will the degree of negativism or positivism of these stereotypes be considered, but also factors which influence the belief in them. The primary independent variable that will be analyzed is respondent participation in a pre-retirement program. If adherence to stereotypes is found, an indepth breakdown of the type of stereotypes held by participants versus non-participants of the pre-retirement program will be used. This will also require consideration of socioeconomic factors as well as socio-demographic variables.

Instrumentation

The total instrument is presented in Appendix A. The instrument is divided into three sections. The first part is comprised of 25 questions designed to elicit socioeconomic and socio-demographic descriptions of the respondent. Additional questions were included to gather information concerning frequency of contact with others (items 7, 8, and 9) and to determine their perceived health (questions 22, 23, and 24. These variables are important considerations in accounting for how the respondents view other elderly persons and old age.

The second section of the instrument is comprised of the Facts on Aging Quiz (items 27 through 51). The Facts on Aging Quiz (FAQ) was first published by Palmore (1977) but has been extensively used since then (cf. Palmore, 1980). As a measure of stereotypes it has some distinct advantages over pre-existing scales. The FAQ is a short, 25

item true-false quiz. The coding scheme is quite simple: all odd numbers are false and all even numbers are true. It is confined to factual statements which have been empirically documented through previous research. The FAQ was designed to cover basic physical, mental, and social facts about aging as well as the most common misconceptions about aging, to determine frequently held misconceptions about old people and aging and can be an indirect measure of bias toward the aged. However, validity tests of the FAQ have indicated conflicting results about what it really measures. Holtzman and Beck (1979) concluded that, as suggested by Palmore (1977, 1978, 1979), the scale does in fact measure knowledge about the aged.

Conversely, Klemmack (1978) and Miller and Dodder (1980a, 1980b) contend that the FAQ does not measure knowledge of aging per se but is a measure of stereotypes. Brubaker and Barresi (1979), as well as Miller and Dodder (1980b), found that the positive stereotype score does not significantly relate to the amount of education in gerontology. Since there is an agreement that the FAQ is an adequate measure of stereotypes, it has been chosen to be utilized in this study as a stereotype scale. However, it would be misleading to conclude any knowledge of aging from the FAQ until the validity of the scale is tested further.

The FAQ was developed to not only measure stereotypes, but to show the direction of the stereotype (i.e., negative, positive, or neutral). According to Palmore (1977), error in responding to certain statements probably indicates that the respondent has a negative image of the elderly. An example would be if the respondent answers true to item number one (i.e., a majority of old people are senile, it would be concluded that this respondent has an overly negative stereotype about the

elderly). On the other hand, an incorrect response to other items would probably suggest an unrealistic positive image of the aged. For example, item number two, a positive bias is denoted if a respondent answers false to the statement that all five senses tend to decline in old age. Palmore classified 16 items as denoting a negative bias if marked incorrectly. This negative subscale includes statement numbers 1, 3, 5, 7, 8, 9, 10, 11, 13, 16, 17, 18, 21, 22, 24, and 25. On the other hand, he classified five items as connoting a positive stereotype if answered incorrectly. These items comprising the positive subscale are numbers 2, 4, 6, 12, and 14. The remaining four statements denote a neutral stereotype if missed (i.e., the stereotype does not necessarily convey a negative or a positive connotation).

Using the negative and positive subscales, one can compute a net "anti-aged" or "pro-aged" bias score, referred to as a net-bias score, by subtracting the percentage of errors on the negative stereotyped items from the percentage of incorrectly marked on the positive subscale. If the resulting score is negative, it indicates a negative stereotype or "anti-aged" bias. If the score is positive, a positive stereotype or "pro-aged" bias is indicated. Unfortunately, Palmore failed to address how to utilize neutral stereotype items as a leveler of negative or positive stereotypes. Possibly a greater oversight of Palmore's work was that he failed to distinguish at what point a negative or positive image became significant in direction.

The third section of the instrument is comprised of the Life Satisfaction Index Z (LSIZ). This section is comprised of questions 52 through 64. Dobson et al. (1979) examined the life satisfaction scale and found it to be a multidimensional measure with four distinct

factors. In light of the work of Neugarten et al. (1961) this is to be expected since they found well-being to be a multidimensional concept.

Neugarten et al. (1961) developed a 20-item scale, the Life Satisfaction Index A (LSIA), designed to measure five components of life satisfaction among the elderly. The five components were zest versus apathy, resolution versus fortitude, congruence versus desired and achieved goals, self-concept, and mood tone. Adams (1969) factor analyzed the scale and found four factors. Wood et al. (1969) shortened the LSIA into a 13-item instrument and labeled the shortened scale LSIZ. The LSIZ has been utilized in several studies (Bultena, 1969; Bultena & Oyler, 1971; Conner et al., 1979; Pollman, 1971) involving people of age 60 and over. Conner et al. (1979) report that the reliability of the scale is extremely high (Cronback's Alpha of .93).

Research Design

In doing research, choosing the most appropriate research design is paramount for producing good results. Factors which need to be considered include sampling, time available for data gathering and analysis, and complexity of the instrument, to mention a few. The sample used in this research consisted of retirees encompassing 16 states, although all had been employed either in Arkansas or Oklahoma. Given the widespread dispersion of the population, the limited funds, and the time available to gather the data, a mail-out questionnaire was the research design selected as the most feasible. The scale was pre-tested on a sample of retirees living in a governmentally subsidized apartment complex in International Falls, Minnesota. Following this pre-test, revisions were made in the instrument sets and the instrument itself to the current form.

The weaknesses of the mail-out questionnaire are widely known and have been addressed by numerous researchers. Wallace (1954) suggested that some of the major weaknesses are: (1) lack of response to the questionnaire resulting in a biased sample, (2) validity is dependent on the willingness of the respondent to provide information, and (3) questions may be misinterpreted since the ability of clarification is lacking. Ferber and Verdoorn (cited in Simon, 1978) added that the mail questionnaire is not approachable to certain segments of the population (e.g., illiterates). However, there are also distinct advantages to the mail questionnaire. Wallace cites the advantages as: (1) the ability to obtain a large sample with minimal expense, (2) wider geographical content, (3) more consideration is allowed in responding to questions, and (4) greater uniformity in how statements are posed (i.e., no interviewer bias). Although it appears the draw backs of mail questionnaires may be too significant in comparison to other techniques to justify its use (Kerlinger, 1973), other modes also have some major weaknesses. The face-to-face interview, for example, has fallen criticism to being unable to perform the very tests that lend strength to the mail-out questionnaire (American Statistical Association, 1974; Dillman, 1978).

In addition to the ongoing debate over the strengths and weaknesses of the mail questionnaire, there are many suggestions on how to improve response rates when mail questionnaire design is used. Among these suggestions are brief instruments (cf. Francel, 1966; Warwick & Lininger, 1975), colored stationery rather than white (Gullahorn & Gullahorn, 1953; Pucel et al., 197; Warwick & Lininger, 1975), personalization of the correspondence (Buse, 1973; Francel, 1966; Frazier & Bird, 1958; Reeder,

1960; Warwick & Lininger, 1975), official sponsorship of the survey (Flipello et al., 1958; Warwick & Lininger, 1975), and anonymity and confidentiality (Bunning & Cahalan, 1973; Scott, 1961).

In an attempt to maximize the probable return rate of the mail-out questionnaire in this study, several of the recommended factors were incorporated. The length of the instrument was minimized, including instruction sets which were as concise as possible without attracting the clarity; a coridal introductory letter was enclosed which included the endorsement of the corporation from which the respondents had retired; a guarantee of confidentiality and the affiliation of the researcher (see Appendix A). Also, the letter was printed on pastel blue stationery.

The Pre-Retirement Program

In describing a pre-retirement program, Monk (1979:269) suggested the following framework as the most commonly used in developing pre-retirement programs:

Preretirement preparation programs (PRPP's) are usually designed to neutralize or at least reduce the trauma that older workers may suffer at the time of their withdrawal from the labor force. In a more positive vein, and even in the absence of such crises, PPRP's are intended to also bring a higher sense of life satisfaction in the later years.

This brief summary is an excellent outline for the framework utilized by the corporation's pre-retirement program. The general format of the program is to have a two-day seminar in which retirees and spouses listen to guest speakers in various areas. Some of the speakers discuss social implications of retirement, economics of retirement, health considerations and insurance needs with retirement, and what they can expect from the corporation in the way of help after retirement. It is assumed that

through this pre-retirement program the respondent will become more aware of the realities associated with growing old and retirement. Consequently, it would be assumed that the level of negativism toward old age and the aged would decrease as the understanding of the situation of the elderly increases.

Sample

Dillman (1978) pointed out that a major deficiency in mail-out questionnaire research designs is the inadequacy of sampling frames. In an effort to avoid this weakness, an up-to-date sampling frame was utilized in the form of a pension check mailing list. With the sponsorship of the large corporation, a detailed questionnaire was mailed to 529 retirees (the entire population). The number of respondents to the questionnaire was 232, resulting in an initial return rate of 43.9 percent. There were five questionnaires which could not be delivered, lowering the actual possible sample size to 524, yielding an adjusted return rate of 44.3 percent. Of this sample, eight questionnaires could not be used, decreasing the sample to a final working size of 224 or 42.7 percent of the population. A second mailing was not conducted since the financial limitations made it unfeasible.

The age of the respondents range from 62 to 93 years of age with a mean of 69.3 years. Approximately 88 percent of the sample was male with the vast majority of the respondents (97 percent) being white. The remaining three percent were American Indian.

In analyzing the marital status component of the sample, it can be noted that 78 percent of the respondents were either married or

remarried. Of this percentage, 96 percent lived with a spouse, three percent lived with a spouse and a child, while only one percent lived alone. This residential pattern is by no means common for the entire sample. When the analysis includes single, divorced, and widowed respondents, we see a marked change in living patterns. The proportion of the entire sample living with a spouse decreases to 74 percent while the proportion living alone increases from one percent for married persons to 19 percent for the entire sample. The proportion of the sample which lives with a child and a spouse does not change when the remaining respondents are included (i.e., three percent). This can probably be accounted for in that several respondents who probably live with a child but not a spouse chose this response. Thus, when the non-married were included with the married respondents, these few respondents kept the percentage from decreasing as would be expected. Two new categories of residential patterns appear though as alternative living arrangements, living with relatives (two percent) and other arrangements (two percent). This last category is comprised almost totally of institutional environments.

Kinship ties varied significantly among the respondents. Analyzing all respondents who were either married or were married at some time, it was found that 86 percent had children (the average number being two). Approximately 78 percent had grandchildren while only 24 percent had great grandchildren. For these two groups, the mean number of grandchildren and great grandchildren was four and one, respectively. Of those who had children or grandchildren, 42 percent said they were either visited by them or visited with them at least once a month. An additional 16 percent said they never visit. Although frequency of visits

appear to be sparse, contact by the respondent or the children and grandchildren is more common. Approximately 78 percent of the respondents stated that they have some contact with their children or grandchildren through letters or telephone calls at least once a month. Interestingly enough, 15 percent said they have no such contact at all.

Social networks of the entire sample were examined and it was found that 97 percent reported having at least one close friend. Of this number, 54 percent reported having more than six close friends. Only three percent claimed to have no close friends. Those who have close friends tend to visit quite often (98 percent said they visit or are visited by friends). Of this group, 90 percent said that they visit at least once a month and 66 percent reported visits at least weekly.

As a group the sample appears to be relatively independent in both financial and health considerations. The average monthly income is \$840 per month or slightly over \$10,000 a year. Over 43 percent receive a monthly income of over \$12,000 per year and almost 90 percent of the sample have incomes over \$6,000 per year. Conversely, less than 0.5 percent have incomes below the poverty level (\$3,025 for a single individual or \$3,650 for a couple the year the data were gathered).

The relative independence of the sample also tends to be illustrated in the realm of health. Over 61 percent report their own health to be above average. Eighty-nine percent view their health as being average or better than average. However, when asked how the respondents perceive their own health relative to persons their own age, the percentage who reported that their health was better than average raised to 68 percent.

A final area which indicates the independence of this sample is the type of residential dwelling in which they live. Over 92 percent of the respondents owned their own homes with less than 0.5 percent living in nursing home environments (another 1.3 percent live in other institutional environments). This last figure is significantly below the national average of approximately five percent being institutionalized. Finally, slightly more than two percent live with a relative, suggesting that the sample has a relatively high degree of residential independence.

In summary, it can be concluded that the respondents who returned the questionnaire are not typical of the elderly individual in society. Instead, they represent a healthy group of individuals who, for the vast majority, are financially secure and residentially independent. This is not a problem for this particular research, however. The goal here is not to generalize the findings of this study to the general population but instead to analyze the effects of participation in a pre-retirement program on altering the stereotypes about the elderly and to detect factors which may aid or hinder such alterations.

Statistical Analysis

The purpose of this section of the chapter is to describe the stages involved in the analysis of the data and the statistical methods involved in each stage.

Responses were coded from the questionnaire onto computer cards for analysis utilizing the Statistical Package for the Social Science programs. The first stage of analysis was concerned with descriptive univariate statistics. Frequencies were computed for each variable included and descriptive statistics (such as means and standard

deviations were computed for the same variables. The use of means in statistical analysis, although the basis of all statistics, is often viewed as inadequate to be used alone. However, the mean scores are the basis for discussing proportional differences between two samples (cf. Muller et al., 1977).

Although descriptive statistics are utilized extensively in this study, they do fall short in telling whether or not differences in proportions are statistically significant. As a result, standardized scores, referred to as Z-scores, were employed. Z-scores are used when the researcher wants to indicate how far from the mean a given score lies in terms of standard deviation units. They were employed in this research to allow for a comparison between two subsample's scores on the FAQ. In addition, to using Z-scores on the average total score, they are used in analyzing positive, negative, and neutral sub-dimensions scores. Also, they will be used in performing an item-by-item analysis between the two subsamples.

The second stage in the data analysis involves testing the research objectives presented in Chapter II. Pearson product moment correlation, commonly called Pearson correlation, was the principal statistical technique employed in the objective testing. Pearson correlation assumes continuous measurement for all variables. It also assumes that all variables are related in a linear fashion (Leother & McTavish, 1975). However, Pearson correlation is a robust statistic in that its assumptions can be violated within reason without affecting the validity (cf. Bohrnstedt & Carter, 1971). Bivariate correlation was used in determining association between stereotype scores and

socioeconomic and socio-demographic factors, including income, health, employment status, and preparedness for retirement.

The third stage of data analysis involved a more detailed and comprehensive analysis of the relationships found to be substantive and meaningful in the testing of the research objectives. Thus, fewer variables were subjected to closer scrutiny in their effects on stereotypes toward the elderly. At this stage stepwise regression analysis was the statistical technique used to determine the relative importance and contribution of each independent variable in explaining stereotypes. Stepwise regression is being used in this study primarily as a descriptive technique. According to Nie et al. (1975:321):

The most important uses of the technique as a descriptive tool are: (1) to find the best linear prediction equation and evaluate its prediction accuracy; (2) to control for other confounding facts in order to evaluate the contribution of a specific variable or set of variables; (3) to find structural relations and provide explanations for seemingly complex multivariate relationships . . .

Stepwise regression was chosen over simple regression primarily because simple regression is limited to analyzing bivariate relationships only. Stepwise regression on the other hand, allows for several bivariate associations to be considered in several phases of introduction of predictor variables. The differences between stepwise regression and multiple regression are less noticeable and the choice of one over the other is primarily a matter of personal selection. The primary purpose in this study for choosing stepwise regression over multiple regression is because of the technique of variable introduction. Multiple regression introduces all possible variables into the equation regardless of their contributory value. Stepwise regression, on the other hand, isolates a subset of available predictor variables that will yield an

optimal prediction equation with as few variables as possible. Those which do not meet the specified statistical criteria are thus excluded. Consequently, stepwise regression discards variables which may confound the analysis if multiple regression is utilized.

CHAPTER IV

RESEARCH FINDINGS

This chapter reports the findings of this study and interprets the implications for the findings. Although it would be ideal to organize this chapter in such a way that each research objective could be examined separately in light of the results, the data does not lend itself to this type of interpretation. Consequently, this chapter will be structured into several distinct areas for presentation. The first section will address how the respondents answered the Facts on Aging Quiz through an item by item analysis. Though this is important, it is equally imperative that the total stereotype score be discussed as well as the three sub-dimensions of the scale, i.e., positive, negative, and neutral.

The second part of this chapter will begin where the previous section ends. This segment will dichotomize the respondents into participants and non-participants of the preretirement program. This will enhance the opportunity to detect and analyze the variation in stereotypes between the two subsamples, again through utilization of an itemized comparison format. In addition, stereotype scores will be examined at all three sub-dimensions as well as the total stereotype score.

Still another area which warrants examination is the association of socioeconomic and socio-demographic factors with the total and sub-dimension stereotype scores. This line of exploration will be extended

into a division of the sample into participant and non-participant subsamples. Results will be analyzed to determine if certain socio-economic and socio-demographic variables may account for stereotypes held by one group and not the other, or if these factors are common across the two subsamples.

The fourth section of this chapter will utilize only those variables which are found to be important in the preceding section. It will involve a more indepth critique of the relative importance of each variable in accounting for stereotypes in the sample. In conjunction with this analysis, the value of each of these variables will also be considered in each subsample, separate from the others.

Stereotypes of the Sample

Table I shows the proportion of correct responses for the entire sample on each statement of the Facts on Aging Quiz. As can be noted, the respondents correctly answered all but eight items over 50 percent of the time. The point to be made here is that of the eight statements answered incorrectly by over 50 percent of the respondents, none of the items were those comprising the positive bias sub-dimension. In addition, these eight statements all share a unifying feature, that is, they all deal with situational circumstances which surround the elderly. This is in contrast to items dealing with physiological issues, which tend to have a higher correct response percentage (cf.#6). An example of a situational condition item which was missed is statement #19, which states that "Over 15 percent of the U.S. population are now age 65 or over," which emphasizes a condition of the elderly relative to that of the general population. Thus, there does tend to be a differ-

TABLE I

PERCENT OF CORRECT RESPONSES ON EACH STATEMENT BY THE ENTIRE SAMPLE

Item	% Correct
1. The majority of old people (past age 65) are senile (i.e. defective memory, disoriented, or demented).	91.4
2. All five senses tend to decline in old age.	56.9
3. Most old people have no interest in, or capacity for, sexual relations.	78.9
4. Lung capacity tends to decline in old age.	68.0
5. The majority of old people feel miserable most of the time.	91.0
6. Physical strength tends to decline in old age.	96.4
7. At least one-tenth of the aged are living in long-stay institutions (i.e. nursing homes, mental hospitals, homes for the aged, etc.).	32.0
8. Aged drivers have fewer accidents per person than drivers under age 65.	73.9
9. Most older workers cannot work as effectively as younger workers.	51.6
10. About 80% of the aged are healthy enough to carry out their normal activities.	85.4
11. Most old people are set in their ways and unable to change.	56.7
12. Old people usually take longer to learn something new.	60.8
13. It is almost impossible for most old people to learn new things.	95.3
14. The reaction time of most old people tends to be slower than reaction time of younger people.	95.9
15. In general, most old people are pretty much alike.	70.5
16. The majority of old people are seldom bored.	49.5
17. The majority of old people are socially isolated and lonely.	66.7

TABLE I (Continued)

Item	% Correct
18. Older workers have fewer accidents than younger workers.	84.3
19. Over 15% of the U.S. population are now age 65 or over.	9.0
20. Most medical practitioners tend to give low priority to the aged.	34.5
21. The majority of older people have incomes below the poverty level (as defined by the Federal Government).	42.5
22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).	59.7
23. Older people tend to become more religious as they age.	14.5
24. The majority of old people are seldom irritated or angry.	47.1
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.	36.6
Total score	62.0
Positive score	75.6
Negative score	65.2
Neutral score	32.1
Net-bias score	-10.4

erence in what type of statements are most commonly missed, with situational circumstances being missed more often than questions concerning physiological factors.

Still another point to be stressed is that of the eight statements missed by more than 50 percent of the respondents, five are items denoting negative stereotypes. Consequently, it would appear that the sample as a whole has a tendency to adhere to a more negative image of old age and the aged. However, the item analysis alone is insufficient to draw such conclusions without the possibility of gross misinterpretation. As a result it is necessary to compute the total and sub-dimension scores.

Although the total score indicates that the sample responded correctly to 62 percent of the statements, which is high relative to the same age cohort utilized by Klemmack et al. (1980), it still suggests that there is most likely a stereotypic view of old age and the aged. The importance of the total score is all too easily overlooked in anticipation of analyzing the direction of the stereotypes. The total score is actually a quick predictor of the existence of stereotypes in that a low total score suggests that stereotypes are more prevalent in the sample's belief system. Although the existence of a stereotype is suggested, the direction of the stereotype cannot be determined by the score. Conversely, a high score on the total indicates a definite lack of stereotypes. Consequently, it is important to consider this score value prior to proceeding with any further examination of the directional sub-dimensions.

To determine the direction of the stereotype then, the sub-dimensions must be analyzed. Table I shows that almost 76 percent of the items denoting a positive perception were answered correctly, which suggests a trend toward either a neutral view of the elderly or a negative stereotype. This is strongly supported by the fact that the sample responded correctly to approximately 65 percent of the negative bias items. Applying Palmore's (1977) technique for computing a net-bias score, i.e., subtracting the percentage of incorrect responses on the negative bias items from the proportion of errors on the positive bias items, a net-bias score of -10.4 is computed (a negative bias score denotes an anti-aged view).

As previously mentioned, Palmore never stipulates what net-bias score is required before one can contend it is directionally significant. However, in one application of the scale, Palmore (1977) indirectly suggested that an anti-aged bias of -7.0 was significant. It can thus be concluded that this sample of elderly respondents, with a net-bias score of -10.4 is indeed ageist in its views of old age and the elderly.¹

Given the evidence which has just been discussed, it is safe to conclude that the sample, as a whole, adheres to the negative image of

¹Before proceeding, a word should be mentioned about the neutral sub-dimension. According to Palmore (1977), the four items comprising the neutral sub-dimension do not denote stereotypic views whether answered correctly or incorrectly. Consequently, the neutral sub-dimension will not be utilized in analysis of stereotypes. However, it will appear in most of the tables and will be addressed in the final chapter of this study.

the elderly and old age that much of the literature suggests (Barrow & Smith, 1979; Bringman & Reider, 1968; Freimuth & Jamieson, 1979; Harris et al, 1975; Kuhn, 1979; McTavish, 1971; Rubin and Brown, 1979; Slater, 1963; Solomon, 1978). This also strongly goes against the work of Seltzer and Atchley (1971) and others (Ross & Freitag, 1976; Thomas & Yamamoto, 1975) who contend that the position of the elderly is not one which is viewed through negative stereotypes or attitudes, but is actually perceived positively, or neutrally at worse.

Participant/Non-Participant Variation in Stereotypes

The data indicate that the sample does indeed adhere to several negative stereotypes about old age and the aged, and that the overall stereotype that the elderly hold is in fact a negative one. It has also been illustrated that the elderly in this sample tend to hold more negative images about the situational conditions of the aged than they do of the physical condition of the elderly. However, it should be remembered that the sample is comprised of two sub-samples, i.e., non-participants and participants of a pre-retirement program, and that it is conceivable that one group may actually account for the the direction of the sample's stereotypes. Consequently it is desirable that the two sub-samples be examined separately and compared, using a similar itemized approach that was utilized on the entire sample.

Table II shows the breakdown of the sample into participants and non-participants in regard to how well each sub-sample responded to each statement in the FAQ. As can be seen, more than 50 percent of the participants of the pre-retirement program failed to answer nine items correctly. Closer examination of these nine statements show that, as with the entire sample, none of these items denote a positive stereotype. However, six of the items suggest a negative stereotype exists among the sub-sample. It should also be stressed that again all nine statements are concerning situational circumstances, as was suggested by the earlier analysis of the entire sample.

In comparison with the participants of the pre-retirement program, the non-participants appear to have actually performed better in responding to the FAQ. Still, the difference is probably not significant because while more than 50 percent of the participants failed to answer nine items correctly, more than 50 percent failed to respond correctly to eight statements in the non-participant sub-sample. Although there is a difference in which items the two groups responded poorly to, it failed to make a significant difference in the direction of the stereotype. Five of the eight statements which were so poorly responded to concerned negative stereotypes, and none were indicative of positive bias. It can thus be concluded that negative stereotypes prevail in both sub-samples. Also, it was found that, as was true with the entire sample and the participant sub-sample, all eight statements suggest a situational stereotype, not a physical stereotype.

When Z-scores were computed to determine if there were significant variations between the proportion of correct responses in the two sub-

TABLE II

ITEMIZED COMPARISON OF CORRECT RESPONSES ON EACH STATEMENT
 BETWEEN PARTICIPANTS AND NON-PARTICIPANTS
 IN THE PRE-RETIREMENT PROGRAM

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
1. The majority of old people (past age 65) are senile (i.e., defective memory, disoriented, or demented).	82.9	96.4	-13.5	-3.31**
2. All five senses tend to decline in old age.	55.9	55.0	.9	.14
3. Most old people have no interest in, or capacity for, sexual relations.	65.8	73.9	-8.1	-1.32
4. Lung capacity tends to decline in old age.	64.0	57.7	6.3	.96
5. The majority of old people feel miserable most of the time.	82.0	88.3	-6.3	-1.32
6. Physical strength tends to decline in old age.	96.4	93.7	2.7	.93
7. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.)	27.9	24.3	3.6	.61

TABLE II (Continued)

Items	PARTICIPANTS % Correct	NON PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
8. Aged drivers have fewer accidents per person than drivers under age 65.	65.8	73.0	-7.2	-1.16
9. Most older workers cannot work as effectively as younger workers.	47.7	51.4	-3.7	-.55
10. About 80% of the aged are healthy enough to carry out their normal activities.	75.7	85.5	-10.8	-2.06+
11. Most old people are set in their ways and unable to change.	52.3	52.3	0	-
12. Old people usually take longer to learn something new.	61.3	54.1	7.2	1.09
13. It is almost impossible for most old people to learn new things.	91.0	91.9	-.9	-.24
14. The reaction time of most old people tends to be slower than reaction time of younger people.	94.6	91.9	2.7	.38
15. In general, most old people are pretty much alike.	62.2	69.4	-7.2	-1.13

TABLE II (Continued)

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
16. The majority of old people are seldom bored.	40.5	50.5	-10.0	-1.50
17. The majority of old people are socially isolated and lonely.	60.4	61.3	-.9	-.14
18. Older workers have fewer accidents than younger workers.	73.9	74.8	-.9	-.15
19. Over 15% of the U.S. population are now age 65 or over.	8.1	7.2	.9	.16
20. Most medical practitioners tend to give low priority to the aged.	33.3	27.9	5.4	.41
21. The majority of older people have incomes below the poverty level (as defined by the Federal Government).	32.4	36.9	-4.5	.71
22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).	58.6	46.8	11.8	1.76
23. Older people tend to become more religious as they age.	10.8	14.4	-3.6	-.81

TABLE II (Continued)

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
24. The majority of old people are seldom irritated or angry.	44.1	43.2	.9	.14
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.	31.5	30.6	.9	.15
Total score	56.8	58.1	-1.3	-1.3
Positive score	74.4	70.5	3.9	.65
Negative score	58.3	61.4	-3.1	-.47
Neutral score	26.2	29.7	-3.5	-.58
Net-bias score	-16.1	-9.1	-7.0	1.57

* significant at .05

** significant at .01

samples, only two items were found, statements #1 and #10 (see Table II). Contrary to what would normally be expected given the function of the pre-retirement program, in both statements the higher proportion correct was found in the non-participant subsample. Also, both items were ones which suggest a negative image of old age, lending greater credibility to the contention that the pre-retirement program participants are more negative in their images of the aged. However, it is questionable that with such a small number of statements indicating significant variation, that the difference between the two subsamples on negative stereotypes is statistically significant.

In order to determine the level of significance in the stereotype variation, it is necessary to compute total and sub-dimension scores. Neither subsample recorded a very high correct response level (56.8% for participants and 58.1% for non-participants), indicating a fairly high level of stereotypes. To determine the direction of these stereotypes the sub-dimension scores must be analyzed. Once again it was found that participants and non-participants scored fairly high on the positive sub-dimension, 74.4% and 70.5% respectively. This suggests that neither subsample adheres strongly to positive stereotypes of the elderly. Although the non-participants do tend to have slightly more positive stereotypes, it isn't statistically significant ($z = .65$). Conversely, the percent of correct responses on the negative sub-dimension is relatively low, 58.3 percent for participants and 61.4 percent for non-participants, but again the difference is not significant ($z = -.47$). Employing Palmore's net-bias formula, we find that

both groups have a high level of negative bias toward the elderly. This is especially true for program participants who had a net-bias score of -16.1 compared to -9.1 for non-participants. Still, the difference is not significant ($z = 1.57$). yet it is a strong enough relation to indicate a possible trend in negative stereotypes being manifested more commonly in participants than in non-participants of the pre-retirement program.

Analysis of the data in this study will normally exclude cases which fail to respond to statements (missing data) since failure to respond does not illustrate a belief in either positive or negative stereotypes. However, missing data has been included in Table III for two specific purposes. First, it was thought that there might be a tendency on the part of one of the subsamples to not respond more often than the other subsample. Table III shows that this is in fact the situation. In the 25 items comprising the FAQ, three had no difference in the failure to respond rate, and an additional three were found where the participants of the pre-retirement program failed to respond more often. As a result, nineteen statements were left with no response more often by non-participants than participants. The second purpose for including missing data in this table was that, in light of the trend for non-participants to not respond to statements, it was believed to be conceivable that the tendency to not respond would alter the strength, if not the direction, of the stereotypes. Although Table III shows there are three statements in which a significantly large proportion failed to respond (items #7, #11, and #25, it is questionable

TABLE III
 ITEMIZED COMPARISON OF NO RESPONSES ON EACH STATEMENT
 BETWEEN PARTICIPANTS AND NON-PARTICIPANTS
 IN THE PRE-RETIREMENT PROGRAM

Items	PARTICIPANTS		NON-PARTICIPANTS		DIFFERENCE	Z-SCORE
	% No Response	% No Response	% No Response	% No Response	% No Response	% No Response
1. The majority of old people (past age 65) are senile (i.e., defective memory, disoriented or demented).	2.2	.9	1.8	1.01		
2. All five senses tend to decline in old age.	2.7	2.7	0	--		
3. Most old people have no interest in, or capacity for, sexual relations.	9.0	13.5	-4.5	-1.06		
4. Lung capacity tends to decline in old age.	9.9	11.7	-1.8	.43		
5. The majority of old people feel miserable most of the time.	4.5	8.1	-3.6	-1.10		
6. Physical strength tends to decline in old age.	1.8	.9	.9	.57		
7. At least one-tenth of the aged are living in long-stay institutions (i.e. nursing homes, mental hospitals, homes for the aged, etc).	11.7	26.1	-14.4	-2.74**		
8. Aged drivers have fewer accidents per person than drivers under age 65.	4.5	7.2	-2.7	-.85		

TABLE III (Continued)

Items	PARTICIPANTS % No Response	NON-PARTICIPANTS % No Response	DIFFERENCE % No Response	Z-SCORE % No Response
9. Most older workers cannot work as effectively as younger workers.	1.8	6.3	-4.5	-1.69
10. About 80% of the aged are healthy enough to carry out their normal activities.	3.6	7.2	-3.6	-1.19
11. Most old people are set in their ways and unable to change.	3.6	10.8	-7.2	-2.08*
12. Old people usually take longer to learn something new.	3.6	7.2	-3.6	-1.19
13. It is almost impossible for most old people to learn new things.	2.7	5.4	-2.7	-1.08
14. The reaction time of most old people tends to be slower than reaction time of younger people.	2.7	2.7	0	--
15. In general, most old people are pretty much alike.	3.6	9.0	-5.4	-1.64
16. The majority of old people are seldom bored.	7.2	9.0	-1.8	-.49

TABLE III (Continued)

Items	PARTICIPANTS % No Response	NON-PARTICIPANTS % No Response	DIFFERENCE % No Response	Z-SCORE % No Response
17. The majority of old people are socially isolated and lonely.	8.1	9.9	-1.8	-.47
18. Older workers have fewer accidents than younger workers.	10.8	13.5	-2.7	-.83
19. Over 15% of the U.S. population are now age 65 or over.	11.7	19.8	-8.1	-1.66
20. Most medical practitioners tend to give low priority to the aged.	11.7	11.7	0	--
21. The majority of older people have incomes below the poverty level (as defined by the Federal Government)	17.1	20.7	-3.6	-.69
22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).	9.0	15.3	-6.3	-1.43
23. Older people tend to become more religious as they age.	8.1	12.6	-6.5	-1.10

TABLE III (Continued)

Items	PARTICIPANTS	NON-PARTICIPANTS	DIFFERENCE	Z-SCORE
	% No Response	% No Response	% No Response	% No Response
24. The majority of old people are seldom irritated or angry.	8.1	7.2	.9	.25
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.	9.9	19.8	-9.9	-2.07*
Total Score	6.8	10.4	-3.6	-.96
Positive Score	4.1	5.0	-.9	-.32
Negative Score	7.1	10.7	-3.6	-.94
Neutral Score	8.8	13.3	-4.5	-1.07

* significant at .05

** significant at .01

if these three statements are substantial enough to alter the direction, or even the strength, significantly. It would have to be concluded that they are not, based upon examination of the Z-scores for the sub-dimensions of the scale (Table III).²

The separation of the sample into participants and non-participants in the pre-retirement program offers some important insights as to how the different segments of the sample view the elderly. However, two issues arise in the discussion of the two subsamples when the analysis includes missing data which merit being addressed. First, although the findings suggest that the missing data may alter the results of individual statements as well as the results of the negative and positive sub-dimensions, it is nothing more than speculation that this occurs. Second, it is slightly misleading to interpret results which include missing data and then compare those findings with results that excluded missing data in analysis. In an effort to deal with both of these issues, the results were adjusted and re-examined after the exclusion of the missing data.

Table IV presents the same data as did Table II, only the missing data has been deleted for the analysis, and the proportions have been adjusted accordingly. In surveying the proportion of correct responses by the participants, one can see that although the percentage correct increases on every statement, the same nine items which were previously

²Table III is a continuation of Table II, consequently Table II also included missing data. The only effect of inclusion of missing data is to underestimate the proportion which will be reported.

TABLE IV

ITEMIZED COMPARISON OF CORRECT RESPONSES ON EACH STATEMENT
 BETWEEN PARTICIPANTS AND NON-PARTICIPANTS IN THE
 PRE-RETIREMENT PROGRAM AFTER ADJUSTING
 FOR NO RESPONSES

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
1. The majority of old people (past age 65) are senile (i.e., defective memory, disoriented, or demented).	85.2	97.3	-12.1	-3.20**
2. All five senses tend to decline in old age.	57.4	56.2	1.9	1.15
3. Most old people have no interest in, or capacity for, sexual relations.	72.3	85.4	-13.1	-2.26*
4. Lung capacity tends to decline in old age.	71.0	65.3	5.7	.87
5. The majority of old people feel miserable most of the time.	85.8	96.1	-10.3	-2.60**
6. Physical strength tends to decline in old age.	98.2	94.5	3.7	1.42
7. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.).	31.6	32.9	-1.3	-.19

TABLE IV (Continued)

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
8. Aged drivers have fewer accidents per person than drivers under age 65.	69.9	78.6	-9.7	-1.60
9. Most older workers cannot work as effectively as younger workers.	48.6	54.8	-6.2	-.32
10. About 80% of the aged are healthy enough to carry out their normal activities.	78.5	93.2	-14.7	-3.05**
11. Most old people are set in their ways and unable to change.	54.2	58.6	-4.4	-.64
12. Old people usually take longer to learn something new.	63.6	58.3	5.3	.79
13. It is almost impossible for most old people to learn new things.	93.5	97.1	-3.6	-1.23
14. The reaction time of most old people tends to be slower than reaction time of younger people.	97.2	94.4	2.8	1.00
15. In general, most old people are pretty much alike.	64.5	76.2	-11.7	-1.86

TABLE IV (Continued)

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
16. The majority of old people are seldom bored.	43.7	55.4	-11.7	-1.65
17. The majority of old people are socially isolated and lonely.	65.7	68.0	-2.3	-.35
18. Older workers have fewer accidents than younger workers.	82.8	86.5	-3.7	-1.03
19. Over 15% of the U.S. population are now age 65 or over.	9.2	9.0	1.2	.05
20. Most medical practitioners tend to give low priority to the aged.	37.8	31.6	6.2	.92
21. The majority of older people have incomes below the poverty level (as defined by the Federal Government).	39.1	46.6	-7.5	-1.02
22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).	64.4	55.3	9.1	1.28
23. Older people tend to become more religious as they age.	11.8	16.5	-4.7	-.96

TABLE IV (Continued)

Items	PARTICIPANTS % Correct	NON-PARTICIPANTS % Correct	DIFFERENCE % Correct	Z-Score
24. The majority of old people are seldom irritated or angry.	48.0	46.6	1.4	.20
25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.	35.0	38.2	-3.2	.46
Total Score	62.89	66.26	-3.40	-.39
Positive Score	77.48	73.80	3.68	.59
Negative Score	62.33	68.16	-5.83	-.67
Neutral Score	30.83	33.33	-2.50	-.34
Net-bias Score	-15.15	-5.64	9.51	2.24*

* significant at .05

** significant at .01

*** significant at .001

non-participants in the pre-retirement program offers some important insights as to how the different segments of the sample view the elderly. However, two issues arise in the discussion of the two subsamples when the analysis includes missing data which merit being addressed. First, although the findings suggest that the missing data may alter the results of individual statements as well as the results of the negative and positive sub-dimensions, it is nothing more than speculation that this occurs. Second, it is slightly misleading to interpret results which include missing data and then compare those findings with results that excluded missing data in analysis. In an effort to deal with both of these issues, the results were adjusted and re-examined after the exclusion of the missing data.

Table IV presents the same data as did Table II, only the missing data has been deleted for the analysis, and the proportions have been adjusted accordingly. In surveying the proportion of correct responses by the participants, one can see that although the percentage correct increases on every statement, the same nine items which were previously identified in Table II as being responded to incorrectly by over 50 percent are still below the 50 percent level. Conversely, the non-participants have lowered the number in which 30 percent or more of the respondents answered incorrectly from eight items (Table II) to seven statements.

Having adjusted for the no response statements, it is interesting to note the average proportion variation actually increases in such a direction that it indicates that non-participants have fewer stereotypes than program participants. Whereas in Table II where there were only two item variations between the subsamples which were statistically

significant, there are four in Table IV. In addition, the direction of the differences on all four items suggest that the non-participant responded correctly significantly more often on these statements. Furthermore, for the first time there is a significant difference on an item denoting positive stereotypes. Although extreme caution must be exercised in predicting anything from this one item, it does give the first slight indication of a trend toward a more positive stereotype orientation.

Though it appears that adjusting for missing data has made a large difference in the findings between the two subsamples, it still has yet to be determined how significant the variation between the two subsamples really is. Once again the total FAQ score and the sub-dimension scores must be examined to detect direction and to determine the significance in variations between the two groups. Table IV indicates that on the total score of the scale, the non-participants responded correctly more often than did the participants (66.3% and 62.9% respectively). However, directionally, it appears that, contrary to what might normally be expected, the non-participants have a lower level of stereotypes. However, the difference is not statistically significant ($z = -.39$). In examining the positive sub-dimension of the scale, it can be seen that the participants of the pre-retirement program do respond correctly more often than did non-participants (77.5% and 73.8% respectively). On the negative stereotype statements the participants failed to respond correctly as often (62.3%) as did the non-participants (68.2%), but neither the variation on the positive nor the negative sub-dimension was significant.

Initial interpretation of these results would lead to the conclusion that neither subsample is really any more susceptible to believe in negative stereotypes of old age and the elderly than is the other. But, computation of the net-bias score illustrates quite the contrary. Although neither the negative nor the positive sub-dimension showed any significant variation between the subsamples, the variation between the two sub-dimensions within each subsample was quite different. The participants had a positive stereotypes score of 77.5% but a negative stereotypes score of 62.3%. The net-bias computation thus yields a net-bias score of -15.2%. This suggests an extremely high level of negative stereotypes. The situation is radically different for non-participants. Although this group scored lower on the positive sub-dimension than did the participants (73.8%), they scored higher on the negative sub-dimension (68.2%). Since the range between the two scores is much smaller than it was for the participant group, it is expected to yield a much lower net-bias score as well. Table IV shows that in fact the net-bias score is much lower (-5.64%) but still suggestive that this group also adheres to negative stereotypes concerning old age and the elderly.

Examination of the variation does indicate that the difference is statistically significant ($z = 2.24$). Consequently, it can be concluded that both participants and non-participants of the pre-retirement program adhere to negative perceptions of the aged. In addition, the data shows that participants in the program are significantly more negative in their images of old age and the aged than are the non-participants. Finally, the results indicate that these stereotypes are primarily mani-

fested in perceptions of the situation of the elderly and not necessarily with the conditions of the elderly per se (e.g. physical conditions).

Socioeconomic and Socio-Demographic Factors Affecting Stereotypes

It has been fairly well established that both participants and non-participants of the pre-retirement program hold a basically negative stereotypic view of the aged and old age, but up until now nothing has been examined to indicate the factors which aid in the development of these stereotypes. Given the findings up to this point, it would appear that participation in the pre-retirement program increases the individual's level of negativism toward the elderly. However, caution is needed in making such a conclusion from so little analysis. To avoid such an unsubstantiated appraisal, several factors were analyzed to determine their level of association with the stereotype measures. Table V illustrates the bivariate correlation coefficients computed between the total stereotypes score, as well as the three sub-dimension scores on the FAQ, and socioeconomic and socio-demographic variables. To get an idea of how these variables relate to the stereotype scores within the framework of the entire sample, there was no separation at this point of participants and non-participants.

Table V shows that of the fifteen variables correlated with the total stereotype score, only five of the items were statistically significant. The desire to work if given the opportunity was found to be significant at the .05 level ($r = -.16$). The variable was coded so

TABLE V
 PEARSON CORRELATION COEFFICIENTS BETWEEN TOTAL AND
 SUB-DIMENSION SCORES AND SOCIOECONOMIC AND
 SOCIO-DEMOGRAPHIC VARIABLES FOR THE
 ENTIRE SAMPLE

Independent Variables	Total	Positive	Negative	Neutral
Presently Working	-.06	.04	-.11	.04
Desire to Work	-.16*	-.01	-.13	-.10
Prepared for Retirement	-.04	.20**	-.13	-.08
Perceived Overall Health	-.19*	.21**	-.35***	.06
Perceived Health Relative to Own Age Cohort	-.24**	.13*	-.31***	.05
Income	1.17*	-.11	.26**	.00
Age	.09	.16*	.01	-.04
Sex	1.09	-.08	.12	.01
Marital Status	.01	.08	.02	-.10
Visit with Children	1.02	.18**	-.09	.03
Visit with Friends	-.11	.11	-.13	.03
Contact with Children by Letter or Phone	-.05	.10	.17**	.02
Community Size	.09	.04	.06	.04
Participation in the Pre-Retirement Program	.16*	-.11	.18*	.05
Life Satisfaction	.06	-.16*	.17*	-.14*

* significant at .05

** significant at .01

***significant at .001

that a high desire would be 1 and a low desire 5. Thus, the data suggests that as the percentage of correct responses increases the desire to work also increases. Two additional variables which were found to be inversely related to the total score on the FAQ were perceived overall health ($r = -.19$) and perceived health relative to others the respondents' own age ($r = -.24$). Both variables were coded in such a way that a low value signified good health and a high value denoted very poor health. Consequently, it can be concluded from the coefficients that as perceived health increases, and even more so their perceived health relative to their age cohort, their total stereotype score increases. This indicates that perceived good health lessens the number of stereotypes that the respondents hold. Income was also significant at the .05 level ($r = .17$), suggesting that increases in income are accompanied by increases in the total FAQ score. Contrary to what might be expected given the function of the pre-retirement program, the significant correlation between participation in the program and the total FAQ score ($r = .16$) shows that non-participation in the program lowers the proportion of correct responses on the FAQ. This is in line, however, with what would be expected given the findings presented in this chapter.

The positive sub-dimension also correlated significantly with six variables, but only two of the variables are identical to those which correlated with the total score. Respondents who stated that they were the least prepared for retirement were the ones who responded correctly more often on the positive sub-dimension ($r = .20$). This is to be expected since the lack of preparation for retirement would not be expected to be conducive to the development of positive stereotypes. As

with the total sample, perceived overall health and relative health were both found to be significant ($r = .21$ and $r = .13$ respectively). However, the direction of the coefficients are opposite those relating to the total score, showing that as perceived health and health relative to age cohort gets worse, the number of correct responses to the positive sub-dimension increases. Age is also positively associated with the positive sub-dimension ($r = .16$) as is the number of visits the respondents have with their children ($r = .18$). In summarizing the relationships between the positive sub-dimension and socioeconomic and socio-demographic factors, nothing unexpected arose. It seems that as respondents age, especially those who are not prepared for retirement, they face the harsh realities of old age, specifically declining health and greater levels of isolation from family. A combination of these variables make it extremely difficult for the respondent to have unrealistic positive stereotypes of old age or the elderly in general. As would be expected, life satisfaction was inversely related to the positive sub-dimension, indicating that an overly positive image of old age increases in this subsample as life satisfaction increases.

The negative sub-dimension also correlated significantly with six variables. It should be noted that the significant coefficients are such higher than any coefficient in the positive sub-dimension or the total score (Table V). Factors which were significantly related to the negative sub-dimension include both perceived overall health and the relative health variable ($r = -.35$ and $r = -.31$ respectively). The inverse relationship between the variables suggest that as the per-

ceived health and relative health of the respondents increase, so do the proportion of the negative stereotype items they respond to correctly. Consequently, it can be concluded that if health of the respondent is perceived to be good, and to be relatively better than their age cohort, then they know that many of the stereotypes about the elderly are false. Income was also found to be highly related to negative stereotypes ($r = .26$), with the direction indicating that as income of the respondent increases, the score on the negative sub-dimension does too, resulting in fewer negative stereotypes. Two other factors which were associated with the level of negative stereotypes that the respondent holds of the elderly is contact with children through either letters or telephone calls and also participation in the pre-retirement program ($r = .17$) and $r = .18$ respectively). Interpretation of these coefficients yield some interesting conclusions. The data suggests that the less often the respondents in the entire sample have contact with their children through letters or phone conversation, the less negative they tend to be concerning old age. This suggests that children may in some way help to establish a negative perception of old age in their parents through non-physical contact. At this point there is not enough evidence to strongly support this notion, however, it does indicate that such a possibility does exist. This point will be examined in depth at a later point.

The findings also show that non-participation in the pre-retirement program is associated with a lower prevalence of negative stereotypes. This has been demonstrated in earlier analysis and is supported here. As a result it appears to be a substantiated conclusion that

people who did participate in the pre-retirement program tend to be more negative in their views of the elderly. For the sample as a whole, it was found that life satisfaction and the negative sub-dimension are positively correlated ($r = .16$). As previously indicated then, higher life satisfaction results in less negative stereotypes of the old age and the aged. This is congruent with the relationship between life satisfaction and the positive sub-dimension cited above.

In summarizing the discussion of the results presented in Table V, it is interesting to note that only one of the socioeconomic or socio-demographic variables is associated with the neutral sub-dimension in any significant manner. The inverse relationship between life satisfaction and the neutral sub-dimension score ($r = -.14$) suggests that an increase in life satisfaction leads to a greater level of neutral stereotypes concerning old age. Unfortunately, as mentioned in an earlier chapter, we really can draw no conclusion from the neutral sub-dimension as Palmore uses it.

The previous discussion addressed what socioeconomic and socio-demographic factors affected the stereotypes of the sample employed in this research. In addition it analyzed what factors influenced the degree of positiveness or negativeness of these stereotypes. Table V showed that participation or lack of participation in the pre-retirement program is an important factor associated with stereotypes, and is positively correlated with the negative sub-dimension. Consequently, it is plausible that certain characteristics may also vary as indicators between participants and non-participants and requires further investigation to determine if this is the case.

The correlation coefficients for program participants and socio-economic and socio-demographic characteristics are presented in Table VI. Like the previous tables, the total score will be examined first, followed by an analysis and discussion of the sub-dimensions. The variables which were related to the total FAQ score for the participants were: perceived overall health of the respondent, perceived health relative to their age cohort, income, visits with close friends, and life satisfaction. The two health variables, perceived overall health and relative health were inversely related to the total stereotype score ($r = -.28$ and $r = -.36$ respectively). This indicates that among the participants who have better overall and relative health, few stereotypes exist. Income was positively correlated with the total score ($r = .26$) which can be interpreted to mean that as income increases among the participants, stereotypes about old age decrease. A fourth factor which appears to alter perceptions that participants have of old age is the frequency of visits with friends ($r = -.23$). The association that exists between these two variables indicates that as isolation from friends increases, the tendency is to adhere to more stereotypes about old age and the aged. Finally, in examining the relationship between life satisfaction and stereotypes for the program participants, a positive correlation was found ($r = .26$). The direction of the coefficient shows that increased life satisfaction leads to fewer beliefs in stereotypes of any type.

In an overview of the pre-retirement program participants and factors related to their tendency to stereotype the aged and old age, several trends can be seen. It has been illustrated that for this

TABLE VI
 PEARSON CORRELATION COEFFICIENTS BETWEEN TOTAL
 AND SUB-DIMENSION SCORES AND SOCIOECONOMIC
 AND SOCIO-DEMOGRAPHIC VARIABLES FOR THE
 PROGRAM PARTICIPANTS

Independent Variables	Total	Positive	Negative	Neutral
Presently Working	-.04	.09	-.18	.07
Desire to Work	-.05	.12	-.16	-.03
Prepared for Retirement	1.17	.27**	-.18	-.14
Perceived Overall Health	-.28*	.27**	-.45***	.06
Perceived Health Relative to Age Cohorts	-.36**	.17	-.47***	.04
Income	.26*	.01	.24*	-.00
Age	-.08	.25**	-.12	-.08
Sex	.12	-.09	.19	.00
Marital Status	-.06	.12	.03	-.15
Visit with Children	-.14	.12	-.21*	.05
Visit with Friends	-.23*	.14	-.26*	.05
Contact with Children by Letter or Phone	-.16	.07	-.24*	.03
Community Size	-.06	.12	-.13	.04
Life Satisfaction	.26*	-.22*	.37***	-.18*

* significant at .05
 ** significant at .01
 *** significant at .001

participants, good health and relative health decrease the adherence to stereotypes of any sort. Also, higher income levels aid in decreasing stereotypic beliefs as does visiting with close friends. In addition, the greater the satisfaction with life in general, the fewer stereotypes held by participants. These findings parallel those presented in Table V fairly closely. The question which remains to be dealt with, in light of earlier interpretations that the participants are more negative in their perceptions than non-participants, is what relationships exist between these various characteristics and the sub-dimensions of the FAQ.

The positive sub-dimension related to only four variables presented in Table VI. For those who participated in the program, a higher correlation was found between the preparedness for retirement and positive stereotypes ($r = .27$). The direction of the coefficient illustrates that as the less prepared the respondents were for retirement, the greater the likelihood that they did not adhere to positive stereotypes. Also, as would be expected, the poorer the overall health, the less likely participants were to maintain positive stereotypes ($r = .27$). This appears to be true for age also in that the older the participant, the fewer positive stereotypes held ($r = .25$). The only significant inverse relationship to be found between the socioeconomic and socio-demographic variables and the positive sub-dimension involved life satisfaction ($r = -.22$). As the direction indicates, as life satisfaction increases, so does the tendency to believe in overly positive images of old age and the elderly.

The negative sub-dimension correlated quite highly with three vari-

ables and significantly with four others. The perceived overall health of the respondents and the respondents' health relative to their age cohort were both inversely related to the negative sub-dimension score ($r = -.45$ and $r = -.47$ respectively). The inverse correlation indicates that the perceived overall health and relative health of the respondents, the fewer negative stereotypes they adhere to. Life satisfaction was the other factor which correlated highly with negative stereotypes ($r = .37$). The positive relationship suggests that as life satisfaction increases the probability of negative stereotypes existing decreases.

Four other factors which were significantly related to negative perceptions were income, frequency of visits by children, by friends, and contact with children by letters or phone. Income was the single correlate among the four to be positively associated ($r = .24$), inferring that the greater the income a respondent has, the less negatively he/she tends to perceive the elderly or old age. Table VI shows an inverse correlation between the three variables dealing with contact and negative stereotypes. Respondents who have more visits with their children and friends have a tendency to hold fewer negative stereotypes of old age ($r = -.21$ and $r = -.26$ respectively). This also holds true for contact with children through letters or phone conversations ($r = -.24$).

In light of the findings presented in Table VI, several conclusions can be drawn about the pre-retirement program participants. First, the better the perceived overall health of the respondents, the more positively they perceive the elderly. Although their relative health does not appear to affect positive stereotypes, good relative health lessens

the negative perceptions of old age. High income lowers the negative stereotypes of the participants but apparently does not necessarily lead to an increase in positive attitudes. On the other hand, age is positively related to positive images of the elderly but has no relationship with negative ones. Contrary to what was shown in Table V to be typical of the entire sample, contact for participants affected only the negative perceptions. Furthermore, the associations are inverse and thus suggest that contact with children through letters, telephone calls, and visits lower negative stereotypes. They do not however, increase positive stereotypes. This tends to be true of frequency of visits with friends as well. Table V also showed that, for the entire sample, an increase in life satisfaction increases the likelihood of the sample holding positive images of the aged while lowering negative stereotypes. Table VI shows that this holds true for participants of the program as well.

The correlates of stereotypes for the non-participants of the program appear to be quite different than those of the participants (Table VII). In examining the total stereotype score it can be seen that only one factor related significantly, that being the desire to work ($r = -.31$). The negative direction of the coefficient suggests that as the desire to work increases the belief in stereotypes also increases.

Examination of the sub-dimension scores indicates that very few of the socioeconomic or socio-demographic variables relate significantly with any of the sub-dimensions. The positive stereotype score was found to be associated with three factors. The first variable it correlated with was the respondents' degree of preparedness for retirement ($r = .20$). The positive direction of the relationship indicates that

TABLE VII

PEARSON CORRELATION COEFFICIENTS BETWEEN TOTAL
AND SUB-DIMENSION SCORES AND SOCIOECONOMIC
AND SOCIO-DEMOGRAPHIC VARIABLES FOR THE
PROGRAM NON-PARTICIPANTS

Independent Variables	Total	Positive	Negative	Neutral
Presently Working	-.15	-.04	-.05	-.03
Desire to Work	-.31**	-.16	-.13	-.21*
Prepared for Retirement	.03	.20*	-.14	-.02
Perceived Overall Health	-.07	.15	-.19	.07
Perceived Health Relative to Age Cohorts	-.02	.09	.01	.07
Income	.06	-.19*	.27*	-.02
Age	.21	.11	.12	.00
Sex	.05	-.06	.05	.03
Marital Status	.01	.10	-.03	-.06
Visit with Children	.19	.19*	.05	.00
Visit with Friends	.03	.10	.05	.01
Contact with Children by Letter or Phone	.07	.09	-.11	.03
Community Size	.16	.03	.18	.01
Life Satisfaction	-.12	-.07	-.05	-.07

* significant at .05

** significant at .01

*** significant at .001

respondents who are better prepared for retirement have a tendency to believe more positive stereotypes concerning old age. Income was negatively related to the positive sub-dimension score ($r = -.19$) which illustrates that as income increases, the positive stereotypes adhered to increase. The last item which correlated significantly with the positive sub-dimension was frequency of visits with children ($r = .19$). Unlike Table V indicated for the entire sample, non-participants who had frequent visits with their children had overly positive perceptions of old age.

The negative sub-dimension related significantly with only a single variable, income ($r = .27$). This coefficient shows that as income increases, belief in negative stereotypes decrease. This is to be expected given the relationship of income to the positive sub-dimensions cited above.

After having examined the correlation coefficients, it is desirable to proceed to more indepth analysis of the data. The Pearson correlation coefficients gave some indication of how the various socioeconomic and socio-demographic characteristics of the respondents are related to the stereotypes scores. However, they give no indication of how much variation in stereotypes they actually account for. Consequently, stepwise regression analysis was employed to detect the actual importance of each independent variable, relative to the others analyzed, in explaining stereotypes.

Table VIII displays the partial regression coefficients of the total stereotype score on socioeconomic and socio-demographic characteristics of the individual for the entire sample. Examination of each

TABLE VIII

PARTIAL REGRESSION COEFFICIENTS OF TOTAL AND SUB-DIMENSION
SCORES ON SOCIOECONOMIC AND SOCIO-DEMOGRAPHIC
CHARACTERISTICS FOR THE ENTIRE SAMPLE

Independent Variables	Total	Positive	Negative
Perceived Health Relative to Age Cohorts	-.10	-.14	-.02
Desire to Work	-.37	-.05	-.28
Income	.23	.02	.26
Participation in the Pre-Retirement Program	.12	-.14	.15
Presently Working	.20	-.02	.16
Sex	.08	-.06	.10
Visit with Friends	-.09	.05	-.09
Age	.09	.22	---
Life Satisfaction	.05	-.07	.15
Marital Status	.03	-.02	.09
Prepared for Retirement	-.02	.16	-.04
Residential Area	-.03	.14	-.12
Contact with Children by Letter or Phone	-.05	----	-.03
Visit with Children	.04	.16	-.11
Perceived Overall Health	----	.37	-.21
Constant	6.14	.91	4.38
R ²	.16	.25	.27

N = 107 for entire sample

characteristic, when controls are added for other independent factors, show several significant features. The variable which appears to be the most important determinant of the presence of stereotypes in the entire sample is the individuals' desire to work ($B = -.37$). The direction of the coefficient indicates that as the individuals' desire to work increases, the presence of stereotypes decreases. Another variable which appears to be significantly associated with stereotypes about old age is income ($B = .23$). The beta value suggests that as the respondents' income increases, the belief in any type of stereotypes decreases. Still a third variable which appears to be important in accounting for the presence or absence of stereotypes is whether or not the respondent is working ($B = .20$). Not only was it found that the desire to work lessens the likelihood of stereotypes existing, but the act of working also decreases the adherence to stereotypes. Contrary to the implications from earlier tables, perceived overall health was the variable which, when controlling for the other independent variables, did not enter into the equation. The maximum possible explained variation in stereotypes held by the entire sample is not statistically impressive yet cannot be ignored ($R^2 = .16$).

When the sub-dimensions are analyzed for the entire sample, we see that the same independent variables which explained only 16 percent of the variation in the prevalence of stereotypes, do slightly better in accounting for the variation in stereotype direction. Table VIII shows that, as would be expected, the variables relate differently with the positive sub-dimension than they do with the total stereotype score. The most important factor in accounting for positive stereotypes among the entire sample was the respondents' perception of their overall

health ($B = .37$). The direction of the coefficient indicates that the better the overall health is perceived, the more likely the respondents are to hold positive stereotypes about old age. The age of the respondent also appears to account for a significant amount of the variation in positive perceptions ($B = .22$). The coefficient suggests that an increase in age is accompanied by a decrease in overly positive stereotypes among the entire sample toward old age. Another variable which is related to the positive sub-dimension is the frequency of visits with children ($B = .16$). The positive direction indicates that an increase in frequency of visits is accompanied by a corresponding rise in positive stereotypes toward old age and the aged. The respondents' degree of preparedness for retirement is another factor which is important in determining positive stereotypes ($B = .16$). The coefficient illustrates that the more prepared one is for retirement, the more positive the images maintained about old age. The relative health of the respondents in the entire sample is important in that respondents who perceive their health to be relatively better than that of their age cohort also perceive old age in a less positive light. This is not to suggest that they view it more negatively, but that they don't perceive it in an unrealistic positive fashion. Participation in the pre-retirement program was also an important factor in determining positive images ($B = -.14$). Those who participated tend to have less positive stereotypes of old age and the elderly than do those who did not participate. A final variable which is an important factor in accounting for positive stereotypes is the community size in which the respondent resides ($B = .14$). For the entire sample, the rural residents tend to

have more positive stereotypes concerning old age than the urban respondents. Although the frequency of visits with children accounted for a significant amount of variation in positive stereotypes of old age, frequency of contact with children through letters and phone conversations did not explain enough variation to enter into the equation. In fact, this was the only variable examined as a determinant of the entire samples' positive stereotypes which did not enter the equation. Still, the combined explanatory capabilities of these variables is important ($R^2 = .25$).

The negative sub-dimension was related to several variables also. The most important factor which is a determinant of negative stereotypes of the aged is the desire to work ($B = -.28$). The negative direction of the coefficient indicates that those who have a higher desire to work also believe in fewer negative stereotypes. Income is also an important factor in accounting for negative stereotypes ($B = .26$). From the sign of the coefficient we can conclude that as income increases there will be a corresponding decrease in adherence to negative images of old age or the aged. A third variable which appears to be important is the respondents' perceived overall health ($B = -.21$). The inverse beta coefficient suggests that as the respondents' perceived health improves, the tendency to adhere to negative images decreases. Whether or not the respondent is working is also a significant factor in determining belief in negative stereotypes ($B = .16$). The coefficient indicates that there are more negative stereotypes about old age among those respondents in the entire sample who are employed than among those who are not. Similarly, participation in the pre-retirement program also

leads to a greater adherence of negative perceptions than does non-participation ($B = .15$). The last variable which appears to be important in accounting for variation in negative perceptions of old age is life satisfaction ($B = .15$). The positive coefficient suggests that respondents in the entire sample who have a higher level of life satisfaction in general, tend not to believe in negative images of the elderly. The only variable which was not entered into the equation was age of the respondents. However, the equation resulted in a slightly higher explained variation than did either the positive sub-dimension or the total stereotype score ($R^2 = .27$).

Table IX shows the amount of unique variation which is accounted for by the equation when it is applied to program participants only. The independent variables become highly significant when their relationships with the total score are examined. The most important determinant of the presence of stereotypes among the participants is their perceived health relative to their age cohort ($B = -.33$). The inverse coefficient signifies that the better the relative health is viewed, the fewer stereotypes one holds about old age. For participants, the community size is a very important determinant of stereotypes ($B = .25$). The sign of the beta coefficient implies that rural participants have fewer stereotypes concerning old age than do those who live in urban areas. The respondents' income is also an important factor in accounting for the presence or absence of stereotypes ($B = .25$). The direction of the relationship shows that as income increases there is a corresponding decrease in the prevalence of stereotypes.

The frequency of visits with children also appears to be a significant factor when analyzing stereotypes ($B = -.23$). The negative

TABLE IX

PARTIAL REGRESSION COEFFICIENTS OF TOTAL AND SUB-DIMENSION
SCORES ON SOCIOECONOMIC AND SOCIO-DIMOGRAPHIC
CHARACTERISTICS OF PROGRAM PARTICIPANTS

Independent Variables	Total	Positive	Negative
Perceived Health Relative to Age Cohorts	-.33	-----	-.24
Visit with Children	-.23	.11	-.32
Residential Area	-.25	.25	-.35
Income	.25	.35	.16
Life Satisfaction	.13	-.03	.24
Perceived Overall Health	.16	.24	-.05
Prepared for Retirement	-.07	.26	-.06
Desire to Work	-.20	-.11	-.15
Presently Working	.18	-.12	.17
Visit with Friends	-.06	.10	-.08
Contact with Children by Letter or Phone	-.04	-----	-.02
Marital Status	-.03	.15	-.03
Age	-----	.38	-.13
Sex	-----	-.13	.07
Constant	13.51	-4.95	13.71
R ²	.32	.51	.57

N = 54 for program participants

direction indicates that for participants, as the frequency of visits increase, the prevalence of stereotypes decrease. The desire to work, although a less important factor than those previously mentioned, is an important variable in determining the adherence to stereotypes ($B = -.20$). The negative sign suggests that as the desire to work increases, the belief in stereotypes decreases. This is congruent with what was found in Table VIII for the entire sample, but the association is not as strong. This holds true also for the current working status of the respondent ($B = .18$). The direction of the sign shows that, as was true for the entire sample, those participants who are employed tend to also be the most likely to believe in stereotypes about old age. The last variable which accounted for a significant amount of variation in stereotypes among participants is the perceived overall health of the respondent ($B = .16$). The coefficient implies that as the respondents' overall health increases, so does the belief in stereotypes. Conversely, poor health is accompanied by fewer stereotypes of old age. Two independent variables were examined which did not account for a significant enough amount of the variation to be entered into the equation, age and sex. However, the other twelve variables which did comprise the equation accounted for 32 percent of the explained variation in stereotypes among the participants. This is twice the explained variation that was accounted for by the same variables plus two others for the entire sample (see Table VIII).

In analyzing the positive sub-dimension for the program participants, we note that twelve variables were again entered into the equation. Table IX indicates that when these variables are controlled for

when examining the positive sub-dimension, the equation's explanatory capabilities increase significantly from that of the total score ($R^2 = .51$). The most important of these significant variables is age ($B = .38$). The coefficient indicates that as age increases, the likelihood of adherence to positive stereotypes decreases. This relationship holds true for income as well ($B = .35$). As income rises there is a corresponding decrease in positive stereotypes. Another variable which is important as a determinant of positive stereotypes is the degree the participants feel prepared for retirement ($B = .26$). The positive beta coefficient suggests that respondents who felt they were prepared for retirement were also the ones who adhered to positive stereotypes of old age. Among the program participants, the community size in which they reside is a significant determinant of positive perceptions of old age ($B = .25$). It appears that those who live in a more rural environment also tend to hold more positive stereotypes of old age than do those who reside in more urban surroundings. Overall perceived health was found to be a significant factor in accounting for positive stereotypes also ($B = .24$). The positive direction implies that as overall health of the participants increase, so do the overly positive image of old age. The two variables which did not contribute to the explained variation significantly enough to be entered into the equation were relative health and the frequency of contact with children through letters and phone conversations.

The negative sub-dimension was analyzed next in association with the independent variables. Table IX shows that the combined effect of all fourteen variables was indeed quite significant in explaining variation in negative stereotypes ($R^2 = .57$). The one variable which appears

to have accounted for the greatest amount of variation by itself, in negative perceptions among the participants, was the size of the community in which the respondents reside in ($B = -.35$). The inverse direction indicates that the more urban the respondents are, the more negative images they hold concerning old age. This is not surprising given the interpretation of the relationship between community size and positive stereotypes cited above. A variable which isn't quite as strong a determinant, but is the second highest coefficient, is frequency of visits with children ($B = -.32$). The negative sign suggests that as the frequency of such visits increase, the negative stereotypes decrease.

Still another factor which accounts for a significant proportion of the variation in negative perceptions is the health of the respondents relative to their age cohort ($B = -.24$). Because of the direction of the coefficient, we can conclude that as the perceived health of the respondents relative to others their age improves, the tendency to believe negative stereotypes about old age decreases. A similar relationship holds true for life satisfaction ($B = .24$). The positive relationship indicates that high general life satisfaction leads to fewer stereotypes being held. Still another variable which accounts for a significant amount of variation is whether or not the respondent is employed ($B = .17$). The sign implies that the participants who are currently working tend to be more negative in their stereotypes of old age than those who are not working. Income of the respondents is also positively associated with negative perceptions ($B = .16$) which can be interpreted to mean that as income increases, the belief in negative images decreases. The last variable which explained a significant pro-

portion of variation is the desire to work ($B = -.15$). Since the coefficient illustrates an inverse relationship between the independent and dependent variables, we can conclude that for participants, an increase in the desire to work results in fewer negative images being held concerning old age.

The same variables were not as impressive in accounting for explained variation in either the prevalence of stereotypes or the direction of the stereotypes for the non-participants of the program. Table X shows that a composite of the variables which were entered into the equation resulted in an explained variation of approximately 25 percent in the prevalence of stereotypes concerning old age. However, several of the variables explained a significant proportion of the variation in the presence of stereotypes when other variables were controlled.

The most important variable in the equation in examining the prevalence of stereotypes for non-participants is the desire to work ($B = -.53$). The direction of the coefficient indicates that as the desire to work increases, the presence of stereotypes decline markedly. The frequency of visits with children, though less important than the desire to work, is an important factor in determining the prevalence of stereotypes ($B = .36$). The positive sign suggests that the more often the non-participants visit with their children, the more they tend to stereotype old age. There is also a positive relationship between whether or not the respondent is working and their belief in stereotypes ($B = .33$). The direction implies that program non-participants who are working tend to stereotype the elderly more than do those who are not working. Another important characteristic in accounting for variation in stereotypes is the community size in which the respondent resides ($B = .18$). We can

TABLE X
 PARTIAL REGRESSION COEFFICIENTS OF TOTAL AND SUB-DIMENSION
 SCORES ON SOCIOECONOMIC AND SOCIO-DIMOGRAPHIC
 CHARACTERISTICS OF PROGRAM
 NON-PARTICIPANTS

Independent Variables	Total	Positive	Negative
Desire to Work	-.53	-.02	-.46
Visit with Children	.36	.18	.22
Age	.17	.09	.14
Presently Working	.33	-.22	.39
Income	.13	-.25	.29
Residential Area	.18	.03	.16
Contact with Children by Letter or Phone	-.15	----	-.16
Life Satisfaction	-.11	-.06	-.05
Visit with Friends	-.06	.07	-.08
Perceived Health Relative to Age Cohorts	.10	.09	.08
Perceived Overall Health	-.07	.22	-.20
Marital Status	.03	-.11	.06
Prepared for Retirement	----	.18	-.05
Sex	----	----	-.02
Constant	3.02	4.69	-2.33
R^2	.25	.27	.23

N = 53 for program non-participants

conclude from the direction of the coefficient that those non-participants who live in more rural areas tend to be more likely to accept the stereotypic perceptions of the elderly.

Age is also positively associated with the total score in such a manner as to lead to the conclusion that as age increases, the prevalence of stereotypes decrease ($B = .17$). The last variable which appears to explain a significant proportion of the variation in stereotypes is the frequency of contact with children through letters and phone calls ($B = -.15$). The inverse direction implies that for non-participants, an increase in such forms of contact with children leads to less acceptance of stereotypes. Two variables which failed to be entered into the equation were sex and the degree of preparedness for retirement.

The analysis of the variables in Table X indicates that the equation is a slightly better predictor of positive stereotypes among the non-participants than it is of the prevalence of stereotypes ($R^2 = .27$). However, the independent variables were not as significant in explaining variation in the positive sub-dimension as they were for accounting for variation in the prevalence of stereotypes. In the positive sub-dimension, income appears to be the most important determinant of positive stereotypes ($B = -.25$). The negative direction suggests that as income increases, there is a corresponding increase in positive perceptions. The opposite appears to be true when the employment status of the respondents is examined ($B = -.22$). This inverse relation indicates that those non-participants who are not working are the ones most likely to hold fewer positive stereotypes. A similar conclusion can be drawn

concerning the respondents' perception of their overall health ($B = .22$). The direction of the coefficient shows that those respondents who perceive their health to be above average or very good also hold the greatest number of positive stereotypes. As the perceived health of the respondents declines, so does the acceptance of these positive images.

Still another important determinant of positive perceptions among non-participants is the frequency of visits with children ($B = .18$). The positive sign implies that those who have the greatest contact with their children also have the greatest belief in positive stereotypes about old age. In addition, non-participants who perceive themselves to be the most prepared for retirement also have a tendency to accept more positive stereotypes concerning old age ($B = .18$). Sex of the respondent and frequency of contact with children through letters and phone conversations were the only two variables which did not enter the equation.

The negative sub-dimension was found to have several high partial coefficients. The most significant independent variable for non-participants was the desire to work ($B = -.46$). From the sign of the coefficient we can conclude that the greater the respondents' desire to work, the less likely they are to believe in negative perceptions. Although less important, the actual state of working was a very important factor in determining the negative stereotypes of non-participants ($B = .39$). The positive coefficient indicates that those who are working tend to adhere to negative stereotypes associated with old age. Income was found to be positively related to negative images, meaning

meaning that as income rises, negative perceptions of the elderly will decrease accordingly ($B = .29$). Still another variable which is significant in accounting for the variation in negative stereotypes is the frequency of visits with children by the respondents ($B = .22$). The positive sign suggests that the greater the frequency of the visits, the more negatively the respondents tend to stereotype the elderly. This implies that contact between the non-participants and their children results in negative feelings being manifested from the children to the parent in some way.

The perceived overall health of the respondents is inversely related to negative images of old age ($B = -.20$). This indicates that an increase in overall perceived health will result in a decrease in negative stereotypes. Also, non-participants who live in urban areas tend to have fewer negative perceptions than do rural non-participants ($B = .16$). The last independent variable which accounted for a significant amount of the variation in negative stereotypes is the frequency of contact respondents have with their children through letters and phone conversations ($B = -.16$). The inverse direction of the coefficient implies that an increase in the frequency of contact will be accompanied by a decrease in negative images. The variation which each independent variable accounted for in negative stereotypes, when controlling for all other factors, was significant in several instances. The entire equation's explanatory capabilities, however, are the lowest of any of the three dimensions examined ($R^2 = .23$).

In summary, the data pertaining to stereotypes about the elderly and old age indicate that the independent variables which were examined are weak determinants of the prevalence of these stereotypes. However,

they do tend to be adequate indicators of directional stereotypes. Furthermore, they tend to be better predictors of negative stereotypes than positive perceptions. This relationship between the independent variables and the positive/negative sub-dimensions does not remain after the sample is dichotomized into program participants and non-participants (see Tables IX and X). A major point which becomes evident at this state is that the independent variables which were analyzed are much better predictors of both stereotype prevalence and stereotype direction for the program participants than they are for the non-participants. This may be due to a variation of socioeconomic and socio-demographic factors which characterize the two groups and not necessarily linked to participation or non-participation in the pre-retirement program. Nevertheless, they can be adequately utilized for both subsamples if the limitations are recognized.

CHAPTER V

NARRATIVE DISCUSSION AND SUMMARY

Due to the amount of statistical finding reported in Chapter IV, it was thought that simultaneous presentation of the discussion of the results would be overly burdensome. In addition, it would most probably result in confounding the complexity of the findings. Consequently, this chapter will present a narrative discussion of the results and then a general summary of the dissertation. The chapter will conclude with a discussion of the major limitations perceived in the research.

Sample Stereotypes

The data strongly indicate that the respondents accept more negative stereotypes about old age and the elderly than any other age cohort cited in the literature, lending support to the contention of Weinberger (1979, Butler (1975), Harris et al.(1975), Tuckman and Lorge (1953, 1956), and McTavish (1971) that the elderly are the most ageistic of all age groups. However, these negative stereotypes tend to be predominately centered around the social situational circumstances of the elderly rather than physiological conditions. This may be attributable to the fact that they themselves have experienced and adapted to many of the physiological changes but not the social changes that they perceive may eventually occur.

In trying to account for the presence of an anti-aged perception within this sample, 15 socioeconomic and socio-demographic variables were examined in relation to stereotypes. Respondents who desired to work seem to have fewer stereotypes of the elderly. The same sort of relationship exists for income and the presence of stereotypes as well. That is, higher income levels were associated with fewer stereotypes. However, increases in self-rated health and self-rated health relative to their own age cohort, as well as participation in the pre-retirement program increase belief in and acceptance of stereotypes within the sample.

The issue that must be examined here is the direction of manifest stereotypes. Initial interpretation of the data would lead to several conclusions. First, those respondents who felt the most prepared for retirement were the ones who had the most positive stereotypes concerning old age. This would be expected primarily because those individuals who lack preparation for retirement are probably the ones least likely to develop positive images of what they may encounter or anticipate encountering. A second conclusion which can be drawn from the data is that good perceived overall health and health relative to one's own age cohort is associated with stereotypes. However, the stereotypes tend to be positive in direction. This could possibly be accounted for by the fact that if respondents perceive themselves to be healthy, they may view old age as being better than earlier anticipated. Conversely, those whose health is perceived to be relatively poor would view old age through a more negative frame of reference.

Income seems to affect only the negative component of stereotypes.

This is not surprising if we view the income variable throughout the respondent's work career. If one has always had an adequate income, its presence probably would not be nearly as significant in later life as the scarcity of income. Consequently, when income decreases in later life (which is the normal pattern with income in retirement) the economic hardships increase. The later resulting effect is reflected in an increase in negative stereotypes.

Age, on the other hand, was associated with the positive component of stereotypes only, indicating that as one grows older the overly positive stereotypes diminish, however, they do not become more negative. It appears that as the respondents age, then encounter more of the realities of old age and lose the earlier overly positive images.

The relationship of contact between the elderly respondent and their children and stereotypes raises some interesting possibilities. We find that visiting with children increases the elderly's positive stereotypes while contact through letters and phone calls increases the elderly's negative images. The visits with the children apparently reinforce the belief that old age is not a time of familial dissolution and subsequent isolation and loneliness. Conversely, contact through phone calls and letters appear to instill in the respondents a negative perception of old age, possibly by producing a feeling of physical separation that the spatial restrictions of old age has brought on. This feeling may actually be caused by other factors but heightened by this "token contact."

Life satisfaction among the sample is congruent with what one might expect to find. Those respondents who have the highest levels of life

satisfaction also tend to hold positive perceptions. Those who experience low life satisfaction tend to have an increase in negative stereotypes. This is typical of most situational factors. However, in this instance the stereotypes are based on a feeling that being old has led to low satisfaction resulting in negative stereotypes, or high satisfaction leading to positive stereotypes of old age.

The last factor which merits mentioning is that respondents who participated in the pre-retirement program appear to be more negative in their perceptions. Again, participation does not necessarily increase positive images. This may result from either the content of the pre-retirement program stressing negative factors associated with old age or problems of old age and not the positive features of being old. There is not really enough information available at this time to draw a strong conclusion. This issue will be addressed later.

Sample Stereotypes with Controls

The preceding discussion is important in that it helps to illustrate and interpret the relationships that exist between the independent variables and stereotypes. The weakness of these interpretations is that they are drawn without recognition of the possibility of interaction between the independent variables. When we control for the influence of extraneous influences while examining each variable, we see that several of the relationships change significantly.

The individual's desire to work appears to be the singularly most important factor when controlling for other variables in determining the prevalence of stereotypes. However, examination of the sub-

dimensions indicates that it is influenced predominantly by the negative sub-dimension. It appears then that respondents who have a high desire to work have fewer negative stereotypes. This may be an indication of the centrality of the work ethic in the age cohort and that the desire to work accompanies the knowledge that they can work. Those who have no desire to work may feel so due to a belief or self identity that they are not competent or capable because of old age. Consequently, they view old age as eroding their ability to work and as a negative time in their life.

The role of the income variable on the stereotype continuum is also determined mostly by the negative sub-dimension. The relationship here does not change from that prior to utilizing controls. Again the negativity of stereotypes must be attributed to the lack of income associated with old age relative to younger referent points. This appears to be supported by the fact that the presence of income does not increase positive images but does decrease the negative images.

Participation in the pre-retirement program, as mentioned earlier, does increase negative stereotypes of old age. Conversely, when other factors are controlled, there is a strong tendency for non-participants to increase their belief in positive stereotypes. As previously mentioned, this could very possibly be the result of the voluntary nature of the program or an orientation that inadvertently stresses negative factors concerning old age. Since the non-participants tend to have more positive stereotypes, there may also be some sort of self-selecting process occurring between those who choose to participate versus those who choose not to. The participants may be more negative prior

to the program than are the ones who do not participate. If this is the situation, it is conceivable that non-participants may not feel the program is necessary for them. To accurately measure this phenomenon would require some stringent controls that gauge the pre-retirement bent of the two (apparently different) subsamples. Again, remembering the age cohort in this research, it may be that acceptance of the offer to participate is subconsciously equated with acceptance of a negative label.

When extraneous factors are controlled, we find that employment status is important in analyzing stereotypes. Again, the negative sub-dimension accounts for a great deal of the variation in this variable. Contrary to what was found concerning the desire to work, those individuals who identify themselves as employed tend to hold more negative images about old age. A possible explanation for this seemingly contradiction might be that those individuals who are employed use employment as a process to deny old age and the perceived negative aspects. Those who would like to be working but are not may see work as a way to gain added income or something to help occupy their time, but not as a defense against getting old.

Age again was a factor in determining the degree of positiveness of stereotypes. As previously suggested, as people become old they become aware of the false realities surrounding these overly positive stereotypes, but do not see these realities as a negative reflection upon old age. Life satisfaction was related to the negative component of stereotypes but not the positive sub-dimension. A suggested earlier poor life satisfaction increases the acceptance of negative stereotypes.

This most probably results from the tendency to blame present circumstances for problems, consequently, old age is blamed for poor life satisfaction. As life satisfaction increases, belief in negative stereotypes decreases, however, it does not significantly affect positive perceptions.

As was suggested prior to controlling for extraneous variables, individuals who are most prepared for retirement also tend to have the most overly positive stereotypes. This is to be expected primarily as a result of what anticipation of retirement and old age would be like. This is not to say that after a short time this won't change, but that at least this "honeymoon" phase does tend to exist for some. Also, those individuals who are not prepared for retirement will probably feel that old age came to quickly and have not had adequate time to prepare positive expectations concerning old age. Visits with children also continues to be important for determining positive attitudes among the respondents. Again the direction suggests that the relationship is a positive one. As mentioned earlier, this is most likely attributable to the notion that increased contact dispels the common stereotype of old people being forgotten and useless.

Perceived health was the last factor which seemed to be important in accounting for stereotypes. This is the only variable which, after controls are added, is important in determining both positive and negative stereotypes. The direction of the relationship didn't change following the addition of controls, indicating that the respondents used their own health as guides for determining their stereotypes toward old age and the elderly. The better the health of the respondent, the more

positively they stereotyped old age. However, if their own health was perceived to be bad, they viewed old age negatively. What this illustrates is that people expect health to decline with old age, however, if it does not decline to the level they anticipated, they view old age in a positive manner. On the other hand, if it declines further than expected, they may blame the health restriction on old age and consequently view it negatively. (For a statistical summary of the proceeding discussion see Tables I, V, and VIII in Chapter IV.)

Initial interpretations tend to suggest that the elderly do hold a generally negative impression of old age and the elderly. Still, it must be taken into consideration that the sample is composed of two distinct groups, and that it would be extremely misleading to report the acceptance of negative stereotypes as typical of both groups without further examination.

Program Participants

It was suggested quite strongly by the data in the previous section that respondents who participated in the pre-retirement program are more negative in their stereotypes of old age than are respondents who did not participate. Participants, in fact, have the highest net-bias score in a negative direction of any sample administered the FAQ. This appears to suggest that, as indicated by Weinberger (1979), the elderly do become more negative as they age. However, the fact that participants in the program have a higher level of negative stereotypes than do their age cohorts who did not participate, indicates that the program heightens negative perceptions. Further, examination

of these stereotypes suggest that although this may be the case, there are other factors which merit consideration as well.

In reviewing the relationships that exist between the socio-economic and socio-demographic variables and stereotypes, we gain a better insight of the stereotypes held by the participants. Many of the variables which were found to be significantly related to the prevalence and the direction of the stereotypes are associated in a similar manner as was the entire sample. To re-interpret these relationships would become redundant, consequently the variables will be mentioned only in passing, allowing for greater concentration on relationships which differ.

When the entire sample was examined, it was found that it was characteristic of the group that physical contact such as visits with their children increased their positive stereotypes but did not significantly relate to negative stereotypes. Among the program participants however, visits with children lowered the presence of negative stereotypes toward old age. It does not appear to affect positive perceptions as suggested by the relationship for the entire sample. This relationship holds true for visits with friends as well. This strongly supports the contention that lack of social interaction leads to a very negative perception of old age, probably resulting in both lower satisfaction with old age and more negative stereotypes.

A factor which was found to be related for participants inversely from the relationship reported for the entire sample, was contact through letters and phone calls. Whereas an increase in these contacts appeared to increase negative stereotypes for the entire sample, for participants it seems to lower the adherence to them. This is more con-

sistent with what would be expected since physical visits with children and friends lower these stereotypes. It would seem that this sort of contact at least reinforces the notion of concern for them by friends and family.

Although these relationships do vary from those of the composite sample, it was found that most of the relationships between these variables and stereotypes were similar. However, when the extraneous variables are controlled, we do find that some of the variables become more important determinants of stereotypes and the direction of the stereotypes.

In examining the positive sub-dimension it becomes apparent that controlling for other variables, community size becomes significant. Participants who reside in more rural areas tend to believe positive stereotypes concerning old age more often than do urban dwellers. This may be attributed to the notion that the participants who reside in more urban environments face more problems because of old age. They are normally less self-sufficient and thus meet more difficulties in a larger populated area. This thesis is even more strongly emphasized when we take into account that community size is also related to negative stereotypes. The relationship favors the above explanation in that urban participants have a significantly higher prevalence of negative stereotypes than rural residents. Consequently, not only does rural living increase the positive perceptions but urban living increases negative images. This supports Klemmack's et al. (1980) findings and does stress the increase in problems encountered by urban residents which are age dependent.

When control variables were used for the entire sample, perception of health relative to one's own age cohort was found not to be important in accounting for variation in stereotypes. However, this is not the case for program participants. Instead, we find that participants who perceive their health to be better than their age cohorts have fewer negative stereotypes about the elderly. This association may be explained by the possibility that those whose health is better know that old age does not necessarily have to be a time of poor health. Conversely, those whose health is poorer than their age cohort may see old age as typically a time of poor physical health and the healthy aged are just exceptions. This also enables a person whose health is relatively bad to see themselves not as exceptions but slightly below the norm.

For the entire sample as well as for the participants, prior to controlling for extraneous factors, income was associated with the negative component of stereotypes. This also appears to be true for the participants after adding controls. However, for the first time, a relationship between income and the positive dimension of stereotypes becomes evident. The coefficient indicates that as income increases, positive stereotypes decrease. It can be concluded that for participants, high incomes serve as a leveler against belief in stereotypes. In other words, it fails to increase stereotypes one way or the other. This may be due to the higher income elderly being more "reality oriented" or neutral toward old age.

The relationship of employment status with stereotypes shifts direction when controls are added. Still, it is in line with what was found for the entire sample. It appears that participants who are

currently employed hold more negative stereotypes about old age. A plausible explanation for this is that they may be employed primarily as a denial of being old and what accompanies old age. As a result, they perceive being employed as a way to show that they are not old.

The only other variable which differentiates participants from the composite sample is marital status. Although marital status was not a significant factor in accounting for variation in stereotypes, it is important in explaining stereotypes among the participants. It was found that those who are married also have more positive perceptions concerning old age. This is not surprising in light of the fact that one of the major fears of growing old is loneliness or isolation. With a spouse, that stereotypes is dispelled and in fact the problems which are encountered can be shared with someone else. As a result, the individuals coping skills are aided by the presence of a mate. In summary, participants tend to hold more negative stereotypes concerning old age than other groups their own age. Still, there are factors even within this group which lead some members to hold less negative stereotypes than others. These individuals are characterized by frequent visits with their children, frequent phone calls or letters, reside in rural environments, perceived health better than their age cohorts, higher incomes, not employed, and are married. (For a statistical summary of these findings see Tables VI and IX in Chapter IV).

Non-Participants

So far, variation in the relationships between socioeconomic and socio-demographic factors and stereotypes have been analyzed between the entire sample and the program participants. It is also desirable to analyze the stereotypes of non-participants of the sample to determine if they differ from the program participants. Once again only factors which vary will be addressed in order to avoid repetition.

Only two factors were found to exhibit any relationship with stereotypes that haven't already been noted. If other variables are not controlled, we can see that income relates with the positive stereotype sub-dimension. Although the direction of the relationship is similar to that noted for the entire sample, it is different in that for non-participants it significantly related to positive stereotypes whereas it was not related in the entire sample. It is also related, in an inverse manner, from the way income is related for participants. Non-participants who have high incomes tend to adhere to positive stereotypes of old age more frequently than do non-participants with low incomes. When this is considered in conjunction with the fact that low income respondents also have more stereotypes, it can be concluded that low income non-participants have fewer experiences to aid in the development of overly positive perceptions of old age, and more experiences which lead to negative perceptions. On the other hand, the higher income respondents are cushioned from financial problems which are normally associated with growing old, resulting in the belief that old age isn't really very bad.

The other variable which merits attention is the frequency of visits with children. Whereas this variable was significantly correlated with the negative sub-dimension of stereotypes for the participants, it is found to be related to the positive sub-dimension for the non-participant. Those respondents who have frequent visits with their children have more positive stereotypes about old age. However, lack of these visits does not increase negative stereotypes rather it only decreases the level of positive stereotypes. This suggests that among non-participants, the act of visiting with children serves as a buffer from problems associated with old age. It is evident that this includes problems such as isolation and loneliness but it may also involve financial gifts from the children which help to combat economic problems.

When the variation in stereotypes for each variable was examined, controlling for all other factors, we find that these variables relate quite differently to the stereotypes of non-participants than they did for participants. The most important factor in detecting the presence of stereotypes was the desire of the respondent to work. The beta value shows that as the desire increases, the overall stereotype score decreases. This is explained almost totally by the negative sub-dimension of the stereotypes, which indicates that as the desire to work decreases the belief in negative stereotypes decreases. Although this is contrary to what would normally be expected, it is possible that those who have the desire to work, but currently aren't, are those who are more healthy and capable of being employed. Conversely, those who have no desire to work may be unable to work and associate

this inability with old age, resulting in negative stereotypes about old age.

A second factor which is very important as a determinant of stereotypes is the frequency of visits with children. Whereas the frequency of visits decreased stereotypes, specifically negative stereotypes, among the participants, it has an inverse effect on non-participants. As physical contact decreases, stereotypes also decrease. In fact, both positive and negative stereotypes become less common as the frequency of visits decrease. For non-participants then, the fewer the visits with children the greater the tendency for the stereotypes to become more neutral, i.e., less positive or negative.

Age is important as a determinant among non-participants in that as age increases, stereotypes decrease. This occurs in both negative and positive stereotypes, but the decrease is more noticeable in negative perceptions. This indicates that among this group, as age increases, the realities of old age become more evident, dispelling both overly positive and negative images. This also supports the notion of a more neutral stereotype existing.

Those respondents who are presently working tend to have fewer positive stereotypes and markedly more negative stereotypes. Although the relationship is the same as what was found for the program participants, the coefficients are significant at much higher levels. Income is also associated with both positive and negative stereotypes, but in a slightly different manner than it was for the participants. As was true for the participants, an increase in income results in fewer nega-

tive stereotypes. However, contrary to what was characteristic for the participants, non-participants with higher incomes hold overly positive stereotypes. This is easily accounted for since those respondents with higher incomes will most probably avoid many of the problems typically associated with old age. Consequently, old age will be viewed as more positive by those individuals than by those who cannot avoid the pitfalls of economic problems and other factors related to income that are more prevalent with old age, specifically health.

Whereas the participants who lived in urban areas were characterized by negative stereotypes, urban non-participants appear to hold less negative stereotypes than their rural counterparts, however, neither urban nor rural non-participants are likely to hold positive stereotypes. A plausible explanation for this is that like the urban participant, the urban non-participant faces hardships which result in negative images of old age. Still the hardships do not create as negative a perception as the rural non-participant holds. The difference between the two rural groups may be caused by the fact that there could be an income variation between the two groups or a health difference. Unfortunately, this was not controlled for.

Although contact with children through letters and phone calls were not important factors in determining stereotypes among the participants, it was significant in accounting for negative perceptions among non-participants. Those respondents who had frequent contact were less likely to hold negative stereotypes. This suggests that those respondents who receive phone calls or letters are gaining the positive properties of communication with their children without the negative conse-

quences that may accompany physical contact. This indicates that children's behavior toward their parents may carry a negative connotation that is not transmitted through non-physical interaction.

The last variable which differs significantly between participants and non-participants is the respondents' perceived overall health. Although in both subsamples we find that as the perceived health increases so does the positive stereotypes, it does not significantly relate to the negative sub-dimension among the participants. It can thus be concluded that non-participants who perceive their health to be good also adhere to positive stereotypes while those with poorer health adhere to the more negative perceptions. This is to be expected in that if health is perceived to be poor, many other factors which are health related will appear to be negatively experienced. Consequently, acceptance of negative stereotypes will be likely. On the other hand, if health is perceived to be good, the likelihood of perceiving old age in a positive light increases.

In summary non-participants appear to hold fewer negative perceptions of the elderly than do the participants. However, they too have a tendency to view old age and the elderly with negative stereotypes. Factors which seem to increase positive stereotypes, or at least decrease negative ones, are: a high desire to work, fewer visits with their children but a higher frequency of non-physical interaction (including phone calls and letters), being older, not working, living in urban areas, and good perceived health. (For a statistical summary see Tables VII and X in Chapter IV.)

Socioeconomic and Socio-Demographic
Differences

It is apparent that factors which influence both the prevalence and the direction of stereotypes between participants and non-participants are different. The question that arises here is why are the same variables determinants for one group indicating one thing and not important to the other group or indicating an inverse relation? One possible explanation for this may be that the two groups are characterized differently by the socioeconomic and socio-demographic variables. Appendix B shows some of the general characteristics of each group.

Upon close examination of the typical description of each group, we see that the two groups are very similar. There are, in fact, only three variables that significantly differentiate the two groups. The first is marital status, which indicates that although both groups have a high proportion of respondents who are currently married, the participants have approximately 9 percent more respondents who are married. The second variable which is closely related to marital status, and the second variable in which they differ significantly, is with whom the respondent resides. The participants have a greater tendency to live with a spouse or other family relative (including a child) than do the non-participants. The latter, on the other hand, have a larger proportion who live alone. The final variable indicating a large degree of variation is the size of the respondent's community of residence. A majority of the participants are urban (65 percent) whereas non-participants are almost predominately urban (88 percent).

These three factors cannot be overlooked in accounting for variation in stereotypes. They may also explain why the variables are excellent predictors of stereotypes for the participants and not as good for the non-participants. In addition, there is no way of controlling adequately for participation in the pre-retirement program. However, it is a safe assumption that some of the variation in stereotypes could be accounted for by participation in the program. Still, it is apparent that the respondents who have participated in the pre-retirement program are more negative toward old age. The most plausible explanation for this is that the program, being self-selective in participation, tends to draw individuals who are probably fearing retirement or perceive a need for pre-retirement planning due to pre-existing negative stereotypes. The pre-retirement program may actually lower the stereotypes, but not to the level which the non-participant maintains. Conversely, those who do not participate choose not to do so because they don't see retirement, and consequently old age, as requiring adjustment.

In conclusion, several trends can be drawn from the data relative to the research objectives cited in Chapter II:

1. In response to the first research objective, it should be concluded that the elderly are indeed negative toward old age and the elderly. However, this negativism is manifested in perceptions of the situational circumstances, surrounding old age and not the physical condition of the elderly per se.

2. Sex was not examined as a factor which influences stereotypes, primarily because of the small proportion of the sample which were female. It was decided that any conclusions drawn relative to this var-

iable would have been only slightly better than speculation.

3. There is a difference between the two groups relative to their perception of old age and the elderly, although both groups were found to basically hold a negative perception of the elderly. The participants of the pre-retirement program were found to be substantially more negative than were the non-participants. This may, however, be attributable to stereotypes that led them to the program and not the program per se.

4. No variation was found in the type of stereotypes held by the two groups. Both were basically neutral toward factors relevant to the physical condition of the elderly and negative concerning the social situational conditions.

5. Intergenerational contact seems to show mixed results in this data. There appears to be a need to distinguish between physical contact and non-physical interaction. The participants appear to gain positive stereotypes from physical interaction whereas the non-participants became more positive as a result of non-physical interaction and more negative when exposed to physical contact.

6. It was determined that socioeconomic and socio-demographic factors are paramount in examining the prevalence and the direction of stereotypes. However, the variables which were utilized in this study appear to be better in explaining variation for non-participants than participants. This may be attributable to different demographic characteristics of the groups themselves.

Summary

This research was designed to examine the stereotypes that retirees hold of old age and the elderly. Data were gathered from retirees from a large corporation in the Southwest through the utilization of a mail-out questionnaire. The final sample totaled 224 respondents (42 percent of the population), the vast majority were male, with a mean age of 69.3 years. The average income was above the mean for their age cohort (slightly over \$10,000 per year) and most owned their own homes (92 percent).

The central thesis of this research, accepting the axiomatic nature of a societal bent toward negative stereotypes of old age is to examine the nature and magnitude of stereotypes of the retirees toward old age and the aged. In addition, it was intended to determine whether participation in a pre-retirement program would affect the stereotypes that the retirees held. Finally, this research was designed to determine if socioeconomic and socio-demographic factors could account for variation in any stereotypes that the elderly held.

The findings are mixed. It appears that the elderly do, in fact, adhere to negative stereotypes concerning old age and the elderly. It was also found that those who participated in a pre-retirement program were markedly more negative than were those who did not. However, since a pre-test was not utilized, it would be inappropriate to conclude that the program developed these stereotypes and that they were subsequent to, rather than antecedent to participation.

Limitations and Suggestions

As had been expected prior to beginning this study, more questions were raised than were answered. In an effort to circumvent some of the limitations of this research and to allow for a better understanding of what is occurring, we would like to address some of the major weaknesses of the study and recommend some considerations for future research.

As suggested above, a major limitation of this study was the inability to determine what effect the pre-retirement program had upon the participants in dispelling their stereotypes. To remedy this weakness, a pre-test is required. Even given the apparent weaknesses of the pre-test/post-test design, it is the best solution to this dilemma.

A second limitation in this study was the researcher's failure to gather more data and a greater amount of indepth data, including such factors as the number of years since retirement and how long before retirement they participated in the program. However, these problems and their possible resolutions are associated with the considerations discussed in an earlier chapter involving length of the instrument and financial factors. To alleviate this problem, triangulation is the most evident solution, given the resources necessary.

A third weakness was an oversight of not including a measure of self-concept and perception of one's own age. Both of these would have been invaluable in gaining very important insight into stereotypes.

A weakness, not necessarily of this study but of studies concerning stereotypes, is the failure to recognize a positive stereotype to be possibly as damaging as are negative stereotypes. In addition, the total lack of articulation and conceptualization of neutral stereotypes or perceptions has led to a great limitation of our understanding of stereotypes.

In conclusion, it should be pointed out that if hindsight were foresight, this research would be the definitive work on stereotypes. Unfortunately, or fortunately as the case may be, this is not the nature of the research art at this point. As a result, we must be both encouraged by what has been found here and for the avenues which it suggests for further study.

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APPENDIXES

APPENDIX A

THE RESEARCH INSTRUMENT

Good Day! This note is to ask for a few minutes of your time to help us with a large research project.

Mr. Harvey Harris and Mr. George Farris have agreed that this survey may be conducted among the retired members of the Oklahoma Gas and Electric Company. It is hoped you will participate in this research effort. It is understood completion of this survey is strictly voluntary.

Our names are Jim Mitchell and Dick Miller. We are finishing our educations at Oklahoma State University. One of our areas of special concern is the adjustment to retirement.

You can help us learn about some of the problems faced by retired persons by taking some of your time to complete the enclosed questionnaire. The responses will remain entirely anonymous, however, it is necessary for us to place an identification number on the questionnaire. The number will be removed after your responses are received.

Please answer all of the questions and seal your responses in the enclosed self-addressed envelope. Your time and contribution is very much appreciated. Our graduate work is being guided by Dr. Gene Acuff, Professor and Chairman of the Department of Sociology at O. S. U.

RETIREMENT ADJUSTMENT QUESTIONNAIRE

We would like to learn something about the adjustment of people to retirement. The following questions are designed to help us do that. The information will be combined with that of others. It will not be identified with you personally in any way. If you find you do not understand a question or you feel it is offensive, please leave it blank and go to the next one. Please try, however, to answer all of the questions. Thank you in advance for your attention and cooperation with us.

First, it would be greatly appreciated if you could tell us a few things about yourself.

1. What was your age on your last birthday? (write in) _____
2. Sex (check one)
 _____ Male _____ Female
3. Race (check one)
 _____ White _____ Mexican American
 _____ Black _____ Other than these:
 _____ American Indian
4. Number of living children (write in) _____, grandchildren (write in) _____
 and great-grandchildren (write in) _____.

5. Marital status (check one)

 Single (never married) Married Remarried (after being divorced or widowed) Widowed Divorced Separated

6. Who do you live with? (Check one)

 Live alone Live with spouse only Live with spouse and children Live with other relatives Live with someone other than these7. If you do not live with your children or grandchildren, how often do they visit with you or you with them? (check one) Every day About once every other month Once a week Three or four times a year Once every two weeks Once or twice a year Once a month Less than once a year8. How often do your friends visit with you or you with them? (check one) Every day About once every other month Once a week Three or four times a year Once every two weeks Once or twice a year Once a month Less than once a year

9. If you do not live with your children or grandchildren, how often are you in contact with them by telephone or letter? (check one)

- | | |
|---|---|
| <input type="checkbox"/> Every day | <input type="checkbox"/> About once every other month |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Three or four times a year |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Once or twice a year |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Less than once a year |

10. How many close friends do you have? (check one)

- None
- One or two
- From three to six
- More than six

11. Which category best represents your present total monthly income? (check one)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$250.00 | <input type="checkbox"/> \$551.00 to \$800.00 |
| <input type="checkbox"/> \$250.00 to \$400.00 | <input type="checkbox"/> \$801.00 to \$1,000.00 |
| <input type="checkbox"/> \$401.00 to \$550.00 | <input type="checkbox"/> More than \$1,000.00 |

12. How would you describe the area where you live? (check one)

- A farm or ranch
- A small town (less than 10,000 people)
- A large town (from 10,000 to 50,000 people)
- A small city (from 50,000 to 100,000)
- A large city (over 100,000)

If you live in a large city, do you live down town or in an area such as a suburb on the outskirts of the city? (check one)

- Live in the city Live in a suburb

13. What type of home do you live in? (check one)

Your own home A retirement home
 A house you rent An apartment
 A condominium

If you live in an apartment, is it in a building that is for
 retired people? (check one) yes no

14. Are you presently working? (check one)

Yes, full-time No
 Yes, part-time

15. If you are not working, would you if you had the chance? (check one)

Yes, definitely Probably would not
 Probably would No
 Don't know

16. If you are married, is your spouse presently working? (check one)

Yes, full-time No
 Yes, part-time

17. What was your occupation (Job) before you retired? (Please be specific)

18. Were you able to participate in the Company-sponsored pre-retirement program? (check one)

yes No

19. If you did participate in the Company-sponsored program, did it help you after you retired? (check one)

- Yes, it helped a lot No, it did not help much
 Yes, it helped a little No, it did not help at all
 I am not sure

20. Were you adequately prepared for retirement? (check one)

- Yes, I was fully prepared.
 Yes, I was somewhat prepared
 I cannot really say
 No, I was not prepared for some things
 No, I was totally unprepared

21. How often do you attend church or meet with a group for a religious gathering? (check one)

- More than once a day Once a month
 About once a day Once every couple of months
 Once a week About once a year
 Every other week Never

Now we would like to ask you a few questions about your opinions concerning some things. Please select the answer which best represents how you feel.

22. Overall, would you say your health is (check one)

- Very good Bad
 Good Very bad
 Average

23. In relation to other people you age, how would you say your health is?

_____ Much better _____ Worse than most
 _____ Better than most _____ Much worse
 _____ About the same

24. Would you say your health is good enough to do all the things you would like to do? (check one)

_____ Yes, I can do everything I want to do
 _____ I can do most things
 _____ I can do only what I have to
 _____ I am not able to do some of the things I have to do
 _____ My health is so poor I have a hard time doing anything

25. Overall, how would you say the health of your spouse is? (check one)

_____ Very Good _____ Bad
 _____ Good _____ Very Bad
 _____ Average

26. In relation to other people your spouse's age, how would you say his/her health is? (check one)

_____ Much better _____ Worse than most
 _____ Better than most _____ Much worse
 _____ About the same

The following questions can be answered by circling "T" for true and "F" for false. We do not expect you to know the answers to all of the statements, but we want to know which ones you think are correct or incorrect. Please try to answer all of the questions.

27. The majority of old people (past age 65) are senile

(i.e. defective memory, disoriented, or demented). T F

- | | | |
|--|---|---|
| 28. All five senses tend to decline in old age. | T | F |
| 29. Most old people have no interest in, or capacity for, sexual relations. | T | F |
| 30. Lung capacity tends to decline in old age. | T | F |
| 31. The majority of old people feel miserable most of the time | T | F |
| 32. Physical strength tends to decline in old age. | T | F |
| 33. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for the aged, etc.). | T | F |
| 34. Aged drivers have fewer accidents per person than drivers under age 65. | T | F |
| 35. Most older workers cannot work as effectively as younger workers. | T | F |
| 36. About 80% of the aged are healthy enough to carry out their normal activities. | T | F |
| 37. Most old people are set in their ways and are unable to change. | T | F |
| 38. Old people usually take longer to learn something new. | T | F |
| 39. It is almost impossible for most old people to learn new things. | T | F |
| 40. The reaction time of most old people tends to be slower than the reaction time of younger people. | T | F |
| 41. In general, most old people are pretty much alike. | T | F |
| 42. The majority of old people are seldom bored. | T | F |
| 43. The majority of old people are socially isolated and lonely. | T | F |

- | | | |
|---|---|---|
| 44. Older workers have fewer accidents than younger workers. | T | F |
| 45. Over 15% of the U.S. population are now age 65 or over. | T | F |
| 46. Most medical practitioners tend to give low priority to the aged. | T | F |
| 47. The majority of older people have incomes below the poverty level. | T | F |
| 48. The majority of old people are working or would like to have some kind of work to do. | T | F |
| 49. Older people tend to become more religious as they age. | T | F |
| 50. The majority of old people are seldom irritated or angry. | T | F |
| 51. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as it is now. | T | F |

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space under "AGREE." If you do not agree with the statement, put a check mark in the space under "DISAGREE." If you are not sure, put a check mark in the space under "?." Please be sure to answer every question on the list.

- | | <u>AGREE</u> | <u>DISAGREE</u> | <u>?</u> |
|---|--------------|-----------------|----------|
| 66. As I grow older, things seem better than I thought they would be. | () | () | () |
| 67. I have gotten more of the breaks in life than most of the people I know. | () | () | (() |
| 68. This is the dreariest time of my life. | () | () | () |
| 69. I am just as happy as when I was younger. | () | () | () |
| 70. These are the best years of my life | () | () | () |
| 71. Most of the things I do are boring or monotonous. | () | () | () |
| 72. The things I do are as interesting to me as they ever were. | () | () | () |
| 73. As I look back on my life, I am fairly well satisfied. | () | () | () |
| 74. I have made plans for things I'll be doing a month or a year from now. | () | () | () |
| 75. When I think back over my life, I didn't get most of the important things I wanted. | () | () | () |
| 76. Compared to other people, I get down in the dumps too often. | () | () | () |

- | | <u>AGREE</u> | <u>DISAGREE</u> | <u>?</u> |
|--|--------------|-----------------|----------|
| 77. I've gotten pretty much what I expected
out of life. | () | () | () |
| 78. In spite of what people say, the lot of the
average man is getting worse, not better. | () | () | () |

APPENDIX B

GENERAL CHARACTERISTICS OF THE SAMPLE

VARIABLE	PARTICIPANTS	NON-PARTICIPANTS
MEAN AGE	72.5	72.2
AVERAGE NUMBER OF CHILDREN	1.7	1.6
MARITAL STATUS		
Single	6.3%	8.1%
Married	82%	75%
Widowed or Divorced	11.7%	18.9%
WHO RESPONDENT RESIDES WITH		
Spouse	78.9%	69.4%
Spouse & Child	1.8%	3.6%
Relative	1.8%	2.7%
Alone	15.6%	22.5%
Other	1.8%	1.8%
MONTHLY INCOME	slightly under \$801	slightly over \$801
COMMUNITY SIZE		
Farm	10.9%	5.4%
Small Town	23.6%	6.3%
Large Town	24.5%	24.3%
Small City	10.9%	17.1%
Large Town	30.0%	46.8%
TYPE OF HOME RESPONDENT RESIDES IN		
Own Home	91.7%	92.7%
Rent House	4.6%	.9%
Retirement Home	.9%	----
Apartment House	2.8%	4.5%
Condominium	----	1.8%
CURRENTLY WORKING	15.4%	10.9%
WOULD WORK IF GIVEN THE OPPORTUNITY	14.0%	17.0%
PERCEIVED OVERALL HEALTH		
Very Good	23.6%	21.6%
Good	38.2%	38.7%
Average	25.5%	30.6%
Bad	9.1%	6.3%
Very Bad	3.6%	2.7%
HEALTH RELATIVE TO AGE COHORT		
Much Better	18.2%	12.6%
Better than Most	49.1%	55.0%
About The Same	21.8%	24.3%
Worse	8.2%	8.1%
Much Worse	2.7%	----
LIFE SATISFACTION SCORE (LSIZ)	14.67	14.04

VITA^a

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