

A STUDY OF BEHAVIORAL EXPECTATIONS AND AGING

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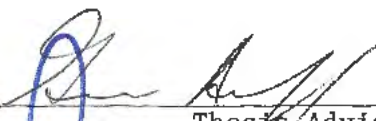
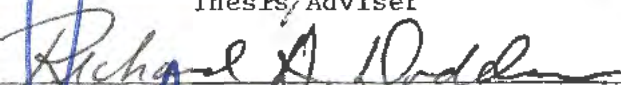
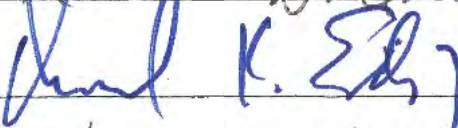
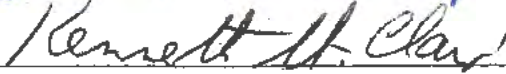
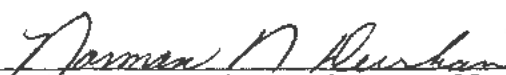
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## CHAPTER I

### PROBLEM STATEMENT

#### Introduction

Successful aging has long been a major theme in social gerontological literature. The result has been a plethora of theoretical and methodological efforts to arrive at some formula thought to be most explanatory of successful adjustment to aging. The trilogy of heuristic theory, methodology, and application leading to social adjustment counters the over-simplistic notion of aging as a natural, inevitable and irreversible process of accumulated decrements.

Some insight into our dominant cultural orientation is offered by Henry (1963). In his work, his emphasis is that ours is a culture driven by achievement, competition, mobility, profit, security, and a higher standard of living. He draws a distinction between cultural drives, leading ultimately to destructive competition, and values, perhaps better termed sentiments. The two are seen as antithetical. Both, however, are culturally derived. Drives are centered in achievement and competition, while values, on the other hand, are grounded in emotions and sentiment. Both drives and values are cultural motivators. The predominance of drives as the major orientation in our society becomes readily apparent when consideration is given to our emphasis on consumption.

Desire, leading to consumption, is created for us. To clarify the consequences of this type of system, Henry (1963:22) introduces the

concept of "dynamic obsolescence." Obsolescence is necessary if desire is to be maintained at a level conducive to mass production. In such a system, however, human capacities are in danger of being considered obsolete. Consequently, a fear of being considered useless is generated. Such a fear is ultimately rooted in an industrial system which forces too many people to do what they have little interest in doing. It seems, then, that Henry's "drives" are the motivating force in modern American society.

Following this central theme, culture, through fear, becomes a dominant driving force and all cultural life, including man, suffers. Achenbaum (1978) describes the historical growth of negative views of old age in America during the period from 1865 to 1914. He offers numerous cultural phenomena thought to be responsible for the decline of a more positive view of aging. First, the growing application of bureaucratic principles designed to effectively eliminate those who, from a rational point of view, are inefficient human machines. Second, early nineteenth-century America epitomized a belief in the redeeming promise of youth. The emerging "youth cult" was a product of a new rational, as opposed to sentimental, age characterized by a reverence for efficiency. An additional factor was that medical research began investigating the problems associated with growing old, assigning labels to conditions previously undefined. This led to a conception of the older person as potentially infirm and, consequently, a poor occupational risk. Finally, the need for maintenance functions performed by the elderly in families declined with the birth rate and specialized institutions assumed increasing responsibility for the education and social welfare of the young.

This list is not designed to be exhaustive, but merely illustrates some factors which contributed to the growth of a new attitude toward aging. The focus of the new conception is upon liabilities and obsolescence rather than utility and self-worth. Cowgill (1977), in "The Revolution of Age," cogently summarizes the demographic and institutional forces creating change in this age cohort of American society.

Butler (1968, 1975) coined the term "ageism" to describe institutionalized age prejudice. Adjustment to aging, then, as a growing social gerontological theme, concerns the ability of elderly persons to cope with an essentially negative stereotype or "ageism" resulting from cultural and historical conditions fostering an individual fear of obsolescence. According to Ewen (1976:140):

During the rapid rationalization of production that was seen in the period following 1910, material conditions emerged which threatened the basis of community and family hierarchy and challenged it with a hierarchy which followed the mechanical and pecuniary imperatives of business enterprise.

The concern of social gerontologists with adjustment to aging reinforces a view of aging as a social problem. This is supported by Fischer (1977), who describes the period in our society from 1920 to 1970 as one of deep change when old age began to be perceived as a social problem. This resulted in the creation of an elaborate system of social welfare. Barrow and Smith (1971:11) identify the concern 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, a time of uselessness, loneliness, boredom, and poverty. ✓

From this perspective, aging in our society is a phenomenon deserving of continued examination. Our production-consumption orientation has fostered a denial of aging and a lack, through fear, of a clear

definition of what constitutes elderly. This denial has fostered stereotyped images about this particular category of people and the effect of these stereotypes warrants exploration.

#### Statement of the Problem

Age discrimination is defined as differential treatment on the basis of age. It can be overt in nature or much more subtle, in which case it may be perceived as less negative by the person discriminating than by the person discriminated against.

Formerly, mandatory retirement arbitrarily imposed retirement purely on the basis of age, conceptually a form of age discrimination. It was consistent with a societal orientation which thrives on the obsolescence of people and machines.

Whether our society is youth-oriented and fosters a negative image of old age may be a controversial question. The Harris study (1975) revealed, however, that both young and old people have negative perceptions of older people. It seems that older people themselves hold stereotyped images of older people as unalert, closed-minded, unproductive members of society. Corbett (1974) found that negative stereotypes and ageist attitudes among the persons with whom older people associate significantly affect the self-perception and sense of self-worth of older people.

Some, due to the "separateness" resulting from ageist discrimination, suggest that the aged in a society with an orientation such as ours constitute, in effect, a minority group (cf. Barron, 1953). Older people, like blacks, American Indians, and Mexican Americans, are discriminated against because they share a common biological characteristic. Rose and Peterson (1965) suggest that older people constitute, if not a

minority group, a sub-culture of the American society. A sub-culture is thought to emerge when the group members interact with each other significantly more than they interact with persons in other categories and experience exclusion from mainstream social life. Opponents of the sub-culture thesis (cf. Streib, 1968) argue that not all aged are singled out for differential and unequal treatment. It is the contention of this writer that the minority group perspective, while not completely applicable, serves as a useful conceptual device in understanding the role and status of the aged as distinct from other population categories.

Mead, Cooley, Blumer, and others have discussed at length the dynamics of the social interplay between the individual and others leading to self-identification. From this perspective, it is difficult to maintain positive feelings about yourself and your abilities when others act toward you in a negative or depreciating fashion emphasizing your separateness. The effect upon the self can be devastating. This is illustrated particularly well by a passage taken from the work of Seltzer, Corbett and Atchley (1978:25):

If people begin to perceive themselves negatively, they sometimes begin to behave as though their perceptions were real. Sights are lowered, goals limited, and contributions decreased . . . both society and older people stand to lose; the society loses the talents of older people, and older people are prevented from meaningful participation.

The essential problem in this dissertation, then, is the assessment of a mechanism to observe the effects of the perception of age-appropriate behavioral expectations, based upon negative, stereotyped images, on the life satisfaction of a sample of Arkansas and Oklahoma retirees. The rationale for choosing retirees as "elderly" is that retirement is a significant occurrence in a society conspicuously lacking meaningful rites of

passage into later life. Ability to function at a job is of primary importance. It is recognized that any definition of who is "old" is arbitrary. Retirement, however, in a society heavily dependent upon the occupational realm for identification, carries with it an implicit group membership. The lack of a clear-cut definition of old person, in light of the previous discussion, is not surprising. Our ageist conception of "old" seems to be synonymous with incompetent or obsolete.

As the number of elderly in our population increases, coupled with a basic societal ignorance of their characteristics and capabilities, there will be increasing pressure to find a place for them in a rapidly changing society. The implications of our need for obsolescence must be examined and the priority of our drive toward achievement over our values or sentiments must be bared for critical review. With such an achievement orientation, it will become increasingly difficult for the elderly person to maintain a sense of self-worth.

#### Expected Contribution

It is expected that this research can have both theoretical and substantive contributions to the field of social gerontology. In addition to providing a test of a theoretical model, it is suggested that this study might have policy and personal implications for reducing adjustment problems among many individuals.

On a broad spectrum, if more people are made aware of the unfavorable situation of the elderly and realize that they may be contributing, it may lead to a re-examination of the effect of their own behavior on others. Ideally, studies such as the present effort may lead to a more

healthy adjustment to the aging process through a personal emphasis upon independence in a society which encourages dependence.

Methodological contributions will be the development of two scales and a rather complex multivariate analysis procedure. More powerful methods of analysis, providing more in-depth examination of results, have generally been lacking in the gerontological literature.

Theoretically, many researchers have explored the concept of age-appropriate behavior and the stereotyping of the elderly. They have not, however, explored the effect of these expectations upon the adjustment of the elderly to their particular life situation.

The value of "self-image" is described by Peters (1971:71):

Significant research attention needs to be given to the various consequences of the self-image of aged persons. In particular, it seems advisable to identify different types of self-images and patterns of age identification and to examine these against constructs such as adjustment, morale, satisfaction.

. . .

The social characteristics of aging in this country and others are certainly worth continued exploration. Demographically, the numbers of elderly are growing. Socially and politically, the voices of elder persons are beginning to be heard. It befits us as students of social behavior to learn more about the nature of their particular problems and needs as a viable component of our population.

#### Organization of the Study

Following this introductory chapter, Chapter II will review the literature pertinent to successful aging and our perception of the elderly. Chapter III will present the formulation of a theoretical model including a review of literature associated with each variable. Included



in this chapter are definitions, assumptions and rationale for the model. Research methodology, including the sample, data collection and analysis procedures, questionnaire construction, and assessment of measurement scales will be discussed in Chapter IV. Findings and implications of the model will be evaluated in Chapter V. Finally, Chapter VI will provide a summary of the study, the implications of the findings, critique and suggestions for further research.

## CHAPTER II

### REVIEW OF LITERATURE

This chapter will be divided into two substantive areas. The first consists of an exploration and discussion of literature pertinent to the perception of others of the elderly and how they see themselves. The focus will be upon aging as "stigma" and as a misunderstood life transition leading to stereotyped behavioral expectations. This discussion tends to lend credence to the conceptualization of aging as a social problem. The second substantive area for review will be the various theoretical approaches to "successful" aging. Those to be discussed include disengagement theory, activity theory, continuity theory, life course theory, and exchange theory. These theoretical views carry with them the implicit assumption that aging, particularly in the United States, is a social problem worthy of ameliorative solutions. The discussion of aging as a social problem will be followed by proposed solutions. The reader should be reminded that many so-called theories in social gerontology are merely perspectives or meta-theories. They serve as illustrations, however, of major considerations in social gerontological literature to date and possible orientations for the future.

#### Perceptions of the Aged

The discussion presented in the previous introductory chapter is supportive of the idea that, in a complex, industrial society, the

elderly are treated as obsolete and regarded as without purpose. It is the contention of this writer that this cultural focus has fostered a view of the elderly as a separate category of people perceived in more negative than positive terms. The word "category" is particularly useful to describe an aggregate of persons without behavioral prescriptions.

Many contend that ours is a society characterized by definite age-related behavioral expectations or age norms (cf. Neugarten and Hagestad, 1976; Neugarten and Peterson, 1957; Sofer, 1970) for all except the elderly cohort. We are generally aware of when to get married, when to have children, when we are at the peak of our earning potential, etc. We have internalized a social clock which, in the words of Lyman and Scott (1970), operates to keep people on the time track. The aged in complex society, however, lack major responsibilities. Consequently, according to Rosow (1973), there is no specific role for the aged. To compound this problem, there is a noticeable lack of anticipatory socialization prior to the aged state. We have been socialized to expect continuity in our lives and many aged people are unprepared for the resultant discontinuity. Rosow characterizes the state of being old by five major descriptions of losses. These are (Rosow, 1973:82-83):

- (1) The loss of roles excludes the aged from significant social participation and devalues them . . . they are depreciated and become marginal, alienated from the larger society.
- (2) Old age is the first stage of life with systematic status loss for an entire cohort . . . normally marked by steady social growth.
- (3) Persons in our society are not socialized to the fate of aging. People must adapt to the strain and develop a way of life without clear definitions, expectations and standards.

- (4) The lives of the elderly are socially unstructured. Their responsibilities and obligations are minimal. There are no meaningful prescriptions for new goals and experiences, no directions to salvation . . . only platitudes: take care of yourself, stay out of drafts. . . .
- (5) Role loss deprives people of their social identity. The process of role loss steadily eats away at these crucial elements of social personality and converts what is to what was--or transforms the present into the past.

A definition of what an old person would do, then, to maintain some sense of social identity is left to the individual. Durkheim's classic study of suicide bears witness to the importance of strong group supports. The lack of an anticipatory aged role in our society in combination with a lack of social support renders individual patterns of adjustment problematic.

Within this frame of reference, the remainder of the first section of this chapter will describe the existing literature concerning perceptions of the elderly. For organizational purposes, the review will be presented according to the age, sex, socioeconomic status and ethnicity of those perceiving the older largely as an outgroup.

The work of Drevenstedt and Banziger (1977) illustrates that people tend to equate the elderly, as an outgroup, with the mentally ill. This finding is not necessarily novel (cf. Bennett and Eckman, 1973; Rabkin, 1972), but it leads to questions concerning why we would associate the two groups. Perhaps the answer lies in their mutual characteristic separateness accompanied by a lack of definite behavioral expectations. According to Kogan and Shelton (1962), the elderly have a social status equivalent to that of ethnic minorities and suffer similar prejudices.

McTavish (1971) extensively reviewed the literature associated with perceptions of the elderly of different groups. His finding was that, although orientations toward the aged are multidimensional, common

stereotyped perceptions include views that they are generally ill, tired, not sexually interested, mentally slower, forgetful and less able to learn new things, grouchy, withdrawn, feeling sorry for themselves, isolated, unproductive, etc. It seems that the elderly are perceived as having common behavioral traits but they have no well-defined expectations of how they ought to act. This contributes to the growth of stereotyped images and ageistic perceptions of this particular age group.

It seems that the nature of "being" old has been suppressed to the extent that there is an unwillingness to accept the possibility that it may be a satisfying time of life. According to Borges and Dutton (1976), there is a pronounced lack of awareness, especially on the part of younger people, of the potential for satisfaction in middle and old age. We seem to be unfamiliar with what "being old" is like and, consequently, resort to idealized images. Once the perceptions are established, whether the elderly conform to them or not seems irrelevant. There is evidence that the elderly tend to ignore our stereotyped perceptions.

According to Kahana et al. (1977:127),

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 persons report having experienced discrimination or personal rejection.

Our perception, then, unnecessarily complicates an already somewhat problematic transition to being old.

Fry (1980) concludes that ageism is a common theme cross-culturally. There is, however, a tendency for it to become more intense in industrial societies (consistent with a view of the elderly as functionally obsolete). She further states that the implications of these negative

images, a product of socio-cultural processes, have yet to be systematically explored.

The consequences of viewing old age as stigmatizing, implying characteristic stereotyped behavioral expectations, have been explored by Crockett, Press and Osterkamp (1979). They found that people have a tendency to accept the characteristic stereotypes to such a degree that, if older people are mentally alert or actively involved, they are seen as deviating from the norm for that age group. Atchley (1977) attributes the stigmatization of the elderly to their proximity to death, lack of formal, current education, and their inability to perform.

Various studies have explored the perceptions that different groups have of the elderly. The literature suggests that the elderly are, indeed, viewed as having behavioral traits different from population characteristics of other ages. The volume of work in this area warrants presentation of the literature according to the predominant characteristics of respondents associated with perception of the elderly in the particular study.

#### Age and Perception of the Elderly

The findings of studies exploring the effects of age on the perception of older people are mixed at best. Some of the age groups studied include adults of various ages (cf. Cabot, 1961; Crockett et al., 1979; Kalish and Johnson, 1970; Knapp and Moss, 1963; Kogan and Wallach, 1961; Neugarten and Gutman, 1958; Newfield, 1971; Shanas, 1962), college students (cf. Aaronson, 1966; Axelrod and Eisdorfer, 1961; Bekker and Taylor, 1966; Drevenstedt and Benziger, 1977; Golde and Kogan, 1959; Kogan, 1961; Rosencranz and McNevin, 1969), college students and their

parents (cf. Traxler, 1971; Tuckman and Lorge, 1953), and children and youth (cf. Back and Bourque, 1970; Britton and Britton, 1970; Cabot, 1961; Hickey et al., 1968; Ivester and King, 1977; Jantz et al., 1977; Kahana and Kahana, 1970; Seefeldt, 1977; Thomas and Yamamoto, 1975; Thorson et al., 1974).

Kalish and Johnson (1970) report a curvilinear relationship between age and perception of the aged in which the middle-aged have less regard for the elderly than either the young or the old. Pictures of men representing mixed age groups were used by Seefeldt et al. (1977) and Jantz et al. (1977) to determine how children aged pre-school to the sixth grade perceived the elderly. They found predominantly negative views which tended to decrease as the children grow older. Weinberger (1979), in addition, found that elementary school children were able to distinguish between "adults" and "elderly." Following the distinction, however, the children were more likely to see the aged in a negative light.

There are studies which conflict with the above information. Some researchers (Hickey and Kalish, 1968; Kogan, 1961; Merrill and Gunter, 1969; Ward, 1979) found no relationship between age and the direction of perceptions of the elderly. The literature, in sum, seems to indicate a confusion about the effects of age on how the elderly are viewed. Negative views, however, are more dominant across all age categories (Harris et al., 1975; Hickey and Kalish, 1968; Hickey et al., 1968; Lorge et al., 1954).

#### Sex and Perception of the Elderly

There are reports of research indicating women hold more negative views of the elderly (Drevenstedt and Banziger, 1977; Kogan and Shelton,

1962; Merrill and Gunter, 1969; Neugarten, 1968; Perril, 1963; Silverman, 1966; Sontag, 1975; Tuckman and Lorge, 1952). Conversely, Troll and Schlossberg (1970) found males to be more negative in their views toward older people than females. The alternative of no difference in perception by sex was reported in the work of Ivester and King (1977) with adolescents.

A review of the literature pertaining to the relationships between age and sex and perceptions of older people produces mixed results. Additional variables to be explored are correlates of socioeconomic status and ethnicity.

#### Socioeconomic Status and Perception of the Elderly

The results of research correlating measures of socioeconomic status with perceptions of the aged are varied. This is partially attributable to differing indicators of socioeconomic status.

Generally, reported research indicates members of the lower class are more likely to have negative perceptions of the aged (cf. Hickey et al., 1968; McTavish, 1971; Neugarten and Peterson, 1957; Rosencranz and McNevin, 1969). Educational achievement has been found to be associated with more positive views of older people (cf. Drevenstedt and Banziger, 1977; Merrill and Gunter, 1969; Troll and Schlossberg, 1970). There are findings suggesting differences exist by the occupational category of respondents (Coe, 1967; Fletcher et al., 1971; Kosberg et al., 1971; Spence and Feigenbaum, 1968).

The reader should, however, hesitate to accept these results as conclusive. According to Ivester and King (1977), although adolescents from higher social classes have more positive views of the elderly, social



class accounts for only one percent of the variation in perception of the elderly. This suggests that, although significant differences can be obtained by whatever measure of socioeconomic status is used, they may be a product of interaction with other variables.

#### Ethnicity and Perception of the Elderly

The amount of research relating ethnicity to perception of older people is negligible. This could be a result of a conviction, supported by Harris et al. (1975), that a relationship between ethnicity and views of the elderly may be a result of factors such as income. The reported research, however, demonstrates a tendency for blacks to view the elderly more negatively than is the case with whites (Jantz et al., 1977; McTavish, 1971; Thorson et al., 1974). Similarly, Crouch (1972) found negative views of old age among Mexican-Americans.

It would appear that the research supports a predominantly negative view of the elderly. Cases of positive impressions seem to be the exception. To complete this review of literature pertaining to perceptions of the elderly, it would seem appropriate to consider how older people view themselves in light of the above discussion. Is it likely that the elderly can maintain a positive view of themselves in light of the negative perceptions of others?

#### Self Perceptions of the Elderly

According to Peters (1971:70), "the self represents that point where 'the buck stops,' since it is the mechanism that intervenes between the organism and stimulus objects and events and is the primary directional factor in human personality." How one evaluates the self,

then, is related to personal worth, degree of satisfaction and self-confidence.

Age identification is a self-orientation or perception in terms of age. It seems that a significant number of old people, not surprisingly, deny that they are old. They tend to dissociate themselves from an aged category of persona and identify themselves as younger than indicated by their chronological age (cf. Glau, 1956; Ward, 1979; Zola, 1962). From an interactionist perspective, this assertion is expected, given the nature of the findings described in the previous section outlining the perceptions of others of the elderly. Butler (1968) asserts that denial of aging may be a useful measure in combatting depression.

Tuckman and Lorge (1953) found that people who use chronological age as a criterion of aging or whose own age is closer to the age they conceive as the beginning of old age are more likely to subscribe to stereotypes about old people. Conversely, however, Keith (1977) found no relationship between stereotyped images of the old and self-identification as old. In explanation of these apparently contradictory findings, Mutran and Burke (1979) found both positive (i.e., more involved in the world of people) and negative (i.e., less involvement in work world of political and economic instrumentality) aspects of a self-identification as elderly.

The tendency to identify oneself as old has been found to vary by socioeconomic status (Neugarten, 1968; Rosow, 1967), sex (Bultena and Powers, 1978; Kogan and Wallach, 1961a; Sarbin, 1954), and institutionalization (Anderson, 1967; Bennett, 1970; Pollack et al., 1962; Shrut, 1958). According to Alston and Dudley (1973), those who see themselves as old are less likely to view life as exciting.

There is evidence in support of a contention that feeling old is inversely related to maintaining informal and formal social involvement (cf. Bell, 1967; Guptill, 1969). The relationship becomes complicated, however, with the realization that social participation may be facilitated by economic resources.

In sum, those who maintain younger group identification tend to be better adjusted (Blau, 1956; Mason, 1954) and have higher morale (Kutner et al., 1956). The recent work of Ward (1979) illustrates that aged people who recognize themselves as old tend to have lower self-esteem; especially when negative attitudes about old age in general are present. He concludes that stigmatization has an important impact on the well-being of old people.

An answer to the question, "Why deny old age?" can be found in the following passage illustrating a view of the status of the elderly in our society (Comfort, 1976:4):

The fact that many, if not most, older people obstinately fail to be as we describe them is beside the point. As they are well known to be unemployable, we don't let them work; as they are known to be asexual, and it is embarrassing if they are not, we can herd them into institutions which deny them elementary privacy. As they are known to be liable to go crazy, symptoms due to infection or overmedication, or simple exasperation with a society which demeans the older citizen, are interpreted as senility.

It seems that the image we have of the elderly is generally more negative than that which they, as older people, have of themselves. They see themselves as bright, active, adaptable, and sexually active, but "old folks" generally are not. With this in mind, it should be realized that any definition of self is reflexive in nature. According to Guptill (1969), it implies a relationship between a person and a

model--the model being an age group with which the person feels an affinity. In light of this, perhaps a denial of aging is in order.

The research dealing with the perceptions the elderly have of themselves suggests some methodologically oriented questions (some offered by Kalish, 1975). Are research participants atypical older persons biased in the direction of higher morale? Are answers biased toward higher morale because old people feel defensive of their current life situation? Do we underestimate the adaptability of the elderly? Are "availability samples" of older people those who are less independent and who, initially, have lower self-evaluations?

In spite of these relevant concerns, it seems that "successful adaptation" to aging is an individual undertaking which may be highly problematic. The next substantive area of this review of literature will be concerned with the question of adaptation to aging. The inconclusiveness in the discussion may indicate why social gerontologists have been preoccupied with the idea of adaptation. Given the nature of our societal orientation and our perception of the elderly, the problematic features of adjustment are endemic in our culture.

There are a number of predominant theoretical orientations in social gerontology and each is ultimately concerned with "adjustment." The following discussion will outline the major orientations and related research findings. None can totally explain the nature of growing old and none can offer a "formula for successful aging." They may serve, however, to provide insight into the nature of the concerns of social gerontologists to date. The first approach, disengagement, to be discussed is not the predecessor of all others but it was the first to be presented in an organized, systematic way.

## Disengagement Theory

The theory of disengagement was presented in the book Growing Old by Cumming and Henry (1961). According to Cumming (1979:79) the theory was forwarded for the following reason: "it seemed to us at the time that the literature was full of statements related to an ideal of aging, which we read as a constantly expanding life space." The theory was also presented as an alternative to this perspective and to the view that society unilaterally withdraws from the aging person. The main contention is that withdrawal from more instrumental roles is both normal and inevitable. People will generally seek more passive roles as they age. Disengagement is, in effect, a mutual withdrawal of the aged from society and society from the elderly person in order to ensure optimal functioning of both. It is proposed that aging individuals wish to escape stress resulting from recognizing their own diminishing capacities. Consequently, they consent to the withdrawal. Societal withdrawal is initiated due to a universal expectation of death and the purported declining ability with increasing age. The time and form of disengagement according to Cumming and Henry varies from individual to individual.

The empirical basis for the theory of Cumming and Henry (1961) was derived from the Kansas City Study of Adult Life. The data were based on a longitudinal panel design using a stratified sample of people fifty to seventy years of age. An additional availability sample of people seventy to ninety years of age was included. The findings support a view of decreasing interaction with increasing age, thought to lead to reduced social ties. Ultimately, society's need for people with new energy and skills, rather than individual wishes, dictates the time disengagement will take place.

The theory, as formally stated by Cumming and Henry (1961), contains a number of postulates. A mutual severing of ties between the aging person and society is allegedly inevitable and beneficial to both. Once the process has begun, it is self-perpetuating. There will be differences between disengagement for men and women due to the instrumental nature of male roles and the expressive nature of female roles.

Lower morale results when the person who wants to remain engaged is forced to disengage. This is especially the case when alternative roles are not available. Successful aging is defined as a process of mutual withdrawal resulting in mutual satisfaction. Disengagement, according to Cumming and Henry (1961), is a culture free concept but the particular form it assumes is culture-bound.

Cumming (1963), in a later work, proposed three types of engagement and two modes of relating with the environment. One may be broadly engaged in many aspects of social relationships with none more influential than the others. She further specifies that a person can be deeply engaged, or holding policy-making roles. Alternatively, one may be symbolically engaged--epitomizing some societal value. Cumming, in an attempt to include the nature of individual temperament, proposed two modes of relating with the environment. One who is an "impinger" tries to influence others to act as he wishes. A "selector," alternatively, would prefer to wait until others confirm assumptions about himself. Theoretically, the selector would be more content with disengagement and a resultant reduction in central involvement. The impinger, however, would remain active as long as he can and be frustrated when activity is no longer possible.

Cumming (1963) further proposed that disengagement begins sometime during middle age when the inevitability of death is perceived and losses begin to outrun one's ability to replace them. The need for achievement is typically replaced by a need for meaning. Before one accepts a disengaged state, there may be an initial period of anxiety. It is replaced, however, by a sense of tranquility.

Henry (1964) attempted a modification of the earlier statement on disengagement by referring to it as more of a developmental process. As the person's energy declines, the reaction is to reduce the number or the intensity of involvements, concomitantly focusing more on inner states.

The theory of disengagement has generated criticism. Blau (1973) attacked it as retreatist and conducive to stagnation and decline. She questions the conclusions of Cumming and Henry by asserting disengagement is neither normal nor the typical response to aging. She questioned the ultimate utility of the theory and criticized it as a scapegoat to be used by the non-old for failure to confront the issue of older persons' marginality.

Rose (1964) criticized the theory as ethnocentric and reflecting the bias of an industrial society. There are others who have challenged the universality of disengagement (Brehm, 1968; Kutner, 1962). Some have questioned why some aged choose to disengage and others do not (Maddox, 1964). The theory continues to draw criticism for content and methodological reasons (Tallmer, 1973). Butler (1975) dismisses the theory as a myth.

The research reviewed tends to offer little support for disengagement theory. Prasad (1964) found elderly who were most active had the

highest levels of life satisfaction. Tallmer and Kutner (1970) dispute the contention that morale improves when people disengage. Palmore (1968), in a longitudinal study, found little support for the idea that activity decreases with age. Others have found that people studied failed to disengage (Youmans, 1967). There are studies which have criticized disengagement theory based on substantive weaknesses (cf. Dressler, 1973; Ehrlich, 1972; Glen and Grimes, 1968; Hochschild, 1975; Koller, 1968; Roman and Taietz, 1967), empirical inadequacy (cf. Clark and Anderson, 1967; Martin, 1973; Tobin and Neugarten, 1961), and logical grounding (Hochschild, 1975).

According to Cumming (1979:77-80), much of the criticism of disengagement theory is due to a lack of understanding of the basic tenets of the theory. In addition, "it remains on the whole poorly operationalized and largely untested." Further, "this particular theory does not address itself to biological concomitants of aging nor to cultural variation in the treatment of the aged, but to the social and psychological aspects of the aging process." She, in addition, clarifies the relationship of disengagement to activity theory. Many see them as diametrically opposed and treat disengagement as reduced activity. X

A man who has negotiated a new contract with society such that he has fewer roles or less interaction or both may be traveling around the world, cultivating his garden, playing tennis, talking to his wife, sitting in a rocking chair, writing a book, climbing a mountain, or almost anything else (Cumming, 1979:79).

Some activities, then, are more active than passive. "Nothing in disengagement theory is inimical to high levels of activity."

In rebuttal to Cumming (1979), Cath (1979) asserts that it is the responsibility of the theorist to be aware of the implications of their theorizing. In this light (Cath, 1979:86):



Rather than being concerned with the maintenance of ego integrity on a level consonant with ability, disengagement has moved many social resources and programmers toward diminishing resonance and reduced interaction with the elderly . . . considered as mismatched, poorly accepted, neither a rehabilitable nor a marketable commodity. Disengagement theory reinforces outmoded, anachronistic and increasingly detrimental retirement policies. . . .

Disengagement, as a major theoretical orientation in social gerontology, remains controversial. Some studies have found support for the theory. Williams and Wirths (1965) conclude that disengagement occurs at different rates and in different aspects of behavior. Others have found that physical and social stress, rather than simply age, leads to disengagement (Tallmer and Kutner, 1970). Brown (1974) summarized his findings with the observation that the aged tend to disengage from unsatisfying contacts, much as anyone else, and maintain those that are satisfying.

In sum Barrow and Smith (1979:55) encapsulate the current status of disengagement theory in social gerontology.

In spite of research, unanswered questions remain about each of its major aspects: the role of the individual, the role of society, and satisfaction versus dissatisfaction with disengagement. One problem is that the theory has not been systematically retested . . . only in bits and pieces using various methodologies.

This writer tends to agree with the above statement and many of the thoughts of Cumming (1979). It appears that disengagement is, today, a viable theoretical approach, but nothing more than that. There are those who have taken "bits and pieces" of the theory, as outlined, or its assumptions, often out of context with the remainder of the theory, and referred to their negative findings as conclusive. It seems that their findings, as well as the conclusions of Cumming and Henry (1961), should be interpreted with caution.

## Activity Theory

The basic tenets of activity theory preceded disengagement theory but it was not given a formal name, as such, until later (Barrow and Smith, 1979:53). Activity theory, referred to by Bengtson (1973) as the "common sense" or lay theory of aging, implies that social activity is the essence of life for people of all ages. Ernest Burgess, as far back as the 1940's, described the aged as heirs to a "roleless role" (Burgess, 1960) characterized by exclusion from socially meaningful activity.

The primary assumption of activity theory appears to be that older people maintain adjustment through contact with the social system (Maddox and Eisdorfer, 1962). The elderly, then, have the same need for interaction as the middle-aged. Through social rejection, however, the elderly are relegated to a position of decreased interaction with others. Consequently, optimal aging involves maintaining social activity patterns characteristic of middle age.

Activity theory, as an orientation in social gerontology, has generated a considerable amount of research (cf. Britton, 1963; Cavan et al., 1949; Havighurst and Albrecht, 1953; Havighurst et al., 1969; Maddox, 1963; Maddox and Eisdorfer, 1962; Pihlblad and McNamara, 1965; Tobin and Neugarten, 1961). In sum, all of the authors report a positive relationship between levels of activity and morale, adjustment or life satisfaction.

Rose (1965) feels that older persons could create a sub-culture to provide themselves with meaningful roles and activities. Through interaction in the resultant sub-cultural setting, they could generate and participate in new roles.

Lemon et al. (1972) studied residents of a retirement community in California. Their conclusion was that activity, alone, was an inadequate explanation for life satisfaction as a measure of adjustment to aging. They posited a need for a consideration of the quality, as well as the quantity, of interaction.

The work of Martin (1973) failed to substantiate a hypothesized relationship between activity with family and relatives and life satisfaction in aged people. It should be mentioned, however, that he failed to include the quality of the interaction.

One can find criticisms of activity theory in the work of Rose (1962) and Cumming and Henry (1962). Among those mentioned are: (1) a failure of the theory in dealing with death; (2) biogenic and psychogenic influences on behavior are ignored; (3) the theory ignores unconscious processes in behavior; (4) the social aspects of aging are inadequately described; (5) power relationships between persons and/or groups are not considered; and (6) the most frequently used indicators of adjustment rely on criteria biased toward a middle-aged ideal (Rosencranz, 1966).

Bengtson's (1973) contention that activity theory is the "common sense" or lay person's approach to the problems of aging cannot be denied. A cursory examination of senior citizen activity centers or personnel in charge of planning activities reminds us of our orientation toward the maxim that activity is healthy and desirable. Too often, however, it seems the quality of the activity is forgotten or the applicability of functionality of the activity to an elderly group is ignored. Consequently, what may have been designed as benevolently helpful may, in reality, be demeaning.

Following this brief review of the literature associated with activity and disengagement theory, the dominant theoretical approaches in social gerontology to date, it can be seen that they share problems. They are essentially culture bound, they ignore the actor's view in negotiating meaning, they are over-simplified and are only partially supported empirically (which also reflects upon the lack of thorough tests of the theories). The remaining theoretical approaches to be discussed include continuity theory, life course theory, and exchange theory. Continuity and life course theory represent further efforts to provide criteria enabling one to age successfully. The implicit assumption, again, is that aging in theory represents an explanation for the position of the aged as a category in a complex societal orientation.

#### Continuity Theory

Neugarten (1968) proposed that a person's general pattern of adaptation to old age can be predicted at around fifty years of age. According to this approach, the personality formed early in life continued throughout the life span with no basic changes. Adjustment, then, is contingent on past ability to adapt to changes in life situations through the continuation of life patterns of former years. A core personality, including coping mechanisms, frustration tolerances and ego defenses, is thought to be formed by adulthood.

Continuity theory, oriented more toward individuals, is thought to transcend both activity and disengagement theory. Those whose activity in middle age was satisfying will continue to be satisfied if they can maintain the activity into old age. Alternatively, those who are happy

with their inactive or disengaged lifestyle in middle age will be most satisfied in old age if disengagement is continued.

Havens (1968) studied an aged population to explore the relationship between the continuity of activity and adjustment. The results tend to support the continuity thesis. Bultena (1969) found an inverse relationship between level of morale and changes in one's life situation in retirement. He, in addition, found those in the lower socioeconomic sectors tend to evidence a disproportionate amount of negative reactions to change in their life situation.

Lowenthal and Haven (1968) found, in their research, continuity in patterns of intimacy into old age. Positive adjustment, according to Rosow (1973) and Dressler (1973), is related to maximum continuity of personality patterns into advanced age.

Culture continuity represents a subdivision of the broader heading of continuity theory. According to Clark and Anderson (1967), the transition from one life stage to another can be very simple or extremely stressful. The critical element to be considered is the amount of support the members of the culture give to those passing through life stages. Without support, enabling a person to continue key experiences and activities, the transitions from stage to stage can be very simple or, alternatively, lead to unsuccessful adaptation.

Clark (1973) comments on the American cultural support system for the elderly. Reference is made to the American value of independence as a source of self-esteem. This value, accompanied by an increasing need for dependence as a survival mechanism for the elderly, is viewed as the major problem of aging in America.

Continuity theory, then, is most often applied to adjustment to aging on the individual level. It can, however, pertain to support offered on a cultural level. Both, ultimately, concern the successful adaptation of the aging individual to changing life situations brought on by increasing age. The emphasis is, again, upon continuing pre-existing patterns of social relationships or psychological orientations to ensure successful adaptation to aging. Structural, rather than dynamic, aspects of the person are of primary concern.

The next theoretical approach to be discussed is life course theory. This orientation emphasizes the dynamic, rather than the structural, aspect of the person attempting to establish identity regardless of problematic changes.

#### Life Course Theory

Life course theory assumes both change and continuity with age progression. It can be seen, then, as an extension of continuity theory. Many adaptational patterns, according to Bengtson (1973), do not seem to be affected by age-related change. There may, however, be more covert change in the process of personality. There is an implication here that, even though a person continues behavioral patterns externally, there are internal changes.

The focus of the approach lies in the idea that there is an age-related progression of roles and memberships individuals are expected to follow as they mature. For example, Neugarten et al. (1965) found a degree of consensus among adult subjects that people should marry in their early twenties and men should be involved in a career by the time they are 25 years old.

The life course approach, however, is more complex than is apparent in a cursory examination. Atchley (1977:88) offers the following example:

. . . male auto workers tend to favor retirement in the mid fifties, while college professors tend to prefer the late sixties as the age for retirement . . . the abstract concept of the life course in reality is composed of a great many alternative routes to alternative destinations.

As people pass through life, some experiences are shared with others, but, alternatively, experiences vary and provide a measure of uniqueness, differentiating individuals. The uniqueness, then, as well as the shared experiences common to people must be considered.

Neugarten (1968, 1973) has drawn attention to the need for a psychology of the life cycle. The main area of analysis would be stability versus change. She charges past developmental perspectives with a failure to give enough emphasis to personality changes continuing to occur in the last half of life.

Rosow (1973), and an earlier work by Linton (1942), critically analyze our society for failure to provide an adequate rite of passage into old age. Rosow views the life cycle as a series of recognizable age statuses, each with its particular expectations. These expectations structure a person's life and provide social definition. The contention that others are responsible for preparing a person for subsequent status changes is implicit in Linton's analysis. Rites of passage, as expectations, are viewed as vital to successful aging. The lack of rites of passage, for those who are aging, leads to severe role discontinuity. The social contexts of aging as a fluid process are seen as vital and worthy of consideration. Both Rosow and Linton would contend the biological model does not adequately explain the social aspects of aging.

It is the contention of Cain (1964) that the emergence of complex, industrial nations has affected the use of age as a criterion in the formation of social structure. Reasons for this are the ambiguous nature of generational criteria and the blurring of age sequences through the assignment of responsibility for their observance to separate institutions. A consequence is a lack of organization and, ultimately, relevant rites of passage.

Freud, as is the case with many personality theorists, ended his developmental approach in adolescence. Erikson (1966), however, continued the process with his stages of early, middle, and later adulthood. With later adulthood, there is a shift in emphasis to a consideration of proximity to death. One, in later adulthood, must overcome a crisis of integrity versus despair. Despair because the time is too short to pursue alternative ways to gain integrity. The negative resolution of this stage is one of meaninglessness, despair, and a feeling that one's life has been useless.

Approaching the life cycle in a manner distinct from that of Freud or Erikson, Maslow (1954), in an early work, emphasizes a hierarchy of needs which must be met if we are to realize our human potential. They are, in the order of importance: (1) physiological; (2) safety; (3) belongingness; (4) esteem; (5) cognitive; (6) aesthetic; and (7) self-actualization. Low hierarchy needs must be satisfied before one can consider the latter needs. The environment may be more or less conducive to the satisfaction of the above needs, although all people are motivated to seek self-actualization. Through self-actualization, one theoretically gains happiness and fulfillment. The striving of individuals, then, is tempered by the environment.



Contributions to life course theory come by way of diverse disciplines. There are, however, common themes. First, rites of passage are vital to successful aging. Second, there is both change and continuity in the life course. Third, if one is to understand aging, the entire life course and environmental conditions must be considered. A final theme is that the biological model is inadequate in dealing with human behavior in general and, in particular, aging.

The final theoretical approach to aging is exchange theory. This orientation grew out of the social reinforcement branch of psychological social psychology; particularly the work of Skinner. It has recently been applied to aging.

#### Exchange Theory

Homans (1950), generally credited as the initiator of exchange theory, relied heavily upon the theory and research of B. F. Skinner. He drew the emphasis for his approach from observing operant animal behavior. The concern of the approach is not with learned responses particularly, but how they serve to alter the external environment. According to Homans, whose approach was centered in dyadic social interaction, if an encounter yields unsatisfying outcomes, it will be discontinued. The interpretation of whether an interaction is satisfying is contingent upon economics. If an interaction yields a psychological profit, it will be satisfying. It will be unsatisfying if it results in a psychological loss. According to Shaw and Costanzo (1970:80-81) vague definitions render empirical testing of the theory virtually impossible.

Blau (1964) applied the general approach of exchange theory, originally conceived on a micro, dyadic level, to macro, power relationships.

His contention is whoever commands services others need attains power over others by making the satisfaction of their needs contingent upon their compliance. Compliance behavior, then, becomes an important source which can be exchanged for continued rewards.

This conception was recently applied to the problem of aging by Dowd (1975:587). To elaborate upon his position:

In the case of the aged, decreased social interaction is the eventual results of a series of exchange relationships in which the relative power of the aged vis-a-vis their social environment is gradually diminished until all that remains of their power resources is the humble capacity to comply.

The worker, prior to retirement, was able to exchange expertise for wages. Older workers exchange compliance for sustenance. Power, in our society, is contingent upon occupation. Consequently, the bargaining position of the aged social actor upon retirement quickly deteriorates as his supply of power resources becomes depleted.

Dowd (1975:591-592) summarizes his discussion with two basic propositions. The first is that "the amount of power resources possessed by the aged relative to other age strata is inversely related to the degree of societal modernization." The aged in more traditional societies, however, tend to maintain their value as a resource. The lack, in modern societies, of power resources to exchange in daily social interaction results in increased dependence upon others and the necessity of complying with their wishes.

The second proposition, reflecting a micro-orientation, posits a curvilinear relationship between chronological age and possession of power resources. According to Dowd (1975:592), "Possession of power resources tends to be limited in youth, increasing through late middle age, and decreasing sharply in old age."

Control over most resources is said to begin after marriage, peak when the children are adolescents and decline in the late phase of the family cycle when the children marry and leave home. A central point is that there is nothing inherent in the aging process itself that necessitates a decline in individual power resources. The power resources one has are contingent upon shared cohort experience in addition to individual attributes.

Research offered by Dowd (1975) in support of this contention (cf. Bengtson et al., 1975; Cowgill and Holmes, 1972; Palmore and Whittington, 1971; Press and McKool, 1972) includes an illustration of an inverse relationship between societal modernization and status of the aged. This theme is consonant with the focus of the first section of this chapter. One can readily think of some major issues concerning exchange theory which may be offered as a critique. Among these are the following:

1. The introduction of concepts such as cost, reward, fair exchange indicate an extremely rational, unemotional model of man. Apparently, altruism is negated.
2. The question of what happens following the exchange, on both the micro (Homans) and macro (Blau) levels, is not clearly addressed. Is man, following the exchange, satiated?
3. To offer the premise that man is always acting according to self-interest offers very limited explanation for many aspects of social behavior. An example is the dynamic process associated with choice.
4. Upon consideration of the view that what is rewarding to one may not be rewarding to others, the theory appears reductionistic and over-simplistic.

We must not lose sight of the value of the theory, however, as an alternate explanation for aspects of social behavior and alternate view of the situation of the elderly.

#### Summary

The following points may offer some clarification of the primary direction of the literature reviewed in this chapter.

1. There is little societal support in providing integrating socialization mechanisms for those considered elderly. The primary descriptive criteria, in an industrial society, for the elderly are dependence, rather than independence, and consumption, rather than production.

2. The perceptions people have of the elderly, according to age, sex, socioeconomic status and ethnicity, suggest a predominantly negative image and a preponderance of stereotypes.

3. Literature reviewed exploring the perception the elderly have of themselves illustrates a negative view of aging but a positive view of oneself.

4. A view of aging as a social problem is implicit in the theoretical approaches in social gerontology. Consequently, they may be viewed best as searches for solutions.

5. Literature associated with various theoretical approaches in social gerontology reveals they all have weaknesses and strengths. Each may be best suited to the experience of some individuals but none offers a total explanation.

In the following chapter a conceptual model assessing the effects of acceptance of age-appropriate behavioral expectations upon life satisfaction will be developed. The model will be derived from concepts

central to the reference group and labeling theoretical approaches in social psychology.

## CHAPTER III

### THE DEVELOPMENT OF A CONCEPTUAL MODEL

This chapter discusses the reference group and labeling theoretical approaches in social gerontology, with a selected review of literature associated with each perspective. Following this brief review, a conceptual model synthesizing the literature associated with perceptions of the elderly (presented in Chapter II) and both the reference group and labeling perspectives will be described. Hypotheses derived from the model will be offered in conclusion of this chapter.

#### Reference Group Theory

Shaw and Costanzo (1970:333) clarify the concept of reference group by equating it with "external evaluations of 'others' . . . the source of the internalized values which the actor utilizes to evaluate his own performance." More specifically, they state that, "The reference group is a group that the actor is a member of or one in which he desires membership."

Two functions of reference groups are outlined by Kelly (1952). He refers to the first of these as the normative function. The person is motivated to conform to normative pressure in order to secure or maintain group membership. If the individual, in turn, internalizes the group's standards, they become individual values for action (Shaw and Costanzo, 1970). The normative function of reference groups is complemented by

the second suggested by Kelly (1952), the comparative function. People use reference groups as an index to the "correctness" of their opinions and behavior. With the comparative function, interaction is not necessary and the individual may not be concerned about that group membership. The group may be used only for informational purposes.

The reference group perspective has been frequently applied in the sociological literature (Williams, 1970) but infrequently used in the gerontological research. The potential of the approach, however, is suggested by the work of several writers (cf. Blau, 1973; Chang, 1977; Kent and Matson, 1972; Romeis et al., 1971; Shanas et al., 1968).

According to Romeis et al. (1971:3-4), reference group theory has heuristic potential to address the following questions left unanswered by the disengagement and activity theoretical approaches:

1. Why are some older people who are actively and extensively involved with others apparently well adjusted?
2. Why are some older people who are actively and extensively involved with others apparently poorly adjusted?
3. Why are some older people who have withdrawn and have disengaged from society apparently well adjusted?
4. Why are some older people who have withdrawn and have disengaged from society apparently poorly adjusted?

They posit that a better understanding of older peoples' adjustment can be attained through an examination of answers to the above questions through the reference group theoretical approach. In response to the first question, the person is well adjusted to the extent that his self-image is congruent with that of his reference group. The person exemplified by the second question may be active and involved but not receiving a satisfactory self-image from his reference group. If an older person has few activities and has withdrawn, as presented in the

third question, but is well adjusted, the quality of interaction with reference groups is high. His own evaluation of self is consistent, then, with that of his reference group. In response to the final question, the poorly adjusted person who has withdrawn may be receiving views and messages from his reference groups not consistent with his. The person may, consequently, feel unable to send the type of message to his reference group conducive to the alleviation of his problem. This theoretical problem for understanding older adjustment in the reference group mode was earlier and more generically addressed by the SBO model of Secord and Backman (1961). This model describes the organization of behavior in terms of relations among three components. These are an individual's self concept (S), his interpretation of behavior (B), and the behavior of others in relation to his behavior (O). In effect, a person acts in such a way as to maintain congruity among the three. When B and O convey a definition of the individual in agreement with S, congruity exists. If incongruity exists, the self may have to be reorganized. This view is particularly useful in illustrating the interplay between the social and personal systems.

The work of Bultena and Powers (1978) is based upon the reference group orientation. They utilized a comparative approach in which respondents categorized themselves as "better off," "about the same," or "worse off" than older persons over a variety of eight life situations. The basic assumption in this research is that stereotyped views of the elderly serve as a viable reference other. These categorical response items led to the development of a "comparative index" which explained a substantial amount of the variation ( $R^2 = .35$ ) in age identification (Bultena and Powers, 1978:752). The reference group



notion was used by Bengtson and Manuel (1976) to view "loss" accruing to older persons.

The reference group approach clearly has promise and wide ranging implications in the development of a better understanding of the social conditions contingent with growing old in America. The labeling theory notion is examined next. It has been widely applied in the study of deviant behavior (cf. Davis, 1972; Empey, 1978; Thio, 1978), mental and physical illness (cf. Lorber, 1972, Scheff, 1975; Szaz, 1973), but, like reference group theory, its use in social gerontology has been limited.

### Labeling Theory

Like symbolic interactionists, labeling theorists assume human nature is subject to change. They are concerned with the stigmatizing effects of the imposition of a label (cf. Goffman, 1973) upon a person. A second assumption implicit in labeling theory is that those labeled are normal people who come in conflict with others with power and influence. The imposition of the label, then, resolves the conflict for those in power by imputing a stigma upon those without power.

Lemert (1951) was among the earlier contributors of concepts to labeling theory. He distinguished primary deviance from secondary evidence. Primary deviance is the initial deviant act leading to the imposition of the label. Secondary deviance is that resulting from an acceptance by the actor of the label as legitimate. The result of this imputation of a label is implicit in the labeling approach.

Labeling, which began as a process-oriented interactionist view of social acts has turned to more of a structural orientation (Finestone, 1976). In essence, if the person is lucky enough to avoid being labeled,

he is viewed as the master of his fate. Alternatively, if he is labeled, his fate becomes totally determined by others. According to Davis (1972: 460):

The major proposition of this school asserts that societal reactions in the form of labeling or official typing, and consequent stigmatization, leads to an alternate identity in the actor, necessitating a reconstitution of the self. This premise has not been adequately demonstrated empirically, inasmuch as the research focus is on those social persons and categories already known to have been labeled.

Both Davis (1972) and Lorber (1972) suggest there is room for other alternatives than the causal assertion that labeling constitutes the necessity of self redefinition. Other outcomes are viewed as possible. Lorber (1972) presents the alternative view that the person may, in effect, want to be labeled sick for personal gain.

There are numerous other examples of the use of labeling theory in the study of deviant behavior. As pointed out previously, however, this writer found that applications of the labeling perspective are conspicuously lacking in the social gerontological literature.

Bengtson and Kuypers (Bengtson, 1973) apply Zussman's "social breakdown syndrome" to the problem of aging in contemporary American society. According to Zussman (1966), a person's social environment can effect his self-concept, resulting in a vicious spiral of negative psychological functioning. Bengtson (1973) presents four of the most important steps in Zussman's conceptual scheme. First, the person's condition is characterized by identity problems or inappropriate standards governing social relationships. Secondly, the person is labeled by those around him as incompetent. Next, the person is inducted into a sick or dependent role. He learns the behavior associated with the role and the skills he previously possessed begin to deteriorate. Finally, the person forms

a self-identification as inadequate. The process then starts again and, with each successive cycle, the person becomes more susceptible. A person's orientation to competence, then, is related to the kind of social labeling he experiences as he grows older. Bengtson suggests that role loss, vague normative information, vulnerability to external sources of self-labeling--stereotypically portraying the elderly as useless and obsolete--and atrophy of previous skills of independence are grounds for the application of the social breakdown syndrome to many elderly individuals in American society.

This particular application of labeling theory in social gerontology is dynamic. It does not stop with the imposition of the label, but offers suggestions in consideration of the consequences. It is implied that the person who denies the label is not subject to atrophy of independence of skills. Denial of negative stereotyped images predominant in the literature presented in Chapters I and II is thought by this writer to contribute to a more positive view of self in this complex, industrial society. The following section of this chapter will be devoted to the presentation of a conceptual model centered in the denial process. Each variable included in the model will be discussed in detail followed by the model itself and subsequent hypotheses.

#### A Conceptual Model

The variables to be included in the model are the following: (1) self-reported perception of the functional adequacy of health; (2) the perceived adequacy of income; (3) the frequency of interaction with family and friends; (4) the perception of behavioral expectations, based on negative, stereotyped images, of family and friends; (5) the perception

of declining abilities or shortcomings due to increasing age; (6) acceptance of behavioral expectations; and (7) life satisfaction. The remainder of this chapter will present information relative to each of the above variables and a conceptual model of their interrelationships. The chapter will conclude with the presentation of several hypotheses derived from the model. A discussion of each of the above variables follows.

#### Perceived Health Adequacy

There is a consensus among gerontologists that the body declines in efficiency as age increases. This decline ultimately leads to complications not necessarily present in other age categories. Implied in Atchley's (1977) discussion of the definition of aging is a decrease in viability and an increase in vulnerability.

The work of various researchers (cf. Osborn, 1971; Pollman, 1971; Streib and Schneider, 1971) supports a contention that poor health is the main factor leading to voluntary retirement. According to Streib and Schneider (1971), health improved in many aged people after the stress of work was removed, resulting in higher levels of satisfaction. What may appear in the records, then, as voluntary retirement may, in actuality, be more appropriately referred to as involuntary retirement.

According to Hrachovec (1969), in an elaboration on the above definition of aging, there is a gradual age decline in the functional and reserve capacities of individuals which increases the likelihood of disease. The rate of decline differs from one organ to another and from one person to another. Among the elderly, it is accelerated by the prevalence of chronic disease. "Chronic diseases represent the key health problem of older adults" (Kart et al., 1978:28). The incidence

of chronic disease with this age group creates special problems. Our medical system is not designed to prevent or cope with chronic disease but, rather, to "cure" acute disease. Consequently, we have, ultimately, an interaction between chronic conditions, "normal" aging, environmental factors, and behavioral patterns leading to the attitude that to be old is to be sick. The elderly, as a group, suffer from a shortage of medical practitioners equipped to handle their needs and, with increasing specialization in the medical profession leading to a decline in general practitioners, this situation is not likely to improve in the near future.

The culmination of this brief discussion is that the prevalence of illness or the expectation of illness effects social relationships.

Clark and Anderson (1967:275) assert that:

A good relationship with children in old age depends, to a large extent, on the graces and autonomy of the aged parent-- in short, on his ability to manage gracefully by himself . . . the parent must remain strong and independent. If his personal resources fail, the conflicts arise. . . . The ideal situation is when both parent and child are functioning well.

The relationship between health and family interaction evidenced in the literature is somewhat confusing. According to Troll et al. (1979: 98), "Poor health and poverty contribute to dependency, and the greater the dependency, the more likely parents and children are to have negative feelings toward themselves and toward each other." There seems to be, then, evidence of a general fear of dependence in a society stressing independence.

In opposition to this view, however, Sussman and Burchinal (1962) point out in their research that the illness of an older parent usually brought, in effect, an instantaneous response from children. The

reported incidence of alienation of younger family members from the elderly in the research literature is very low (cf. Shanas et al., 1968; Blenkner, 1965). The theme of most current research findings is that older parents want continued contact with children but they want to maintain their independence. Illness may mean increased contact in the form of efforts to help, but it is with the expectation that independence will resume following recovery. The case of chronic disease is an exception to this explanation and carries with it the expectation of possible continued dependence. In a study of three generation families in Minnesota, Litman (1971) found that, regardless of generation, approximately one-half of the families studied reported they would find it difficult to care for a sick family member at home for a length of time. Sussman et al. (1979) found a majority of their respondents felt responsibility for older relatives and were willing to accept an older person in their home under certain circumstances. Among the circumstances was the condition the older person was not a solitary male. It would seem that, with continued trends of women joining the labor force, decline in family size, and increased urbanization, the family will be less likely to serve as a caretaking unit for the sick aged person. According to Maddox (1975), the real costs to family caretakers in a long-term care situation (in terms of physical and psychic stress) have yet to be determined.

The state of health of aged persons also effects interaction with friends. An article by Hochschild (1976) is of particular interest. He describes an account of the helping relationship of "neighboring" or visiting among friends living together in a communal arrangement. Hochschild (1976:373) stated:

Neighboring is also a way to detect sickness or death. As Ernestine related, 'this morning I look to see if Judson's curtains were open. That's how we do on this floor, when we get up we open our curtains just a bit, so others walking by outside know that everything is all right. And if the curtains aren't drawn by mid-morning, we knock to see.'

Those residents who were widows took it upon themselves to care for others in poor health. Some of the caretaking was reciprocal, but most was not.

It appears, then, that sickness or illness carries with it the expectation of increased interaction with both relatives and friends except, ultimately, in the case of long term chronic illness. Declining health is commonly associated with increasing age. Consequently, it cannot be ignored in gerontological research concerned with the well-being of the aged.

The second variable to be presented is the perceived adequacy of income. The status of the elderly as consumers, to a large degree, rather than producers, warrants a consideration of income adequacy.

#### Perceived Income Adequacy

According to Strumpel (1976), little attention has been given to how the elderly perceive and define their financial situation. Research concerning income and aging has been confined largely to macro-level analysis of objective economic status or conditions (cf. Kreps, 1971; Schulz, 1973, 1980).

A person's subjective evaluation of his financial situation is related to, but by no means determined by, income (Peterson, 1972; Tissue, 1972; Youmans, 1966). Thompson and Streib (1958) report that one-half of the people with an annual income below \$1,800.00 (in 1958 dollars) reported no sense of deprivation. Alternatively, higher income levels

do not necessarily mean satisfaction with the current economic situation. Peterson (1974) indicates that 45% of the people with incomes considered adequate by the Bureau of Labor Statistics saw their economic situation as inadequate. Thus higher income levels do not guarantee a more favorable perception of income. Younger individuals with higher income levels may feel greater subjective deprivation than older individuals with a lower income (Youmans, 1966). Adequacy of income, then, seems to be a relative concept.

Relative deprivation is a form of symbolic transformation of the environment (Stone and Farberman, 1970). Individuals selectively respond to external stimuli and, depending upon priorities of response to stimuli, income may have greater or lesser influence in their definition of the situation.

The concept of relative deprivation was originated by Stouffer et al. (1949) and translated into a formal theory by Davis (1959). It is assumed that people evaluate themselves and orient their behavior to standards of other individuals and groups.

A modified version of relative deprivation (cf. Sherwood and Nadelson, 1972; Tissue, 1972) suggests it can be postulated both in comparison between circumstances of self and others as well as the difference between present circumstances and the previous situation. It has been suggested that the aged as a social category constitute an important reference group older people can use to evaluate their life situation (Bultena and Powers, 1976). Their reference points may include younger people, the elderly people themselves in an earlier stage, and the preceding cohort of older people (Townsend, 1968).



The research of Liang and Fairchild (1979) compares the effects of several variables, including measures of relative deprivation and income, upon subjective financial well-being. They found relative deprivation to be strongly associated with financial well-being. The relationship to the other variables, including income, were the strongest when they were mediated by relative deprivation. They conclude that, in addition to the efficacy of their relative deprivation model, reference group theory is a useful approach in explaining the incongruence between the objective conditions of the aged and their adjustment. In other words, individuals may be poorly adjusted with incomes that are objectively adequate.

Past research (cf. Markides and Martin, 1970) has established that income is an important determinant of various kinds of social activity, especially in the case of males. The next variable to be discussed in this chapter is interaction with family members and close friends.

#### Interaction with Family and Friends

A plethora of studies (Adams, 1967; Arling, 1976; Atchley et al., 1979; Brown, 1974, Bultena, 1969a; Klatzky, 1973; Powers and Bultena, 1976; Troll, 1971) document the existence of a strong and viable social network between aging parents and their offspring in America. The social bond may involve frequent face-to-face interaction (Adams, 1968), although many studies suggest it is not necessary (cf. Adams, 1968; Kerckhoff, 1965; Litwak and Szeleny, 1969; Shanas et al., 1968; Sussman, 1965) given modern communication and transportation systems.

To date, studies have found little or no correlation between frequency of contact with children and the well-being of the elderly (Blau,

1973, Campbell et al., 1976, Chatfield, 1977; Conner et al., 1979; Edwards and Klemmack, 1973; Kerckhoff, 1966; Lee, 1979; Martin, 1973; Wood and Robertson, 1978). Brief summaries of this research are presented by Adams (1971) and Larson (1978).

Shanas (1973) found that 52 percent of older parents had seen a child within the last 24 hours and 78 percent had seen one within the last week. Comparable figures in the research of Harris and Associates (1975) are 55 percent and 81 percent, respectively.

According to Troll et al. (1978:87):

Often, visiting between older parents and their children involves no more time than a brief conversation 'catching up on the time of day.' Sometimes, in the case of aged parents, it may be a kind of monitoring-checking to see that all is well.

They continue their discussion by emphasizing that visiting often accompanies routine or special activities. Those children who do not live close to parents tend to maintain contact by telephoning or letter writing.

Visiting is generally stronger along the female line. Unless the wife mediates contact with the husband's parents, husbands have been shown to be in contact with their wife's parents more often than they are in contact with their own (Adams, 1971; Komarovsky, 1964; Leichter and Mitchell, 1967; Reiss, 1962).

Wood and Robertson (1978) examined the relationship between involvement with grandchildren and life satisfaction of the elderly. They discovered a positive relationship, although it was smaller than the effect of involvement with friends. According to Troll et al. (1979) Gilford and Black argue in their study of intergenerational family interaction that, although geographical separation may not be an important variable

in adult relationships between parents and their children, it is important in grandparent/grandchild relationships. They caution against over-simplifying the effect of geographical separation. When grandchildren live far from grandparents, their relationship with them is contingent upon the intervening parent/child bond. When grandparents, then, have close ties with their children, regardless of geographic separation, they are likely to be important in the lives of their grandchildren.

Troll et al. (1979) describe grandparenting as an earned rather than as ascribed status. Parent/child interaction is implicitly a facilitator of grandparent/grandchild relationships. The grandparent must possess and offer skills and knowledge the grandchild may find useful. Examples of such knowledge are cooking, sewing, hunting, fishing or crafts. In summary (Troll et al., 1979:114):

. . . the valued grandparent is an earned and acquired status, involving personal qualities and not automatically ascribed to the person in the position . . . grandmothers, who are more experienced in the details of childbearing, may be more valued than grandfathers, provided they serve as helpers . . .

Grandfathers may find their skills unwanted not only by industry but also by grandsons. According to Updegrass (1968), if women's roles change substantially, grandmother's knowledge may also become less pertinent to the aspirations of their granddaughters. The future implications of this phenomenon are certainly worthy of examination.

The great-grandparent role has been largely neglected in social gerontological research. Some researchers have considered it incidentally (cf. Bekker and Taylor, 1966; Boyd, 1969; Wood and Robertson, 1976) but the social implications of the great-grandparent role largely remain to be explored.

The importance of family relationships in old age certainly cannot be denied. Friendship, however, due to common experiences and life situations, is also worthy of consideration. Troll et al. (1979:6) elaborate on a finding from the work of Harris and Associates (1975) which illustrates the importance of friendship in old age:

Most social life at all ages, including those of supposedly disengaging people, is with friends; 91 percent of people over sixty-five who have friends (and 94 percent of them do have friends) see these friends almost every day. This percentage is not significantly lower than the 94 percent of young people who see their friends all the time.

Friendship can be distinguished from other primary group relationships in that individual choice and affectivity are maximized (Litwak and Szelenyi, 1969). The friendship tie is unique--there is neither biological nor legal support. Each generation of the life cycle may have somewhat unique music styles, food preferences and dance steps for example that provide a type of "social cement" unavailable through kinship ties.

Hess (1972) asserts that support from friendship groups may be critical at certain stages of life. Among these stages are adolescence and old age. Friends are experiencing similar role changes and can help in learning new roles and relinquishing old ones. Rosow (1967, 1974) notes that friendship, as contrasted with kinship, permits a wider choice of role models of the same age and sex. In retrospect, perhaps generational differences such as occupational retirement, physical frailty and shortened future expectations lead to a need to share common experience through friendship in spite of its possible limited duration. A variety of researchers support a view of friendship as a vehicle to share experiences and expectations (cf. Blau, 1961;

Bultena and Wood, 1969; Dono et al., 1979; Hochschild, 1973; Lowenthal, 1968; Sequin, 1973).

Past research reveals little difference in friendship association by sex (Shanas, 1962). Socioeconomic status is another correlate of friendship contacts. Riley and Foner (1968) indicate that friendship visits are more frequent among persons of higher socioeconomic status.

Adams (1967) compared interactions of the elderly with friends and relatives. He found interaction with friends to be more highly valued because of the voluntary nature of friendships. In contrast, the findings of Adams (1968), Hochschild (1973) and Johnson (1971) report that relations with kin and friends are managed separately. When commitments conflict, kinship usually wins out over friendship ties. Lowenthal and Robinson (1976) offer a solution to this apparent dilemma by categorizing relations with kin and friends. Kin relations are typically based on emotional ties while those with friends can be characterized by reciprocity.

Lowenthal and Robinson (1976:441) conclude that the most serious shortcoming of the friendship literature associated with the aged is its ambiguity:

The emphasis is on 'networks' of friends, and the very use of the word implies that one's friends also have a relationship with each other, constituting a kind of cohesive reference group. We have little information about the extent to which friends are perceived in terms of an interacting network or in terms of the kinds of dyadic relationships exalted by Emerson and Tennyson.

It appears that the literature associated with interaction with family members, specifically children, grandchildren and great-grandchildren, points to a view that the extended family (most typically referred to as a modified extended family) may be very much alive--in spite of

increased geographical mobility. The literature associated with interaction with friends, on the other hand, is somewhat mixed. There is a lack of consensus concerning the role of friendship in old age although it appears that friendships in some instances are more highly valued than those with family members.

#### Perceived Behavioral Expectations

The literature reviewed in Chapter II pertaining to perceptions others have of the elderly suggest they are, indeed, viewed as having behavioral traits different from those of populations of other ages. It is interesting that Rosow (1974), borrowing a term from Burgess (1960), refers to aging as the "roleless role." This implies that we recognize the aged as a distinct group but they are without concrete behavioral prescriptions. Consequently, we rely upon imputed stereotyped images of the elderly. According to the findings of Comfort (1976), Guptill (1969) and others, the elderly apparently accept these stereotypes as behavioral prescriptions for "old people" but not for themselves. This illustrates that, lacking of a clear definition of what being "old" implies to an elderly person, old age is denied to the extent that the predominantly negative stereotypes are accepted. A major concern of this research is whether the elderly perceive friends and family members, as significant others, as having stereotyped behavioral expectations.

#### Age-Related Shortcomings

The inclusion of this variable in the conceptual scheme is based upon a premise that those who perceive behavioral expectations of others

may use personal shortcomings as an avenue of rationalizing non-conformity. A person, then, in confronting expectations, may deny their significance and retreat into their perceived problems as a method of escaping the demands placed upon them. Implicit, however, is a low evaluation of oneself as a means of denying expectations rather than a high evaluation fostering independence. Although it may be socially desirable, conformity to expectations is not seen as practical.

This phenomenon is similar to the age-identification of "old" described by Ward (1979). Taken one step further, an identification of oneself as old may be thought of as an acceptance of the negative stereotyped images described by McTavish (1971).

The next variable explores the acceptance of behavioral expectations. The individual may deny negative age-related stereotyped behavioral expectations, either through perceived shortcomings or through simple rejection.

#### Acceptance of Behavioral Expectations

The work of Linn and Hunter (1979) reinforces the importance of denial of age-appropriate stereotyped images. Perhaps the denial is an effort to maintain some sense of control over an ambiguous situation characterized by a lack of social definition.

Lowenthal et al. (1975) suggest the importance of being in control of life stages. This control can be problematic with the elderly when a self-identification as old has been found to be negatively related to morale (Kutner et al., 1956) and general adjustment (Blau, 1956; Deutsch and Soloman, 1959).

The findings of Linn and Hunter (1979) reveal that older subjects who perceived their age as younger than others their age had more internal control. In addition, the group who saw themselves as younger, or denied old age, scored more favorably in terms of measures of life satisfaction and self-esteem. In sum, Linn and Hunter (1979:50) conclude the following:

Locus of control refers to the extent to which people see their outcome as being contingent upon their own efforts and abilities (internal), or as being determined by chance or fate (external). . . . Having more internal control was significantly greater for the elderly who viewed themselves as younger as compared with those who saw themselves as old or older than others their age . . .

A summary of several studies (Lefcourt, 1976) reveals that external orientations are associated with maladjustment. Palmore and Luikart (1972) found that those who perceived themselves as being in control of their life situation scored higher on a measure of life satisfaction. A similar relationship was confirmed by Wold and Kurtz (1975) and Wolk (1976) among institutionalized elderly. Perhaps it is unwise to attempt to break down, through social programs or other efforts, denial of aging in the elderly. Acceptance of an aged status seems to imply an acceptance of negative stereotyped images. Linn and Hunter (1979:51) conclude:

As the years chip away more and more areas of control over the environment, it may also become increasingly important that the older person feel that there are some parts of life--small as they may be--over which he or she has some control.

Perhaps the efforts of the elderly to control their environment need to be supported if feeling younger means better functioning through the perception that one is able to influence the current life situation. The final variable to be discussed in relation to the present research is life satisfaction as a measure of adjustment to "being old."



## Life Satisfaction

The measurement of characteristics thought to be associated with elderly life satisfaction has been a common theme in the gerontological literature to date (cf. Neugarten et al., 1961; Lohmann, 1977; Thompson et al., 1960). A review by Larson (1978) reveals the studies have comparable results. Variables commonly associated with life satisfaction are health (cf. Cutler, 1979; Edwards and Klemmack, 1973; Larson, 1975; Palmore and Luikart, 1972; Sprietzer and Snyder, 1974), socioeconomic status (cf. Cutler, 1973; Edwards and Klemmack, 1973; Bradburn and Caplovitz, 1965), age (cf. Kivett, 1976; Larson, 1975), sex (cf. Neugarten et al., 1961; Cavan et al., 1949), employment (cf. Thompson, 1973; Jaslow, 1976), marital (cf. Cutler, 1979; Kutner et al., 1956; Pihlblad and Adams, 1972) and activity (cf. Conner et al., 1979; Havighurst et al., 1968; Lowenthal and Haven, 1968; Markides and Martin, 1979; Martin, 1973).

Dobson et al. (1979) explored the subdimensions of and interrelations between a scale of life satisfaction, Srole's anomia scale, and Rosenberg's (1965) scale of self esteem. They found the life satisfaction scale to be multidimensional with four factors. This was expected in light of the contention of Neugarten et al. (1961) that psychological well-being is a multidimensional concept.

Neugarten et al. (1961) constructed a 20-item scale designed to investigate five components of life satisfaction among older persons. These are zest versus apathy, resolution and fortitude, congruence between desired and achieved goals, self-concept, and mood tone. Adams (1969) factor analyzed the original scale and found four major factors. The first three were labeled mood tone, zest for life, and congruence.

He was not able to identify the fourth factor and no self-concept factor appeared in the analysis. Wood et al. (1969) argue that the shortened scale is an improvement over the original in measuring a multidimensional concept such as satisfaction of life. It seems that satisfaction with life or "adjustment" is, ultimately, the concern of much of the research in social gerontology.

### The Conceptual Model

The model representing the interrelationships between the variables discussed above can be found in Figure 1. Specific definitions of the variables and their operationalization are as follows:

Life satisfaction, the dependent variable, refers to the self perception of the individual's social psychological condition. As outlined above, life satisfaction has been a component common to much of the research in social gerontology. The work of Havighurst et al. (1961) represents the first systematic effort to measure the multidimensional social psychological concept of life satisfaction. They constructed a 20-item scale (LSIA) to investigate five components of life satisfaction among older persons. Adams (1969) argued the scale should be reduced to 18 items and, finally, Wood et al. (1969) limited the scale to 13 items and labeled the shortened scale the LSIZ index. The measure of life satisfaction utilized in this research is the 13-item index. Bultena (1969), Bultena and Oyler (1971), Conner, Powers and Bultena (1979), and Pollman (1971) have used this index in the past. In each case, the sample was composed of people over 60 years of age. Conner et al. (1979) report a reliability coefficient (Cronbach's Alpha) of .93. Life

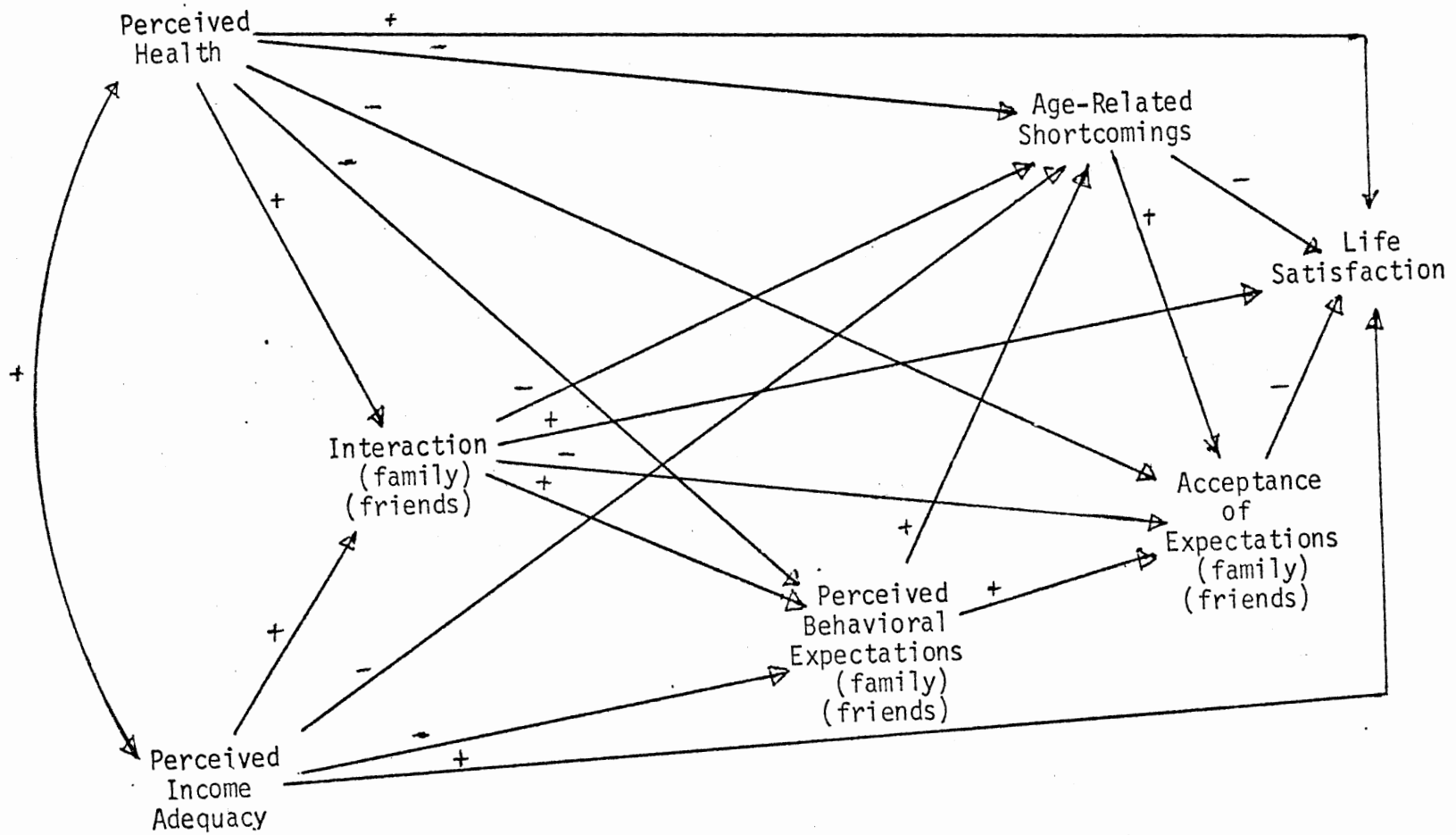


Figure 1. A Conceptual Model of the Effects of Age-Appropriate Behavioral Expectations on Life Satisfaction

satisfaction, specifically, consists of a self-evaluation of the respondent's life situation.

Perceived health will be measured by a self-report procedure consisting of three items (see Appendix A). The use of three items is based on the belief that multiple indicators will provide a more accurate measure of how the respondent views his/her health than a single question. In this research, the concern is with perceived functional adequacy of health rather than listing ailments or chronic conditions. Adequacy of health is thought to be a relative condition which varies from person to person.

Respondents' income will be included in this research as a measure of perceived income adequacy. The contention is that an objective indicator of monetary income fails to reflect pre-retirement income level. Whether one feels that retirement income is adequate may, in many cases, be contingent upon pre-retirement income. With this in mind, three questions (see Appendix A) were designed to provide information concerning this aspect of the more commonly applied income variable. More specifically, income, in this research, refers to the perceived adequacy of retirement income.

Interaction with family and friends will be assessed by questions (see Appendix A) designed to determine the frequency of personal contact through visiting and/or communication by either letters or telephone. This variable, then, refers to frequency of interaction with family and/or friends.

A variety of studies related to age appropriate behavior have been reviewed (see Chapter II). Some are concerned with stereotyped images of the elderly and there are studies which treat "old age" as a

distinctive life phase. None, however, utilized a systematic measure of age-appropriate behavioral expectations. Consequently, a scale designed to measure whether elderly retired people perceived themselves as subject to behavioral expectations from others, specifically family members and close friends, was designed (see Appendix A).

Four questions can be found in Appendix A which are designed to indicate whether respondents feel they are lacking the ability to do the things they would like to do. It seems logical that those who consider themselves to be inadequate due to increasing age, unable to conform to expectations as a result of personal shortcomings, will have lower life satisfaction scores. Multiple items are, again, thought to provide a broader information base than a single question. The work of Crockett et al. (1979) illustrates the effect of a personal identification as old, given the stigmatization associated with old age.

The final variable presented in Figure 1 is acceptance of expectations. This concept is logically derived from a previously discussed variable, perception of age-appropriate behavioral expectations. Whether elderly people accept the behavioral expectations of others is thought to be a vital concept intervening between perceived behavioral expectations and life satisfaction. It represents, in effect, denial of expectations or acceptance of them as legitimate. The questions used to operationalize this concept can also be found in Appendix A. The inclusion of this variable is designed to assess whether respondents view close friends and family members as a viable reference group or, more specifically, whether they conform to their expectations.

### The Conceptual Scheme

In sum, the present research is designed to determine the level of life satisfaction in relation to how the elderly respondent perceives the expectations for age appropriate behavior of family and friends as referent others. Variables thought to serve as modifiers of the relationship include adequacy of income, perceived functional health, interaction with family and friends, age-related shortcomings, and acceptance of behavioral expectations of family and friends. The expected relationships can be found in Figure 1. To facilitate a clearer understanding of the diagram, family and friends as reference groups have been combined.

Perceived health and income adequacy are included in Figure 1 as exogenous variables. In other words, they are thought to have no antecedent influences in this particular model. These two variables are thought to influence interaction with family and friends. Through more frequent interaction, family and friends may exhibit age-appropriate behavioral expectations. Acceptance of these expectations, especially when mediated by age-related shortcomings, is thought to influence life satisfaction levels.

This conceptual model requires several assumptions. Among them are: (1) man seeks meaning in human existence; (2) man is a social being; (3) man is both active in defining his world and passive in receiving the definitions of others; (4) man creates meaning in his world through social interaction; (5) elderly people are aware of the dominant cultural evaluations of aging; (6) elderly people may or may not accept the dominant cultural evaluations of old age.

## Research Hypotheses

To clarify the relationships presented in Figure 1, as well as the expectations of this research, the following effects are hypothesized: They will be divided into three general categories. First, the interrelations in an abbreviated model. Second, the total model, including the abbreviated model will be the focus of concern. In conclusion, the interrelationships among the relevant variables will be explored when the focus is upon friends and family, separately, as reference groups.

### The Reference Group Concept

1. Age-related shortcomings will have a direct positive effect on acceptance of age-appropriate behavioral expectations.

2. Perceived age-appropriate behavioral expectations will have a direct positive effect on acceptance of expectations and an indirect positive effect via age-related shortcomings.

3. Interaction with family and close friends will have a direct negative effect upon acceptance of age-appropriate behavioral expectations and indirect effects via perceived age-appropriate behavioral expectations and age-related shortcomings.

### The Total Model

4. The acceptance of age-appropriate behavioral expectations will have a direct negative effect on life satisfaction.

5. Age-related shortcomings will have a direct negative effect on life satisfaction and an indirect negative effect via acceptance of age-appropriate behavioral expectations.

6. Perceived age-appropriate behavioral expectations will have an indirect negative effect on life satisfaction via age-related shortcomings and acceptance of expectations.

7. Interaction with family and close friends will have a direct positive effect on life satisfaction and an indirect negative effect via perceived age-appropriate behavioral expectations, age-related shortcomings, and acceptance of expectations.

8. Perceived health will have a direct positive effect on life satisfaction and an indirect negative effect via interaction with family and friends, perceived behavioral expectations, age-related shortcomings, and acceptance of expectations.

9. Perceived income adequacy will have a direct positive effect on life satisfaction and an indirect effect via interaction with family and friends, perceived behavioral expectations, age-related shortcomings, and acceptance of expectations.

#### Family and Friends as Reference Groups

10. The independent variables' effect upon life satisfaction will be more pronounced among friends, as a reference group, than family.

The interrelationships involved between the expectation variables, interaction, and age-related shortcomings are of primary interest in this research. They represent, in effect, an operationalization of the reference group and labeling concepts. The capability will be present to compare direct and indirect effects of these variables, thought to illustrate the reference group format, upon life satisfaction.

Frequency of interaction with family and friends is presented as a pivotal variable in the conceptual model. Perceived health and income



adequacy are included as possible modifiers of interaction and, ultimately, the influence of the expectations variables on life satisfaction.

The next chapter will outline the research methodology employed in this research. A description of the sample, primary methodological techniques, analysis of relevant scales, and an explanation of the primary methods of statistical analyses will be included.

## CHAPTER IV

### RESEARCH METHODS

The purpose of this chapter is to acquaint the reader with the methodology used to test the conceptual model presented in the preceding chapter. For organizational purposes, the chapter will be divided into six substantive areas. The first consists of a re-statement of the research problem. Next, the specific technique of scale construction used to measure some of the variables in the conceptual model will be discussed. Following this, the total instrument, including its sub-parts and overall organization, will be examined. The next logical step addresses administration of the instrument or the research design. The section following this discussion will describe the group which received and returned the instrument. In conclusion, the techniques of data analysis used to determine if the responses fit the conceptual model will be presented, including a brief discussion of their applicability to this particular research problem.

#### The Research Problem

The literature associated with perception of the elderly reviewed in Chapter II (cf. McTavish, 1971) suggests we have shared stereotyped perceptions of the elderly. In spite of these perceptions, however, we have no well-defined expectations of how they ought to act. Consequently, aging in America becomes more problematic than would be the

case with more clearly defined age-appropriate behavioral expectations. Coping with increasing age, a phenomenon necessitated by our largely negative reaction to aging, is left to the individual. The problem of the inability of ability to cope with increasing age, then, in combination with negativistic behavioral expectations of others is exacerbated by our ageistic perceptions.

The problem to be addressed by this research is illustrated by the hypothesized interrelationships illustrated in Figure 1 in the preceding chapter. The individual is placed in a position, with increasing age, of problematic self definition resulting from a lack of clearly defined elderly roles. The role available to the aged can be characterized as ageistic and based largely upon negative stereotyped images. The central problem of this research, then, is to determine the effect of the acceptance of an ageistic conception of being old by a group of elderly people. It is centered in the reference group and labeling theoretical perspectives. Close friends and family members are posited as referent others and ageistic perceptions are, in effect, labels describing the "typical older person."

#### Scale Construction and Validation

A variety of studies were reviewed related to perception of the elderly (cf. Martin, Bengtson and Acock, 1974; Peters, 1971; Wood, 1971) and there were no researchers who utilized a scale to measure the concept. Some treated "old age" as a distinctive phase in the life course while others were more concerned with stereotyped images of the elderly. Consequently, it was thought the construction of scales designed to determine whether elderly people perceive themselves as subject to

behavioral expectations from others would be a worthwhile contribution to the field of social gerontology.

Ultimately, the advantages of scales over single indicators are that they provide a more exhaustive description of respondents' views and they are more conducive to the assessment of multidimensional social psychological concepts. The initial step in scale construction is the selection of indicators, or statements thought to elicit information related to the general concept (in this case perceived behavioral expectations) in question. According to Lazarsfeld and Rosenberg (1962:15), in their discussion of scale construction, indicators "are sometimes derived logically from the overall concept, or one aspect is deduced from another." A combination of indicators or statements is thought to provide a more accurate picture of an abstract, not readily observable, concept.

The method of selecting items and the ability to reproduce responses to individual items are the factors which commonly differentiate a scale from an index. Miller (1977:87) defines a composite index as "one or a set of measures, each of which is formed by combining simple indexes." The method is based upon logical inference and the use of a graduated numerical response scale (i.e., responses to a statement ranging from one--strongly agree--to five--strongly disagree). The use of both a scale and an index requires the assumption of psychological continuity. In the case of a scale, answers to individual items can be theoretically reproduced from a composite score. This is possible due to the assumption that each statement in the series is more intense than the previous statement. Consequently, if a person agreed with one statement, it is assumed he or she agreed with the statements prior to it. In the

construction of an index, however, the assumption is made that all of the statements are of the same intensity. Technically, the "scales" utilized in this research can best be described as indexes.

A description of the present method of scale construction can be found in Likert (1974). Criteria offered for the selection of statements are: (1) statements should be expressions of desired behavior; (2) each proposition should be stated in clear, concise, straightforward statements; (3) it is most desirable to have each statement worded in such a way that the modal reaction is approximately in the middle of the possible responses; (4) the reaction alternatives should be represented by the statements; and (5) alternatives should involve a single variable and not several.

Items, or traits, chosen to be formulated into statements are borrowed from McTavish (1971), Peters (1971), and Wood (1971). Reflecting the findings in much of the literature associated with perceptions of the elderly, stereotyped views are presented as largely negative.

Whether the scales measure what they purport to measure, or their internal validity, will be assessed by using the statistical technique of factor analysis. Detailed discussions of factor analysis can be found in the works of Kerlinger (1973) and Harmon (1976). According to Miller (1977), the three primary steps in factor analysis are: (1) the preparation of a correlation matrix (a table of all the variables correlated with each other); (2) extracting the initial factors (the determination, from the matrix, which items or variables correlate highly with each other, suggesting they have something in common--a factor); and (3) the rotation (in this case, principle components or 90 degree rotation of the axes passing through each cluster represented by

each factor) to a terminal solution (or the uncovering of other latent dimensions in the scale which were unexpected and lead to certain patterns in responses). Factor analysis was used in the construction of scales designed to illustrate the perception of age-appropriate behavioral expectations, the acceptance of the expectations, age-related shortcomings, perceived adequacy of health and the perceived adequacy of income. The Life Satisfaction Index Z (LSIZ) will also be factor analyzed although its reliability and validity have been supported by past research (cf. Conner et al., 1979).

Table I presents the factor analysis of the scale "Age-Appropriate Behavioral Expectations." The amount of variation explained across all of the items in the scale by factor is included. There are two groups of unrotated factor loadings represented. The first group pertains to a consideration of the unidimensionality (the ability to support a contention that all of the items have one element in common) of all the scale items. The phraseology of each item is presented for the convenience of the reader. The loadings labeled "Final Loadings" describe the unrotated factor loadings after the elimination of items associated with lower factor loadings. According to Kerlinger (1973), when to retain items or reject items due to lower factor loadings is left to the discretion of the analyst. He recommends a loading strength of .30 to .40 as adequate. In the instance of the age-appropriate behavioral expectations scale, the loading on the fifth item illustrated was quite low (.32). Consequently, in order to support the unidimensionality of the scale, the item was dropped. The resultant explained variation was raised from .36 with the original unrotated factor loadings, to .40 with the final unrotated factor loadings.

TABLE I  
 FACTOR ANALYSIS OF THE AGE-APPROPRIATE BEHAVIORAL  
 EXPECTATIONS SCALE

	Unrotated Factor Loadings	
	Original	Final
Since I have retired, the members of my family expect me to spend more time getting together with friends and acquaintances.	.76	.77
Since I have retired, my close friends expect me to go places with them more often.	.70	.70
Since I have retired, the members of my family expect me to spend more time with them.	.61	.61
Since I have retired, my close friends expect me to spend more time sleeping and taking naps than they did before retirement.	.51	.51
Since I have retired, the members of my family expect me to go for walks more than I did before retirement.	.32	--
Since I have retired, my close friends expect me to do what they like to do.	.68	.68
Since I have retired, the members of my family expect me to see the doctor more often.	.49	.49
Since I have retired, my close friends expect me to spend more time on hobbies.	.57	.57
Since I have retired, the members of my family expect me to babysit for them more often.	.56	.56
Since I have retired, my close friends expect me to spend more time visiting with them.	.72	.72
Explained Variation	.36	.40

The scales presented in Table II are composed of subscales of the age-appropriate behavioral expectations scale in Table I. The scales are organized according to whether the behavioral expectations are forwarded by family members or friends. The unidimensionality of the scale illustrating family expectations was enhanced by eliminating the fifth item in the subscale. The resultant explained variation of the factor across all of the items was raised from a respectable .41 to .49. The unrotated factor loadings presented in connection with friends' expectations support the unidimensionality of the subscale.

Table III illustrates the unrotated factor loadings for three scales. These are perceived age-related shortcomings, perceived income adequacy, and health adequacy. The loadings presented, in each case, support the unidimensionality of the scales. The explained variations of the factors over all items in each scale are substantial at .53, .58, and .82 for perceived age-related shortcomings, income adequacy, and health adequacy, respectively.

The scale represented in Table IV was modified after the original unrotated factor loadings were examined. The third item was eliminated due to its relatively low loading (.29). It can be seen that the resulting final unrotated factor loadings yielded a slightly more substantial explained variation figure (.37) than is the case with the original loadings. The loadings, in sum, tend to support the unidimensionality of this particular scale. The items in the scale illustrating conformity to age-appropriate behavioral expectations were derived from items in the previously discussed age-appropriate behavioral expectations scale (see Appendix A or Table I). In this case, however, self-perceptions are more important than how one perceives the expectations of others.



TABLE II

FACTOR ANALYSES OF THE SUBSCALES OF FAMILY AND FRIENDS'  
AGE-APPROPRIATE BEHAVIORAL EXPECTATIONS

	Unrotated Factor Loadings	
	Original	Final
<u>Family Expectations:</u>		
Since I have retired, the members of my family expect me to spend more time getting together with friends and acquaintances.	.76	.77
Since I have retired, the members of my family expect me to spend more time with them.	.76	.78
Since I have retired, the members of my family expect me to go for walks more than I did before retirement.	.66	.67
Since I have retired, the members of my family expect me to see the doctor more often.	.55	.56
Since I have retired, the members of my family expect me to babysit for them more often.	.39	--
Explained Variation	.41	.49
<u>Friends' Expectations:</u>		
Since I have retired, my close friends expect me to go places with them more often.	.73	
Since I have retired, my close friends expect me to spend more time sleeping and taking naps than they did before retirement.	.45	
Since I have retired, my close friends expect me to do what they like to do.	.67	
Since I have retired, my close friends expect me to spend more time on hobbies.	.58	
Since I have retired, my close friends expect me to spend more time visiting with them.	.78	
Explained Variation	.42	

TABLE III  
 FACTOR ANALYSES OF THE PERCEIVED AGE-RELATED SHORTCOMINGS,  
 PERCEIVED INCOME ADEQUACY, AND PERCEIVED  
 HEALTH ADEQUACY SCALES

	Original Unrotated Factor Loadings
<u>Age-Related Shortcomings:</u>	
I am unable to do the things many people my age can do.	.75
I get upset when I am unable to do the things I used to do.	.74
My friends are able to do much more than I am able to do.	.79
I wish I could do what I could do when I was younger.	.64
Explained Variation	.53
<u>Income Adequacy:</u>	
I wish I had more opportunities to earn money.	.74
I have to go without things I need because I do not have enough money.	.77
I would be a lot happier if I had more money.	.79
My income is too little to enjoy life.	.73
Explained Variation	.58
<u>Health Adequacy:</u>	
Overall, would you say your health is:	.92
In relation to other people your age, how would you say your health is?	.91
Would you say your health is good enough to do all the things you would like to do?	.88
Explained Variation	.82

TABLE IV  
 FACTOR ANALYSIS OF THE CONFORMITY TO BEHAVIORAL  
 EXPECTATIONS SCALE

	Unrotated Factor Loadings	
	Original	Final
I do not spend enough time with the members of my family.	.41	.41
I would like to be able to see a doctor more often than I do.	.50	.49
I should babysit for family members more often than I do.	.29	--
I should get out for a walk more often.	.51	.50
I would like to spend more time getting together with friends and acquaintances.	.81	.81
I am not able to spend enough time doing what my close friends would like to do.	.59	.59
I would like to spend more time visiting with my close friends.	.80	.81
I should get more sleep than I do.	.35	.37
I should spend more time on hobbies.	.64	.64
I should go places more often with my close friends.	.69	.69
Explained Variation	.34	.37

The items presented in Table IV are collapsed into two subscales, illustrated in Table V. It can be seen that the items in each subscale correspond to the items in each subscale presented in Table II. The emphasis is again, however, upon self-perception. The third item in the subscale describing conformity to family expectations was eliminated from the analysis not as a result of a low unrotated factor loading but to ensure comparability of responses with those on the scale illustrating age-appropriate behavioral expectations of family members. The unrotated factor loadings are sufficient to support a contention that the two subscales are, themselves, unidimensional. In addition, the unidimensionality of each scale presented in Tables I through V was supported by the lack of generating any additional factors other than those presented.

Finally, Table VI presents the unrotated factor loadings of the unrevised Life Satisfaction Index A in the first column. It can be seen that the third item in the scale, "This is the dreariest time of my life," loaded poorly (.27) compared to the unrotated factor loadings associated with the remaining 12 items. In the final analysis, represented by the unrotated factor loadings in the second column, the level of explained variation was slightly improved (.25 to .26). All of the resultant loadings are .35 or larger, supporting the unidimensionality of the revised scale.

Two tables are included in Appendix B which represent the number of factors generated and the loadings associated with each factor after orthogonal rotation (90 degree). The pattern of the loadings, for both the original and the revised LSIZ indexes, with oblique rotation (greater or less than 90 degrees) was not sufficiently different to warrant presentation. The similarity of the patterns for both orthogonal and oblique

TABLE V  
 FACTOR ANALYSES OF THE SUBSCALES OF CONFORMITY TO FAMILY  
 AND FRIENDS' BEHAVIORAL EXPECTATIONS

	Unrotated Factor Loadings	
	Original	Final
<u>Conformity to Family:</u>		
I do not spend enough time with the members of my family.	.53	.55
I would like to be able to see a doctor more often than I do.	.58	.60
I should babysit for family members more often than I do.	.51	--
I should get out for a walk more often.	.64	.66
I would like to spend more time getting together with friends and acquaintances.	.66	.70
Explained Variation	.34	.40
<u>Conformity to Friends:</u>		
I am not able to spend enough time doing what my close friends would like to do.	.60	
I would like to spend more time visiting with my close friends.	.79	
I should get more sleep than I do.	.41	
I should spend more time on hobbies.	.68	
I should go places more often with my close friends.	.75	
Explained Variation	.44	

TABLE VI  
 FACTOR ANALYSES OF THE ORIGINAL AND REVISED VERSIONS  
 OF THE LIFE SATISFACTION INDEX Z

	Unrotated Factor Loadings	
	Original	Final
As I grow older, things seem better than I thought they would be.	.53	.54
I have gotten more of the breaks in life than most of the people I know.	.48	.49
This is the dreariest time of my life.	.27	--
I am just as happy as when I was younger.	.57	.57
These are the best years of my life.	.65	.67
Most of the things I do are boring or monotonous.	.51	.48
The things I do are as interesting to me as they ever were.	.57	.58
As I look back on my life, I am fairly well satisfied.	.47	.48
I have made plans for things I will be doing a month or a year from now.	.41	.42
When I look back over my life, I didn't get most of the important things I wanted.	.40	.40
Compared to other people, I get down in the dumps too often.	.56	.58
I've gotten pretty much what I expected out of life.	.54	.53
In spite of what people say, the lot of the average man is getting worse, not better.	.34	.35
Explained Variation	.25	.26

rotation of the axes tends to support a contention that the subdimensions identified by the factors with each scale are, indeed, separate subdimensions.

The original LSIZ index, with all 13 items, yielded five factors while the reduced index, with 12 items, resulted in four factors. This analysis supports the contention of Wood et al. (1969), Neugarten et al. (1961), and Adams (1969) that life satisfaction is a multidimensional concept representing various aspects of satisfaction with life.

#### Instrumentation

The total research instrument is presented in Appendix C. The items, including the scales presented in Appendix A and in Tables I through VI, are thought to be conducive to eliciting information needed to test the conceptual model illustrated in Figure 1 in the previous chapter. It can be seen that the items representing the scales designed to determine adequacy of income, perceived age-appropriate behavioral expectations, acceptance of or conformity to expectations, age-related shortcomings, and life satisfaction have the same response format. This was done to minimize confusion and provide some measure of continuity to the research instrument. The scoring of all the scales, except perceived health adequacy and interaction with family and friends, is the same as that used by Markides and Martin (1979) with the abbreviated Life Satisfaction Index. With this system, responses indicating high satisfaction are assigned a two. Those answers indicating low satisfaction receive a zero and undecided responses are given a one.

The research instrument or questionnaire is divided into two sections. The first section, composed of the first 26 questions, is

designed to provide a sociodemographic description of the respondent. In addition, questions are included which illicit information relative to interaction with close friends and family members (questions 7, 8, and 9) and the perceived adequacy of health (questions 22, 23, and 24). These variables are included in the conceptual scheme presented in the previous chapter.

The second section of the questionnaire is composed of the LSIZ (questions 27 through 39), the age-appropriate behavioral expectations index (questions 40 through 49), age-related shortcomings (questions 50, 52, 54, and 56), perceived adequacy of income (questions 51, 53, 55, and 57), and acceptance of age-appropriate behavioral expectations of family and close friends (questions 58 through 67). The relevant scales did not appear in the order presented. Items were re-arranged to prevent response set bias.

### The Research Design

The most desirable research design to be used with a particular research problem depends upon a combination of sampling, the characteristics of the population, survey costs, the allowable complexity of questions, and numerous other factors.

The sample for this research consisted of the retirees of a large utility company in the southwest. Their residences encompassed a large area distributed over two states. Given the available time to complete the study, limited funds, and the geographical distribution of the respondents, a mail research design was thought to be the most feasible. The instrument was pretested for clarity and comprehension with an elderly group of approximately 65 people living in a governmentally



subsidized apartment building in International Falls, Minnesota. The staff of the building administered the questionnaire to the residents, noting difficulties with particular words or phrases. Following the recommendations from this pretest, the questionnaire was revised to its present form.

Major weaknesses of the mail questionnaire design are discussed by Wallace (1954). Among these are: (1) the problems of nonreturns, leading to a biased sample; (2) validity depends on the willingness of the respondent to provide information; and (3) questions may be misinterpreted without the ability to offer clarification. Wallace, in addition, offers some advantages of a mail questionnaire. These include: (1) the ability to obtain a large sample with minimal expense; (2) wider geographical contact; (3) the ability to reach people who are difficult to locate and interview; (4) more consideration is permitted in answering questions; (5) there is greater uniformity in the manner in which questions are posed; (6) respondents are given a sense of privacy; and (7) interviewer effects are lessened, promoting honesty and frankness.

According to Kerlinger (1973:488):

The best instrument available for sounding people's behavior, future intentions, feelings, attitudes, and reason for behavior would seem to be the structured interview coupled with an interview schedule that includes open-end, closed and scale items. . . . The cost in time, energy, and money, and the very high degree of skill necessary for its construction, are its main drawbacks.

It is commonly believed the most effective technique for gathering data is through interpersonal contact between an interviewer and a respondent. The work of Dillman (1978:2-3) points out, however, that "face-to-face interviews may not be as successful as they once were and are becoming prohibitively expensive." There is evidence that response

rates to face-to-face interviews are on the decline (Dillman, 1972) and refusal rates, especially in connection with research organizations operating from university settings, are on the increase (American Statistical Association, 1974). Because of problems in locating prospective respondents for face-to-face interviews, costs of conducting this type of research has skyrocketed. According to the American Statistical Association (1974), to raise a 65 percent response rate to 85 percent would cost seven times the amount of the original survey. This illustrates that the cost of face-to-face interviewing is rapidly making it prohibitive or the results may be confined to a more accessible, less representative sample. In addition to these problems, it is often difficult to find competent interviewers (Dillman, 1978).

There are many suggestions in the research literature on how to improve the response rate in a mail questionnaire design. Among these suggestions are a brief questionnaire (cf. Francel, 1966), the use of colored stationery (cf. Gullahorn and Gullahorn, 1963; Pucel et al., 1971), an attractive questionnaire design (cf. Livine and Grodon, 1958; Robinson, 1952; Scott, 1961), official sponsorship of the survey (cf. Filipellp et al., 1958), personalization of correspondence (cf. Buse, 1973; Francel, 1966; Frazier and Bird, 1958; Reeder, 1960), and anonymity and confidentiality (cf. Bunning and Cahalan, 1973, 1974; Scott, 1961).

In light of the mail-out research design, the amount of instructions necessary to complete the questionnaire was maintained at a minimum, resulting in more continuity in the response format. In addition, the length of the questionnaire was minimized, the questions were pretested and re-examined for readability, and a cordial cover letter incorporating

sponsorship accompanied the questionnaire (see Appendix C). The cover letter accompanying the questionnaire was printed on an attractive, light blue shade of paper. An accurate, up-to-date sampling frame was available in the form of a pension check mailing list. Consequently, many problems associated with inadequate sampling frames in mail-out research designs (Dillman, 1978) were avoided.

#### Description of the Sample

With the cooperation and sponsorship of the large utility company in the southwest, 505 questionnaires were mailed to the retirees. The final number of respondents was 224. There were three questionnaires which could not be used resulting in a return rate of 44.6 percent on the first mailing. A follow-up mailing was not conducted at the request of executives of the utility company.

The age of the respondents ranges from 62 to 90 years. Approximately 88 percent (197) of the respondents are male and 12 percent (27) are female. The vast majority of those who returned the questionnaires (97 percent) are white.

There are 156 (69 percent) respondents who are married and, of this percentage, 74 percent live with their spouse and 19 percent live alone. Approximately 79 percent (178) have children and the average number of children is two. There are 163 (73 percent) with grandchildren and 50 (22 percent) have great-grandchildren. For these groups, the average number of grandchildren and great-grandchildren is five and four, respectively. Approximately 49 percent (87) of those who specified they visit with their children or grandchildren did so at least once a month. The remaining 51 percent (89) visit with their children or grandchildren less

than once a month. It appears, however, that, although visitation may not be frequent, contact with children is maintained by telephone or letter. There are 164 (94 percent) respondents with children who report they are in contact with their children by telephone or letter at least once a month. Of these people, 106 (61 percent) are in contact at least once a week.

There are 217 (98 percent) respondents who have at least one close friend. Of this number, 57 percent (124) have more than six close friends. Those who have close friends tend to visit with them quite frequently (68 percent or 148 people visit with their close friends at least once a week and 92 percent or 202 visit at least once a month).

Those people represented in the sample are relatively independent. The vast majority (90 percent) receive more than \$550 per month in retirement income. This represents \$6,600 per year. According to census data describing Oklahoma City elderly (Bynum et al., 1978), the average income in 1972 was \$3,220 per year. There are 203 (92 percent) respondents who live in their own home. Approximately 38 percent of the respondents are city dwellers with 50 percent living in the suburbs and 50 percent living in the city. The remaining 62 percent live in a small city, small town or rural area. Roughly 60 percent of the respondents report their health as above average. In addition, 88 percent of the respondents are male. The ratio of elderly men, as opposed to women, living in Oklahoma City in 1972 was 66 percent (Bynum et al., 1978).

In sum, the group who returned questionnaires represent a healthy, relatively independent group. The majority seem to be financially secure and they live in their own homes. They are by no means representative of the "average" elderly person in the southwest. This is not a concern in

this particular research. The goal is not to generalize the results to a particular population but to assess the feasibility of a conceptual model.

#### Methods of Data Analysis

Responses were coded and transferred to computer cards for analysis using the computer facilities at Oklahoma State University, specifically the Statistical Analysis Systems packaged programs.

The primary statistical technique used to analyze the data will be path analysis, a form of multiple regression analysis. For a thorough discussion and description of this particular method, the reader is referred to Duncan (1966) or Land (1969). This statistical method was selected for a number of reasons. Among the reasons is the utility of path analysis as a visual depiction of a conceptual idea. It enables one to view the interrelationships among a number of variables simultaneously. Given the exploratory nature of this research, the primary interest is in the technique as an illustration of interrelationships. Other forms of multiple regression analysis, such as stepwise regression analysis, are very useful. They do not, however, enable the observer to note differences resulting from indirect (i.e., mediated by intervening variables) as well as direct relationships. Another consideration is that the results can be readily interpreted and the dynamics by which the procedure works are not overly difficult to comprehend.

Land (1969:7) defines path analysis as "the set of structural equations (which may contain only one element) representing the postulated causal and noncausal relationships among the variables under

consideration." This statement provides a definition of the path model. The procedure will consist of using multiple regression analysis (which uses standardized beta weights equal to a correlation coefficient, or unstandardized beta weights to illustrate the slope of the prediction line or plane) to illustrate the relationships between the variables depicted in Figure 1 of the previous chapter. Arrows in path models indicate the hypothesized direction of relationships, with independent variables appearing antecedent to the dependent variable. The following statistical assumptions must be made when path analysis is used:

1. A large number of respondents are included.
2. All relevant variables are included in the model.
3. The variables are measured on an interval scale (although Land (1967) indicates that some of the variables may be hypothetical in nature).
4. The model should illustrate a one-way logical flow of relationships (or incorporate some theoretical scheme).
5. There should be a normal distribution at each level of both the independent and dependent variables (this is perhaps problematic due to the nature of the prediction line or plane in regression analysis and the standard error of prediction as averages).
5. A random distribution of variables independently sampled in the population.
6. The effects of the independent variables are additive.

The assumption of interval data in this case, as in others, is problematic. The use of interval path analysis may be justified by the "robust" nature of the test or by the idea of "precedent." Markides and Martin (1979) used path analysis in conjunction with the presently

included version of the life satisfaction index. After comparing the conventional interval method of path analysis with proposed methods assuming ordinal measurement, it was decided the conventional method is the superior approach. This decision was prompted by a review of the weaknesses of the ordinal method presented by Lyons (1971:168). The major shortcomings of the ordinal method are as follows:

Dependent variables are dichotomized. This reduces variance and creates problems with the assumption of homoscedasticity of error variance.

The ordinal method involves complicated procedures of calculation and interpretation. An example of this is the use of dummy variables, which can become very cumbersome.

The most easily interpreted ordinal coefficients are unstandardized ones. A problem with unstandardized coefficients, however, is interpretations. The relevant variables may have been measured by scales using different (response) variables.

More coefficients are produced in an ordinal decomposition . . . this may mean a tremendous clutter of numbers and arrows, which defeats the purpose of the diagram as a visual model.

Another problem is inaccuracy of estimates for ordinal parameters, a consequence of the fractionation that occurs when a multi-category variable is decomposed into separate component variables.

An additional problem with ordinal statistical techniques, not addressed by Lyons (1971) is the ranking process itself which accompanies virtually all procedures assuming ordinal measures. The variance in the original data representing the answers of the respondents is artificially manipulated by the ranking process. Following this maneuver, the ranked scores are added, divided, squared, and multiplied as if they were interval units rather than ranks. Consequently, the traditional interval method of path analysis was chosen as the primary statistical technique.

Methods which will be included during the course of the analysis, in addition to path analysis, are correlation analysis and multiple analysis of variance. Correlation analysis will be used largely in conjunction with path analysis. A complete discussion of this particular technique can be found in the works of either Blalock (1972) or Mueller, Schuessler and Costner (1977). Multiple analysis of variance will be used to test the assumption of additivity of the effects of the independent variables in path analysis. A complete discussion of this technique can be found in the works of Blalock (1972), Kerlinger (1973), and Mueller et al. (1977).

To facilitate the necessary statistical comparisons, the responses to multiple items measuring variables will be summed and divided by the number of items, or treated as an average. The reader is again referred to Appendix A, illustrating the items associated with each variable in the model presented in Figure 1 in the previous chapter.



## CHAPTER V

### RESEARCH FINDINGS

This chapter evaluates the conceptual model of hypothesized interrelationships presented in Figure 1 in Chapter III. To better organize the findings and evaluate the research hypotheses, it will be divided into four areas of presentation. The first of these will present findings relative to the reference group concept. The question addressed here is whether the age-appropriate behavioral expectations of others effect conformity to those expectations, especially in the presence of age-related shortcomings.

The second area for discussion will be an evaluation of the total model illustrated in Figure 1 in Chapter III. Both the direct and the indirect relationships among the independent and dependent variables will be examined.

The next section of this chapter will present a discussion of the comparative effects of family members, as a reference group, as opposed to friends. Interrelationships present in both an abbreviated reference group model and the total model will be examined.

The first model presented will incorporate selected variables from the total model. These variables are thought to illustrate the dynamics of the reference group concept. Following a discussion of these findings, the abbreviated model will be subdivided according to family as a reference group versus friends. Next, the total model, including the

variables used to represent the reference group approach, will be evaluated. The effect of emphasizing family, as opposed to friends, as a reference group will follow. In conclusion, the hypotheses will be evaluated in light of the findings presented with each model.

Before path analysis can be used, the assumptions of additivity and normally distributed variables should be met. The assumption of a normal distribution is problematic.

Responses to each variable were divided into three groups and analysis of variance was used to test for interaction among the independent variables. To simplify the interpretation of the results, two independent variables were used in each model with life satisfaction as the dependent variable. In each case, interaction was insignificant, supporting the assumption of additivity. With this assumption, the independent effects of each independent variable on life satisfaction can be treated as additive or cumulative.

#### Test of the Reference Group Concept

According to the reference group approach, what we think of ourselves is shaped by our perception of the expectations others have of us. The total conceptual model presented in Figure 1 is centered on this idea. Assuming family members and friends are, indeed, significant others, it would be predicted that elderly people will conform to their expectations, based on negative stereotypes, especially if they perceive the expectations as applying to themselves. The perception of expectations should result from more frequent interaction and, if elderly persons believe they have behavioral shortcomings related to old age, acceptance of expectations should be enhanced.

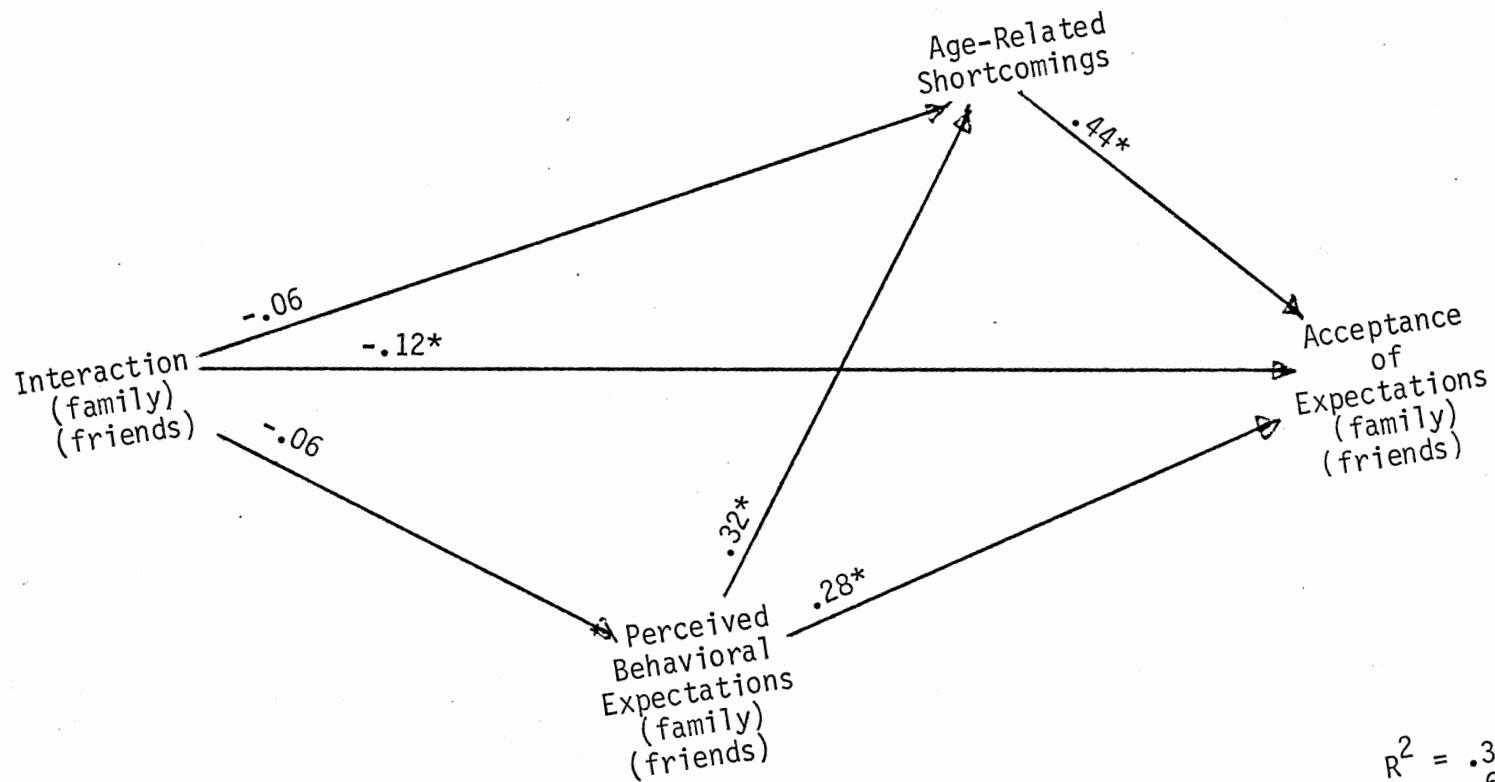
Table VII presents the correlation matrix (using Pearson's  $r$ ) of variables relevant to this particular mode of thought. It can be seen that there is a strong tendency for elderly persons who perceive themselves as having age-related shortcomings to accept the age-appropriate behavioral expectations of family members and friends. In addition, consistent with the reference group format, if an aged person perceives behavioral expectations, they are more likely to accept them ( $r = .42$ ). It also appears that interaction with significant others (family and friends) is negatively related, although the relationship is very weak, to acceptance of age-appropriate behavioral expectations ( $r = -.15$ ). In other words, as interaction increases, acceptance of age-appropriate behavioral expectations, based on negative stereotyped images, decreases. This relationship is in the direction specified in either hypotheses three or seven and as portrayed in Figure 1. Interaction is not related to either age-related shortcomings ( $r = -.06$ ) or age-appropriate behavioral expectations ( $r = .00$ ). Age-appropriate behavioral expectations are positively related to age-related shortcomings ( $r = .32$ ). This means that as age-related shortcomings increase, age-appropriate behavioral expectations tend to increase on the average.

Figure 2 presents a conceptual model of the interrelationships among the four variables discussed above. It represents a part of the total model presented in Figure 1. Acceptance of age-appropriate behavioral expectations is presented as the dependent variable. The model specifies that interaction with family and friends leads to the perception of age-appropriate behavioral expectations. The perception of expectations, in light of age-related shortcomings, is conducive to the acceptance of age-appropriate behavioral expectations. Those respondents who have no

TABLE VII

CORRELATION MATRIX OF THE VARIABLES INCLUDED IN THE  
REFERENCE GROUP MODEL

Variables	Acceptance of Expectations ( $x_1$ )	Age-Related Shortcomings ( $x_2$ )	Age-Appropriate Behavioral Expectations ( $x_3$ )	Interaction with Family and Friends ( $x_4$ )
$x_1$		.54	.42	-.15
$x_2$			.32	-.06
$x_3$				.00
$x_4$				



Multiple  $R^2 = .37$   
 $R = .61$   
 $F = 10.33$   
 $P \leq .0002$

\*Relationships significant at the .05 level.

Figure 2. A Conceptual Model of a Reference Group Approach to Age-Appropriate Behavioral Expectations

children and indicate they have no close friends were eliminated from the analysis. This resulted in a total number of 173 respondents for this particular model.

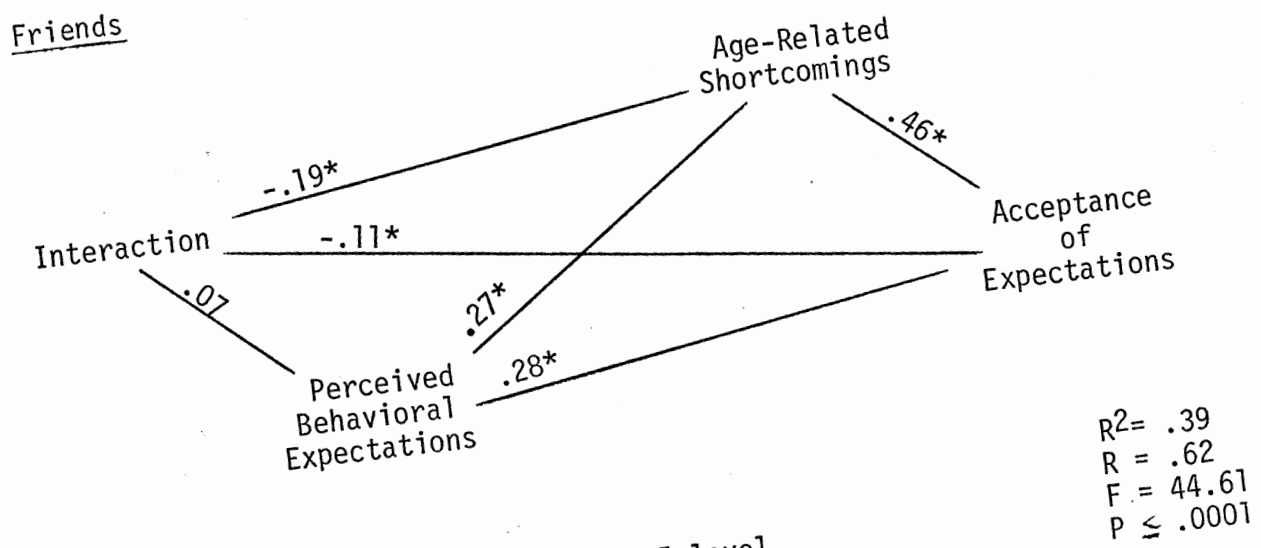
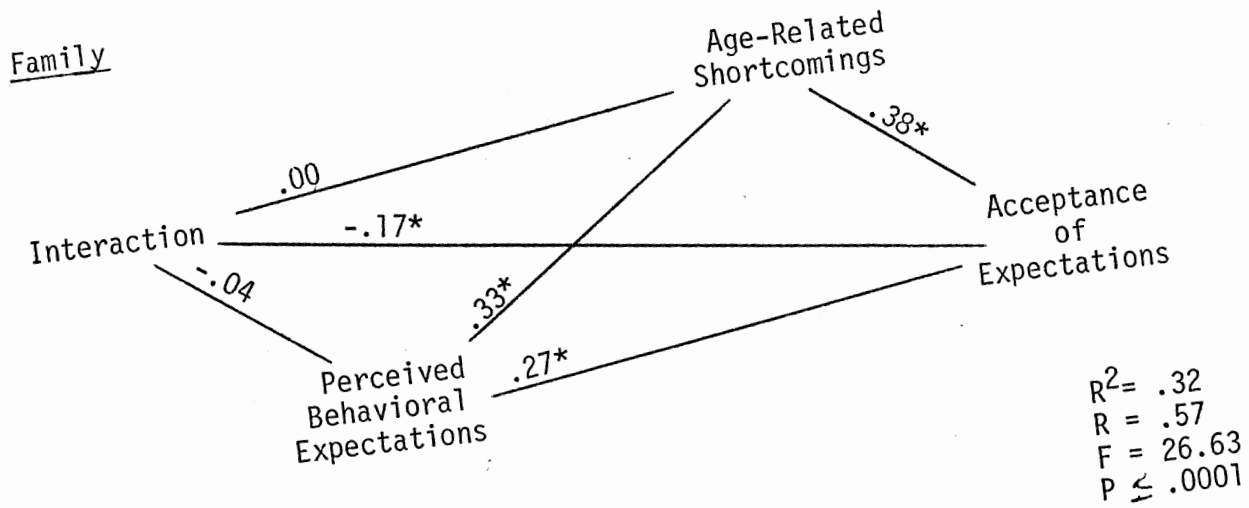
The reader can see that the three independent variables explain 37 percent of the variation in acceptance of behavioral expectations. The bulk of this explained variation, however, is a product of the direct effects of both age-related shortcomings controlling perceived behavioral expectations and interaction (.44), and perceived behavioral expectations, controlling interaction and age-related shortcomings (.28). Some of the explained variation is a product of the indirect effort of perceived behavioral expectations via age-related shortcomings. Interaction had a minor direct effect on acceptance of age-appropriate behavioral expectations, controlling age-related shortcomings and perceived behavioral expectations, with this particular group of elderly people (-.12). Accordingly, as was the case in Table VII, as interaction increases, acceptance of behavioral expectations has a tendency to decrease. The effects of interaction on both perceived behavioral expectations and age-related shortcomings, controlling the effects of the other two variables in each instance, is minimal (-.06 for each path). Interaction with family and friends has a tendency to serve as a positive referent for these elderly respondents. This is illustrated by the negative relationship, although weak, between interaction and acceptance of age-appropriate behavioral expectations based largely on negative stereotyped images of the elderly.

In sum, judging by the substantial value illustrating the amount of explained variation ( $R^2 = .37$ ), the reference group concept has some support, even among the elderly in this relatively independent group. It

would seem, however, that frequency of interaction does not make a substantial difference, except as a deterrent, in the acceptance of negative age-appropriate behavioral expectations. Whether these people see negative images as applying to themselves does not appear to be contingent upon frequency of interaction with family and friends.

#### Family and Friends as Reference Groups

Figure 3 presents two models illustrating the interrelationships between the variables pertinent to family and friends as reference groups separately. A finding of this research, based upon these data, is that friends served as a more viable reference group for conveying age-appropriate behavioral expectations based on negative images. The amount of variation in acceptance of expectations of friends is .39, compared with .32 for family members' expectations. It seems that expectations are more likely to be accepted as legitimate when friends are referent others. It can be seen in Figure 3 that interaction with friends controlling perceived expectations and acceptance of expectations, is more likely to lead to age-related shortcomings (-.19) than interaction with family members (.00). Controlling frequency of interaction, however, perceived behavioral expectations were more likely to lead to age-related shortcomings with family members as a reference group (.33) than with friends as a reference group (.27). Finally, age-related shortcomings seem more likely to result in the acceptance of behavioral expectations of friends (.46) than with family (.38). Age-related shortcomings, however, are more likely to occur as a result of interaction leading to perceived expectations with family members (.33) than with friends (.27). Conversely, interaction, alone, controlling perceived expectations and



\*Relationships significant at the .05 level.

Figure 3. A Conceptual Model of a Reference Group Approach to Age-Appropriate Behavioral Expectations by Family and Friends as Referent Others



acceptance of expectations, is more likely to deter age-related shortcomings among friends (-.19) than among family members (.00). In sum, it seems as though age-related shortcomings play a much more pivotal role with friends than is the case with family members. The only exception is that with family members, age-related shortcomings are, again, more likely to follow perceived behavioral expectations, controlling the effects of interaction. Interaction with friends appears to be an insignificant deterrent to accepting behavioral expectations whereas interaction with family members is more of a deterrent, directly, to accepting expectations.

#### Test of the Total Model

The total model incorporates the variables discussed in relation to the reference group format. It does, however, manifest some differences. In this case, both perceived state of health and the adequacy of income are included as exogenous. They are thought to influence interaction with family and friends directly and life satisfaction, the dependent variable, both directly and indirectly through intervening variables.

A correlation matrix of the relevant variables can be found in Table VIII. Only those respondents who specified they had children and close friends are included ( $n = 173$ ).

There are many relationships evident in Table VIII warranting discussion. Frequency of interaction with family and friends apparently has little relationship with the other variables. The strongest relationship is, again, with acceptance of age-appropriate behavioral expectations ( $r = -.15$ ). Those elderly respondents who interact more with

TABLE VIII

CORRELATION MATRIX OF THE VARIABLES INCLUDED IN THE CONCEPTUAL  
MODEL OF AGE-APPROPRIATE BEHAVIORAL EXPECTATIONS

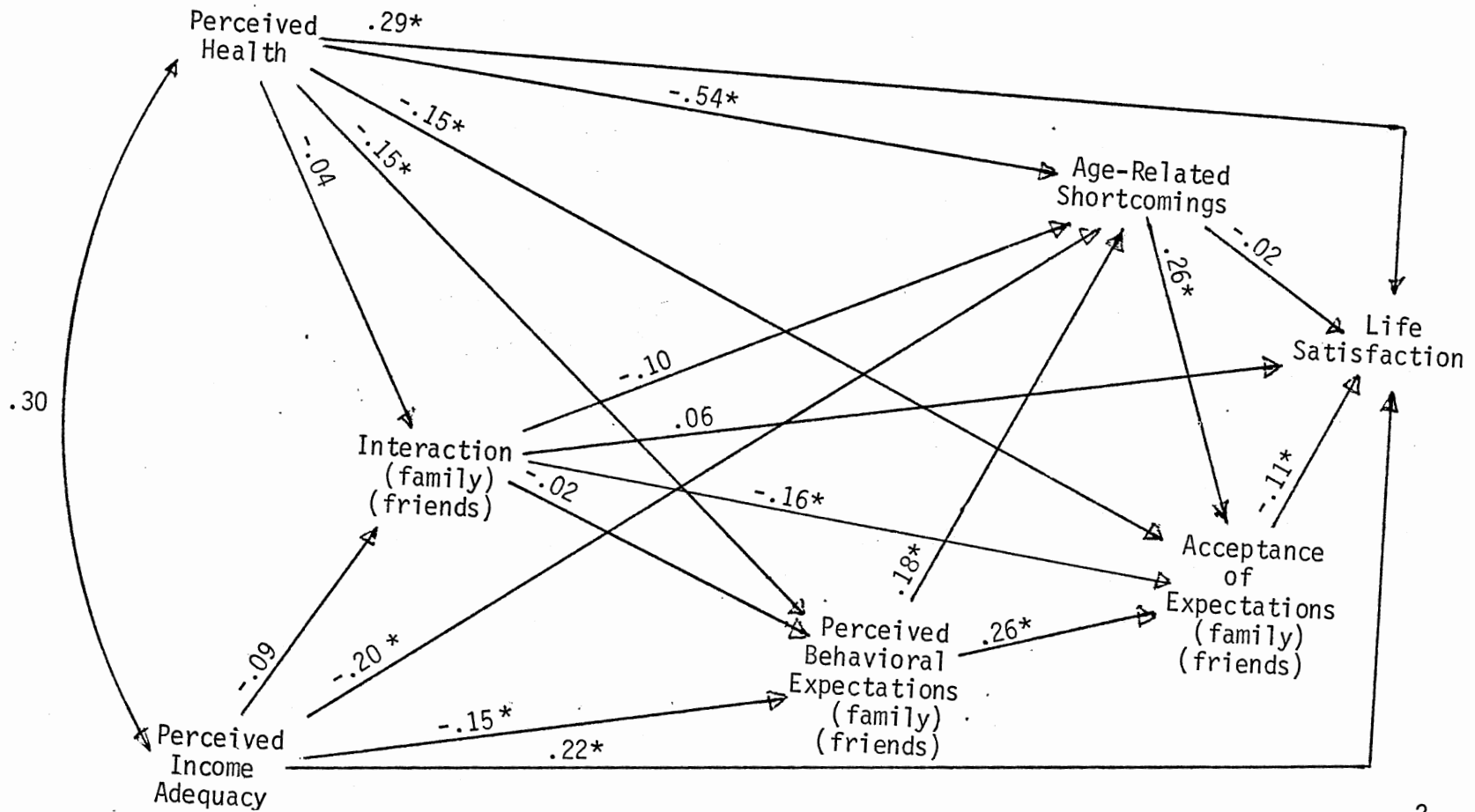
Variable	Life Satisfaction (x <sub>1</sub> )	Acceptance of Expectations (x <sub>2</sub> )	Age-Related Shortcomings (x <sub>3</sub> )	Perceived Behavioral Expectations (x <sub>4</sub> )	Interaction (x <sub>5</sub> )	Perceived Health (x <sub>6</sub> )	Income Adequacy (x <sub>7</sub> )
x <sub>1</sub>		-.36	-.36	-.19	.04	.42	.37
x <sub>2</sub>			.54	.42	-.15	-.42	-.43
x <sub>3</sub>				.32	-.06	-.63	-.39
x <sub>4</sub>					.00	-.20	-.20
x <sub>5</sub>						-.04	-.09
x <sub>6</sub>							.30
x <sub>7</sub>							

family and friends have a tendency to reject age-appropriate behavioral expectations based upon negative stereotyped images. Acceptance of expectations appears to be substantially related to the remaining five variables. The relationship between acceptance of expectations and life satisfaction is negative ( $r = -.36$ ) as specified in Figure 1. The association of acceptance of expectations with age-related shortcomings is quite large and in the positive direction ( $r = .54$ ). This relationship, the second largest illustrated in Table VIII, describes a strong tendency for increasing age-related shortcomings to be associated with a tendency to accept age-appropriate behavioral expectations. The acceptance of expectations is also substantially related to the perception of expectations, as would be expected, with a correlation value of .42. It is also related to perceived state of health ( $r = -.42$ ) and to income adequacy ( $r = -.43$ ).

Whether the respondents tend to perceive themselves as having shortcomings, related to their age, is strongly related to perceived health ( $r = -.63$ ). This specifies that as perceived state of health decreases, shortcomings, on the average, increase. If explained variation was a consideration, these variables explain 40 percent of the variation in each other ( $r^2 = .40$ ). Interestingly, although the association between the two variables is substantial, the analysis of variance F test for interaction was insignificant (approximately .10). It can be seen that age-related shortcomings is also related positively to the perception of expectations ( $r = .32$ ) and negatively related to income adequacy ( $r = -.39$ ). There is a positive relationship between the adequacy of income and the perceived state of health which is respectable ( $r = .30$ ) but certainly not extraordinary.

The reader can see in Table VIII that life satisfaction is related to the acceptance of age-appropriate behavioral expectations ( $r = -.36$ ) among these elderly respondents. Perceived expectations, however, has a rather inconsequential effect upon life satisfaction ( $r = -.19$ ). This is consistent with the hypothesized relationships presented in Figure 1. It was hypothesized that the effect of perceived expectations upon life satisfaction would be minimal unless they were accepted as applying to themselves. This is thought to be the case particularly when the relationship is mediated by age-related shortcomings.

The results of an analysis of the hypothesized interrelationships are presented in Figure 4. The number of respondents represented was, again, restricted to those who have children and at least one close friend ( $n = 173$ ). The amount of variation explained in the dependent variable, life satisfaction, is 26 percent. In reviewing the strengths of the various path coefficients, a number of interesting relationships are evident. Among these are: the relatively weak standardized path coefficient describing the relationship between acceptance of expectations and life satisfaction ( $-.11$ ); the substantial relationship between age-related shortcomings and acceptance of expectations ( $.26$ ); the weak relationship between frequency of interaction with family and friends and perceived behavioral expectations of family and friends ( $-.02$ ), age-related shortcomings ( $-.10$ ), acceptance of expectations ( $-.16$ ), and, surprisingly, life satisfaction ( $.06$ ). The strong paths associated with perceived adequacy of health and age-related shortcomings ( $-.54$ ) and life satisfaction ( $.29$ ) are the two most substantial paths in the model. It should be remembered that the relevant coefficients discussed, except in



Multiple  $R^2 = .26$   
 $R = .51$   
 $F = 9.72$   
 $P \leq .0001$

\*Relationships significant at the .05 level.

Figure 4. A Conceptual Model of the Effect of Age-Appropriate Behavioral Expectations Upon Life Satisfaction

relation to perceived health and income adequacy and their relationship to interaction, are with the other variables in the model controlled.

In retrospect, the relatively weak relationship between acceptance of expectations and life satisfaction (-.11) could be a result of the multidimensional nature of the life satisfaction measure. This represents a social psychological component of a person's perceived life situation that would certainly have many facets. This standardized coefficient illustrates a relatively weak tendency for an increase in age-appropriate behavioral expectations to be accompanied by a decrease in life satisfaction. This relationship exists while the antecedent variables are being controlled.

Age-related shortcomings is substantially related to acceptance of expectations (.26) but it seems the relationship does not continue past this point. It appears that the major part of the relationship between age-related shortcomings and acceptance of expectations is due to the influence of perceived health adequacy in a functional sense (-.54). According to this coefficient, as perceived health increases, age-related shortcomings have a strong tendency to decrease. Perceived income adequacy also influences age-related shortcomings (-.20) but not to the extent illustrated for perceived health adequacy. Perceived behavioral expectations, which was strongly related to age-related shortcomings in Figures 2 and 3 has a relatively weak effect upon age-related shortcomings in the total model (.18). Judging by the effects apparent in the total model, this relationship may have been due largely to the influence of perceived health and perceived income adequacy (both relationships are illustrated as -.15).

The role of perceived health in the model is pronounced. It has both a direct (.29) and an indirect effect, via age-related shortcomings and acceptance of expectations, on life satisfaction. The relatively weak relationship between acceptance of expectations and life satisfaction (-.11) renders the indirect relationship ineffective. Consequently, it appears that the majority of the variation in life satisfaction explained by the model is a result of the direct efforts of both perceived health (.29) and perceived income adequacy (.22).

The weak role of frequency of interaction with the family and friends in the model is evident. Neither perceived health nor income adequacy influence interaction to any noticeable degree (-.04 and -.09, respectively). The only path leading away from interaction from any substance is that illustrating the relationship between interaction and acceptance of expectations (-.16). According to this path coefficient, as interaction with family and friends increases, with the perceived health and income adequacy controlled, the acceptance of expectations, based upon negative images, tends to decrease. Consistent with relationships portrayed in Figure 1, interaction with family and friends is supportive of more positive views of oneself. This is not the case, however, when the interaction leads to the perception of age-related behavioral expectations, although the negative coefficient is very weak (-.02). Interaction does not contribute, directly, to any extent to increased levels of life satisfaction. This is somewhat contrary to the expected relationships illustrated in Figure 1.

In sum, although the reference group model illustrated as a part of Figure 1 seems to be a viable concept ( $R^2 = .37$ ) for the acceptance of expectations, it is largely ineffective when applied to life

satisfaction with perceived health and income adequacy presented as antecedents. It seems that the possible effects of the reference group concept are largely explained by perceived health and income.

#### The Separate Effects of Family and Friends as Reference Groups

The remaining discussion centers upon an analysis of the effects of a separate consideration of total conceptual models representing family members as a reference group and close friends. The reader will recall that interaction, perceived age-appropriate behavioral expectations, and acceptance of behavioral expectations can apply to family members, close friends, or both.

Table IX presents a correlation matrix including the variables in the total model with family members (specifically children and grandchildren) as a reference group. Only subjects who indicated they had children were included in the analysis. This resulted in a total of 178 respondents.

The pattern of correlations is essentially the same as that in Table VIII. It seems that the role of acceptance of age-appropriate behavioral expectations is less significant than was the case with both family and friends. In each instance (illustrated by the second row of figures in Tables VIII and IX) the relationship of acceptance of expectations is weaker or similar to that presented in Table VIII. Some noteworthy differences in correlation strengths are a reduction in the strength of the association between perceived behavioral expectations and life satisfaction from  $-.19$  with both family and friends to  $-.09$  with family, and income has slightly less influence on interaction than



TABLE IX

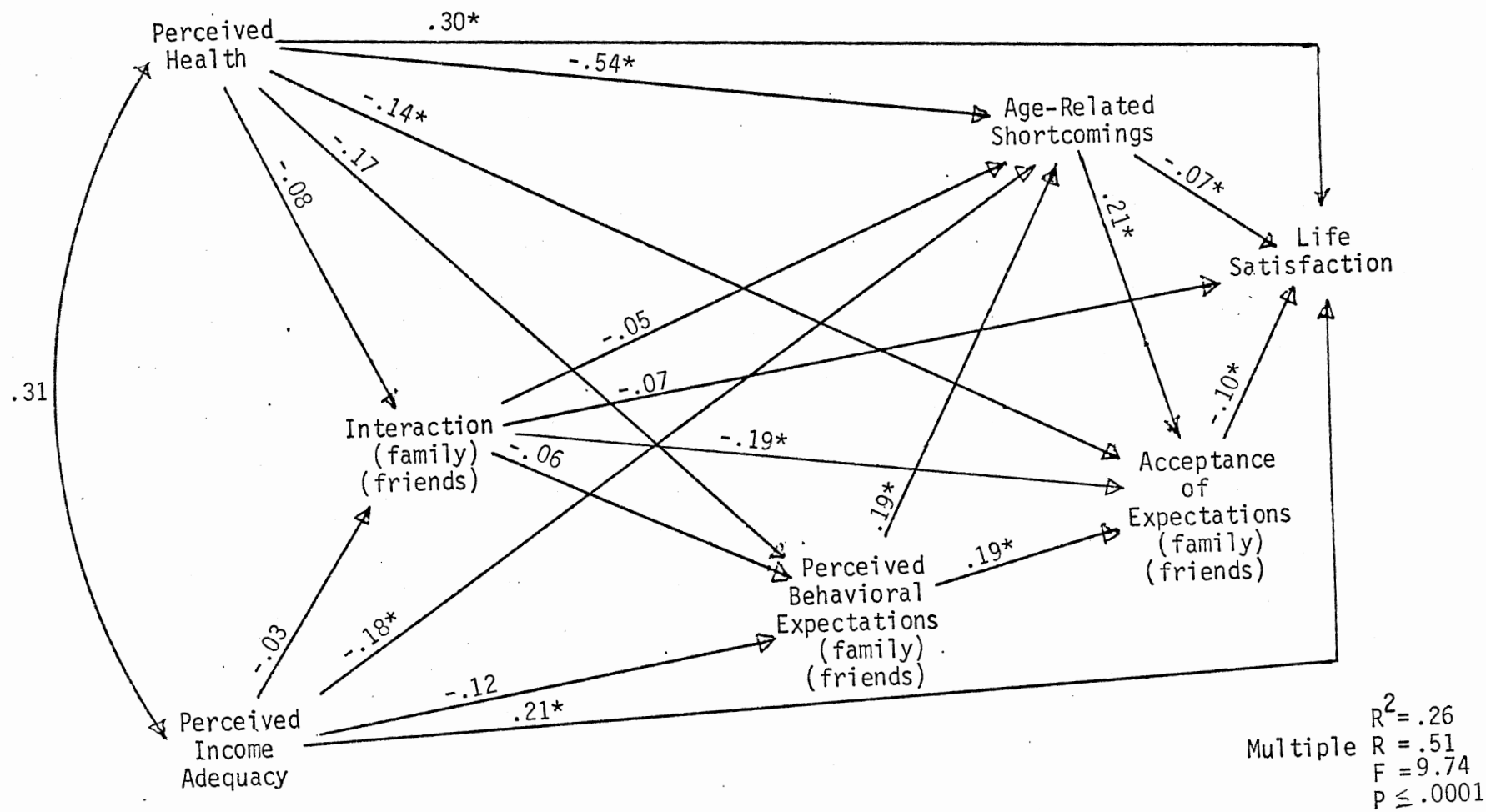
CORRELATION MATRIX OF THE VARIABLES INCLUDED IN THE CONCEPTUAL MODEL  
OF AGE-APPROPRIATE BEHAVIORAL EXPECTATIONS OF FAMILY MEMBERS

Variables	Life Satisfaction (x <sub>1</sub> )	Acceptance of Family Expectations (x <sub>2</sub> )	Age-Related Shortcomings (x <sub>3</sub> )	Perceived Behavioral Expectations (x <sub>4</sub> )	Interaction (x <sub>5</sub> )	Perceived Health (x <sub>6</sub> )	Income Adequacy (x <sub>7</sub> )
x <sub>1</sub>		-.32	-.37	-.09	.06	.42	.37
x <sub>2</sub>			.47	.39	-.19	-.38	-.40
x <sub>3</sub>				.31	-.01	-.63	-.39
x <sub>4</sub>					-.04	-.20	-.16
x <sub>5</sub>						-.08	-.03
x <sub>6</sub>							.31
x <sub>7</sub>							

was the case with both family and friends (-.09 and -.03, respectively). Other than these slight differences, the overall pattern of relationship remains roughly the same.

The total model, with family members as a reference group, is presented in Figure 5. The organization of the variables is the same as it was in Figure 4. The emphasis will be upon differences which occur in the path of coefficients when friends are excluded from the group of referent others.

It can be seen in Figure 5 that the general pattern of relationships is the same as that relevant to the total model (see Figure 4). The role of perceived health, perceived adequacy of income, and life satisfaction is essentially unchanged. The interrelationships among the four variables used to represent a reference group conceptual approach (interaction with family members, perceived behavioral expectations of family members, age-related shortcomings, and acceptance of family members' expectations), however, have changed. They are, generally, less pronounced than they were in the model labeled "Family" in Figure 3. For example, with acceptance of age-appropriate behavioral expectations as the dependent variable, the relationship with age-related shortcomings is somewhat reduced when the focus is on the family (.21) than was the case with both family and friends (.26). Interaction with family members, controlling perceived adequacy of health and income, is no more significant in this model than it was in the model for both family and friends. The strongest path coefficient, describing the relationship between interaction with family members and acceptance of behavioral expectations, is -.19. This has consistently been the case (illustrated in Figure 3) when the focus is upon the role of interaction, controlling



\*Relationships significant at the .05 level.

Figure 5. A Conceptual Model of the Effects of Age-Appropriate Behavioral Expectations of Family Members Upon Life Satisfaction

perceived health and income, in the relationships of the four reference group variables.

The amount of variation in life satisfaction explained by the total model with family members as a reference group is the same as that for both family and friends ( $R^2 = .26$ ). It seems that the effect of slightly stronger relationships in one model is reduced by weaker relationships among other variables. In both instances, a substantial amount of the explained variation is due to the direct effects of perceived health and income adequacy.

A correlation matrix of variables relative to friends as a reference group can be found in Table X. Only those respondents who specified they have one or more close friends were included in the analysis. This resulted in a sample of 217 respondents.

It can be seen that, in each instance, life satisfaction is more substantially correlated with each independent variable than was the case with family as a reference group or both friends and family (see the top rows of Tables VIII and IX). This indicates that the reference group concept may be more salient for friends than for family members. The correlation between interaction with friends and life satisfaction, although still not substantial, is stronger ( $r = .14$ ) with this reference group than is the case with either family ( $r = .06$ ) or with both family and friends ( $r = -.04$ ). Consequently, life satisfaction tends to increase as the frequency of interaction with friends increases. In addition, the relationship between the acceptance of friends' expectations and age-related shortcomings ( $r = .56$ ) is higher than has been the case ( $r = -.47$  for family and  $r = -.54$  for both family and friends). Each of these correlation coefficients illustrates a tendency for acceptance of

TABLE X

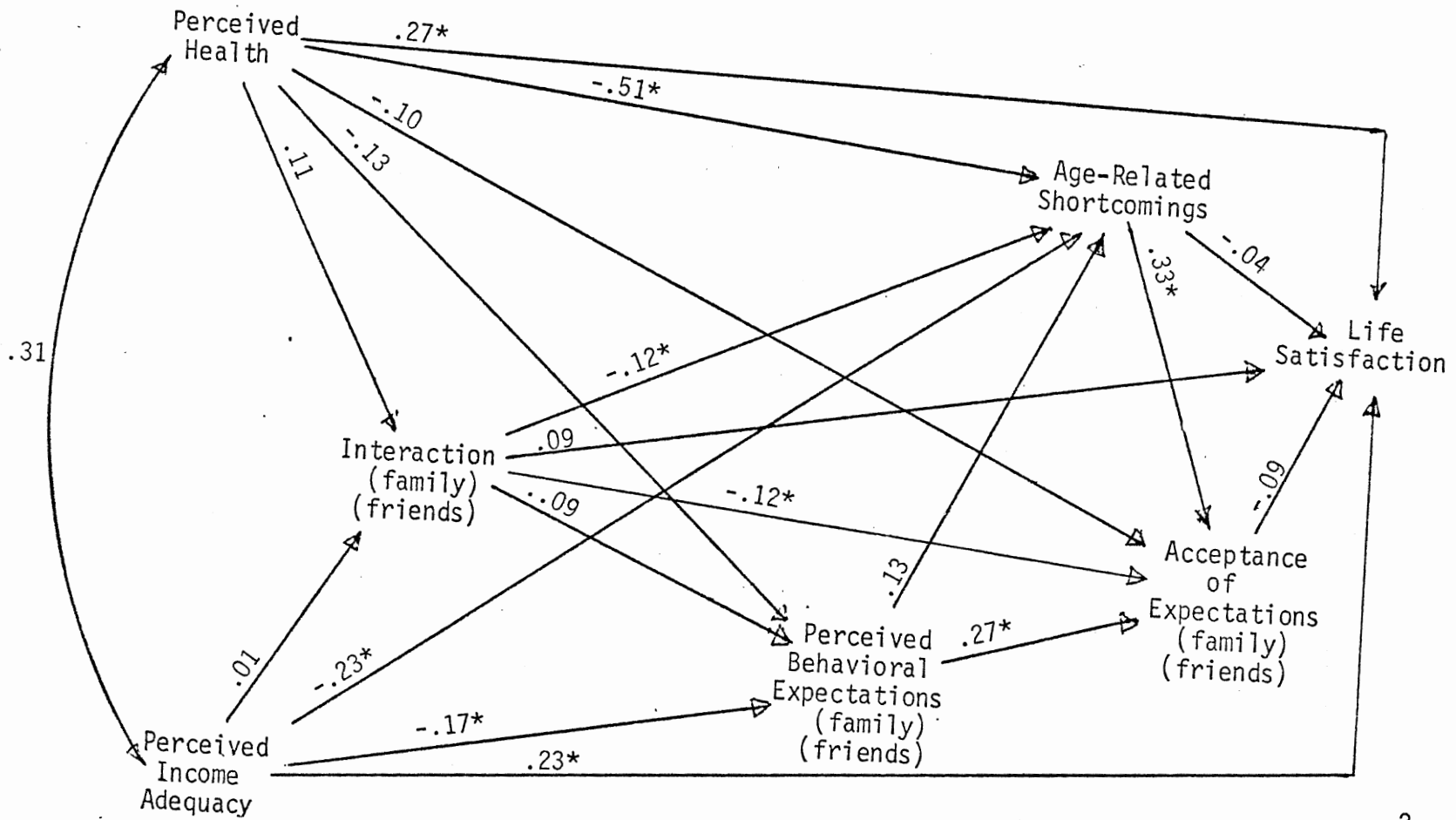
CORRELATION MATRIX OF THE VARIABLES INCLUDED IN THE CONCEPTUAL MODEL  
OF AGE-APPROPRIATE BEHAVIORAL EXPECTATIONS OF FRIENDS

Variable	Life Satisfaction (x <sub>1</sub> )	Acceptance of Friends' Expectations (x <sub>2</sub> )	Age-Related Shortcomings (x <sub>3</sub> )	Perceived Behavioral Expectations (x <sub>4</sub> )	Interaction (x <sub>5</sub> )	Perceived Health (x <sub>6</sub> )	Income Adequacy (x <sub>7</sub> )
x <sub>1</sub>		-.38	-.40	-.25	.14	.44	.40
x <sub>2</sub>			.56	.39	-.18	-.42	-.40
x <sub>3</sub>				.26	-.18	-.62	-.42
x <sub>4</sub>					.07	-.17	-.20
x <sub>5</sub>						.11	.01
x <sub>6</sub>							.31
x <sub>7</sub>							

expectations to increase as shortcomings increase. The association between age-related shortcomings and interaction with friends ( $r = -.18$ ), although not particularly substantial, is also stronger than it is with family as a reference group ( $r = -.01$ ) and both family and friends ( $r = -.06$ ). The above points, again, suggest the reference group format in this analysis may be more applicable to friends than is the case with family members. Since the central theme evolves around stereotyped negative perceptions of the elderly, perhaps friends are more likely to forward stereotyped images than family members or, alternatively, elderly people are more likely to perceive behavioral expectations from friends.

A path analysis of the interrelationships can be found in Figure 6. The amount of variation in the dependent variables, life satisfaction, is higher ( $R^2 = .30$ ) than is the case with family or both family and friends ( $R^2 = .26$  and  $.26$ , respectively) as reference groups. The weak path coefficient, however, illustrating the relationship between acceptance of friends' expectations and life satisfaction ( $-.09$ ), leads to a conclusion that, even though the level of explained variation is higher, the reference group concept as measured is not a significant predictor of life satisfaction. The bulk of variation in life satisfaction appears to be explained again, by the perceived functional adequacy of health and income.

The effect of age-related shortcomings, controlling the remaining variables, on acceptance of friends' expectations is considerably more pronounced (.33) with friends as a reference group, than was the case with either family (.21) or both family and friends (.26) as reference groups (see Figures 4, 5, and 6). In addition, the direct effect of perceived behavioral expectations on acceptance of expectations of



Multiple  $R^2 = .30$   
 $R = .55$   
 $F = 14.66$   
 $P \leq .0001$

\*Relationships significant at the .05 level.

Figure 6. A Conceptual Model of the Effects of Age-Appropriate Behavioral Expectations of Friends Upon Life Satisfaction

friends (.27) is more substantial than with family (.19) but not substantially different than the same relationship with both family and friends (.26). This illustrates that the majority of this relationship presented in Figure 4 for both family and friends is due to the influence of friends as a reference group.

If the reader will refer back to Figure 3 illustrating the efficacy of the reference group concept for family and friends separately, some differences between these models and those presented in Figures 5 and 6 are evident. With friends as a reference group, for example, the coefficient describing the relationship between perceived expectations and their acceptance is virtually unchanged when the additional antecedent variables are included. With family members as a reference group, however, this relationship (.27 in Figure 3) is reduced to .19 (in Figure 5) with the addition of the two antecedent variables. Apparently, the antecedent variables of perceived health and income, via interaction, have more of an effect upon acceptance of expectations with family than is the case with friends.

The findings suggest friends may be a more viable reference group than family, although the relationship to life satisfaction is slightly less pronounced. The reference group model for friends, which can be found in Figure 3, leads to a higher explained variation value ( $R^2 = .39$ ) than is the case for both family and friends ( $R^2 = .37$ ) and family ( $R^2 = .32$ ). The results of the application of the reference group format to life satisfaction, however, are no different than those of the two previous attempts. It seems that the reference group concept works quite well in explaining why elderly people conform to the age-appropriate behavioral expectations of others. This conformity, however, has a



negligible effect on life satisfaction. The amounts of variation in life satisfaction explained by the models for both family and friends ( $R^2 = .26$ ), family ( $R^2 = .26$ ), and friends ( $R^2 = .30$ ) are due primarily to the influence of perceived adequacy of health and income as independent variables.

#### Evaluation of Research Hypotheses

The hypotheses offered as objectives of this research can be found in Chapter III. The first three hypotheses concern the efficacy of the reference group approach in conveying age-appropriate behavioral expectations based on negative stereotyped images. The first two hypotheses are accepted. It appears that, on the average, age-related shortcomings have a direct positive effect on acceptance of age-appropriate behavioral expectations. In addition, age-appropriate behavioral expectations, on the average, have a direct positive effect on acceptance of expectations and an indirect positive effect via age-related shortcomings.

The third hypothesis, however, must be rejected on two accounts. First, the effect of interaction with family and friends has a largely negative effect on acceptance of age-appropriate behavioral expectations, based on negative stereotyped images of the elderly. Secondly, the effect of frequency of interaction with family and friends is largely negligible. It has no consistent relationship to the other variables, other than a direct negative effect on acceptance of expectations. In sum, the reference group approach seems to be a viable concept, but frequency of interaction with reference others has little relationship to its effectiveness.

Hypotheses four through nine concern the effectiveness of the total model. Hypothesis four states that the acceptance of age-appropriate behavioral expectations will have a direct negative effect on life satisfaction. This hypothesis, due to the weak path coefficients illustrated in Figures 4, 5, and 6, is rejected. Figures 4 and 5 demonstrated the relationship is statistically significant. Substantively, however, further exploration of this relationship is warranted. Perhaps life satisfaction, as a multidimensional measure of the general perception of one's life, should be abandoned in favor of a more straightforward, and unidimensional, measure of satisfaction with life or, perhaps, independence.

Hypothesis five must also be rejected. The predicted direction seemed to be logical and consistent but the strengths of the path coefficients warrant rejection of the hypothesis.

The major reasons hypothesis six must be rejected is that hypothesis four has been rejected and age-related shortcomings is not directly related to life satisfaction, as specified by hypothesis five.

The pattern continues, in that hypothesis seven must be rejected. This is due primarily to the insignificant role played by interaction with family and friends in the model. Both the direct and indirect relationships specified in hypothesis seven are very weak.

Hypothesis eight is partially supported due to the strong direct effect of perceived health upon life satisfaction. The hypothesis must be partially rejected, however, due to the weak role of interaction with family and friends and the ineffectiveness of the reference group concept, as measured, in explaining life satisfaction. Similarly, hypothesis nine must be partially accepted and partially rejected. Perceived

income adequacy has a consistently positive direct effect upon life satisfaction but, again, the weak relationship of the whole to life satisfaction nullifies the strength of the indirect relationships.

According to hypothesis 10, the independent variables' effect upon life satisfaction will be more pronounced among friends than family. This hypothesis is rejected, since acceptance of age-appropriate behavioral expectations is not specifically related to life satisfaction as it is measured in this research. The reference group concept, however, in assessing the dynamics involved in accepting behavioral expectations based upon stereotyped images is more viable among friends than family members. Perhaps friends are more instrumental in conveying negative images while family members tend to convey, to the elderly person, positive images. Family members, as a reference group in this analysis, are more significantly related to the acceptance of expectations in a negative sense. Consequently, those who interact with family members are less likely to accept age-appropriate behavioral expectations based on negative stereotyped images.

In sum, the reference group concept seems to have viable uses in studying interaction patterns among elderly people. It seems, however, that family members are less likely to be perceived as acting on the basis of negative stereotyped images. Consequently, interaction with friends is more likely to result in the perception and acceptance of negative stereotyped images.

## CHAPTER VI

### SUMMARY AND CONCLUSIONS

#### Summary

This research was designed to examine the effect of the acceptance of age-appropriate behavioral expectations, derived from negative, stereotyped images, on the life satisfaction levels of a sample of aged respondents. Data were gathered from retirees of a large utility company in a Southwestern state using a mail-out procedure. The final sample totaled 237 respondents, mainly male, with an average age of 71 years. Their incomes were above average and they were most often living in their own homes.

The central thesis of this research was that, given a certain level of health and income, those respondents who interacted more frequently with friends and family members as referent others would be subject to age-appropriate behavioral expectations. These expectations would likely be accepted as legitimate if elderly respondents perceived themselves as having age-related shortcomings. The acceptance of the legitimacy of the expectations for one's behavior, based on stereotyped images, was thought to result in a partial surrender of control of independence--leading to a reduction in life satisfaction. This approach, grounded in the reference group perspective, assumes the acceptance of the expectations of referent others leads to a partial abandonment of control over one's life situation. This research assumes both family members and

friends are significant others. Interaction with either will be positively related to life satisfaction unless they convey behavioral expectations based on stereotyped images.

The findings were mixed. Virtually all of the relationships were in the predicted direction, lending support to the conceptual scheme. The reference group concept was largely supported. Age-related shortcomings were found to be a viable determiner of whether one accepts the expectations of others. The frequency of interaction with referent others, however, was found to be relatively unimportant. There was some tendency, however, for interaction with family members, more than is the case with friends, to serve as a deterrent to accepting behavioral expectations.

In the instance of family members, friends, or both family members and friends as referent others, acceptance of expectations was not related to life satisfaction. In each case, the majority of the explained variation in life satisfaction among these respondents was due to the influence of the perceived adequacy of health and income. This could, in retrospect, be due largely to the independent nature of the respondents. Consequently, the acceptance of expectations would be more unlikely to relate to life satisfaction for them. It would seem they see themselves as independent to such a degree that acceptance of expectations would play a diminished role in their lives.

### Conclusions

The research findings presented in Chapter V suggest the central theme of this research, the denial of age-appropriate behavioral expectations, was partially supported and partially rejected. The theme was

supported in that all of the relationships were in the predicted directions. Paths illustrating the reference group approach (Figures 2 and 3) were particularly strong. The role of interaction with family members and friends, however, was not as substantial in the scheme as anticipated.

The model relevant to friends as referent others presented in Figure 5 clearly illustrates that age-related shortcomings are denied through interaction with family. Conversely, they are supported if people, through interaction, perceive the presence of age-appropriate behavioral expectations. Age-related shortcomings are, universally in this research, likely to lead to the acceptance of behavior expectations.

The research theme was partially rejected in that the acceptance of behavioral expectations did not necessarily lead to decreased levels of life satisfaction. Consistently, the relationship between the acceptance of expectations and life satisfaction was negative, as predicted, but the strengths of the associations were weak. Three possible explanations for this come to mind. First, the measure of life satisfaction is multidimensional. Perhaps acceptance of behavioral expectations is more closely related to one dimension of life satisfaction than others. The confusing nature of the factor analysis of the index, due to the similarity of the items, however, discouraged any exploration of the implication of each dimension.

Second, the respondents in this research are relatively independent and self-sufficient, meaning they are less likely to accept the expectations of others initially. In other words, they have more control over their lives than many aged individuals. Consequently, they may not view the acceptance of behavioral expectations in a negative light.

Finally, when the perceived adequacy of health and income were included as control variables, they tended to supersede the effect of the reference group concept. Health and income have been consistently supported in the literature as strong predictors of life satisfaction. With the present scheme, health and income were presented as predictors of interaction with family and friends. This was consistently not the case. There was a pronounced tendency, however, for health and income to be related to age-related shortcomings. This may have been a more appropriate variable to begin the structuring of the reference group model.

The frequency of interaction, in both the reference group models and the total models, was an ineffective variable. It seems the frequency of interaction has little to do with the extent to which elderly people perceive age-appropriate behavioral expectations.

#### Limitations of the Research

The limitations of this study will be divided into two areas. The first concerns limitations which are broad in scope. The second area will discuss more specific problems and limitations.

Ideally, this writer agrees with the contention of Webb et al. (1966) that triangulation is a goal worthy of attainment. In other words, one method, in isolation, may be inadequate in addressing a particular research question. Consequently, multiple methods should be used. The nature of the method used in this research, a mail design, necessarily limited the depth of information which could be obtained. The use of additional methods, such as structured interviews and participant observation, would certainly result in more detailed information

perhaps better suited to the research question. The matter of available resources, however, is a factor leading to compromise in social science research.

The ethics involved in survey research and behavioral science in general are increasingly being brought to bear. There is a constant threat to knowledge that people may offer their findings as the definitive statement on a particular topic. A definitive statement implies there is no need for further exploration and the responses of those who participated in the research project may be turned toward them as indicative of self-definition. This research, with this in mind, is exploratory in nature and was conducted in the spirit of a search for understanding rather than imputation. It is understood that social life is a continuous process and survey research, such as the present endeavor, can present only one small caption, frozen in time.

The respondents who furnished information in this research are relatively independent, monetarily and in their living arrangements. Consequently, research designed to determine the effect of relinquishment of locus of control may be biased from the start. In spite of this evident bias, some patterns relevant to the conceptual scheme emerged. A sample representing a cross-section of elderly people would perhaps yield more significant results. An additional limitation related to the research design, is that respondents who respond to a mail survey are typically more independent initially. Consequently, those who are more dependent, providing a cross-section of elderly respondents, are not represented.

More specific limitations of this research are the multidimensional nature of the life satisfaction index, and the nature of the measure of interaction with family and friends. The life satisfaction index proved



to be, as expected, multidimensional. The questions are structured in such a way, however, that division into specific subdimensions becomes problematic. In retrospect, it may have been more appropriate to develop a measure of dependence or independence as a dependent variable to make the conceptual scheme complete. Independence may be an area of concern more appropriate to this design than life satisfaction. One may be highly dependent, or voluntarily subject to the behavioral expectations of others, yet satisfied with their life. This, in many ways, was supported in the research findings.

The measure of interaction with family members and friends asked respondents to specify the frequency of interaction. The quality of interaction may be a more appropriate consideration. High frequency of interaction does not necessarily imply high quality of interaction. Conversely infrequent interaction may be very meaningful and influential.

Finally, the method of analysis used assumed a temporal ordering of variables. A longitudinal research design incorporating change over time is ideally suited to this particular method of analysis.

#### Suggestions for Further Research

This discussion is largely to complement the weakness in the present research discussed above. The limitations encountered lead to several suggestions. Among these are:

1. A measure of relative behavioral dependence should be developed and included in a conceptual scheme, similar to the present design, as the dependent variable.

2. Future research efforts should incorporate data from a cross

section of elderly respondents. In this way, responses will be more varied and perhaps representative of a given population.

3. Future research should include additional research designs. Structured and unstructured interviews and participant observation in various social situations might be useful in gaining additional insights.

4. Future research using this conceptual scheme should include a way to determine the quality of interaction with referent others as well as the quantity. In addition, efforts should be made to determine who referent others for individuals are. The assumption that family members and friends are referent others may be problematic.

Apart from these more traditional suggestions for further research, there is a need for a continued emphasis upon examination of the direction our societal orientation seems to be leading us. The elderly as a stigmatized group are one example of the consequences of a societal orientation fostering obsolescence and, ultimately, dehumanization.

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## APPENDIXES

APPENDIX A

SCALE VALUES

## Scale Values

## Age-Appropriate Behavioral Expectations:

<u>Family</u>	<u>Agree</u>	<u>Disagree</u>	<u>?</u>
* Since I have retired, the members of my family expect me to spend more time getting together with friends and acquaintances.	( )	( )	( )
* Since I have retired, the members of my family expect me to spend more time with them.	( )	( )	( )
* Since I have retired, the members of my family expect me to go for walks more often than I did before retirement.	( )	( )	( )
* Since I have retired, the members of my family expect me to see the doctor more often.	( )	( )	( )
* Since I have retired, the members of my family expect me to babysit for them more often.	( )	( )	( )

Friends

* Since I have retired, my close friends expect me to go places with them more often.	( )	( )	( )
* Since I have retired, my close friends expect me to spend more time sleeping and taking naps than they did before retirement.	( )	( )	( )
* Since I have retired, my close friends expect me to do whay they like to do.	( )	( )	( )
* Since I have retired, my close friends expect me to spend more time on hobbies.	( )	( )	( )
* Since I have retired, my close friends expect me to spend more time visiting with them.	( )	( )	( )

## Age-Related Shortcomings:

* I am unable to do the things many people my age can do.	( )	( )	( )
* I get upset when I am unable to do the things I use to do.	( )	( )	( )
* My friends are able to do much more than I am able to do.	( )	( )	( )
* I wish I was able to do what I was able to do when I was younger.	( )	( )	( )

Income Adequacy:	<u>Agree</u>	<u>Disagree</u>	<u>?</u>
* I wish I had more opportunities to earn money.	( )	( )	( )
* I have to go without things I need because I do not have enough money.	( )	( )	( )
* I would be a lot happier if I had more money.	( )	( )	( )
* My income is too little to enjoy life.	( )	( )	( )

Acceptance of Age-Appropriate Behavioral Expectations:

Family

* I would like to spend more time getting together with friends and acquaintances.	( )	( )	( )
* I do not spend enough time with the members of my family.	( )	( )	( )
* I should get out for a walk more often.	( )	( )	( )
* I would like to be able to see a doctor more often than I do.	( )	( )	( )
* I should babysit for family members more often	( )	( )	( )

Friends

* I should go places more often with my close friends.	( )	( )	( )
* I should get more sleep than I do.	( )	( )	( )
* I am not able to spend enough time doing what my close friends would like to do.	( )	( )	( )
* I should spend more time on hobbies.	( )	( )	( )
* I would like to spend more time visiting with my close friends.	( )	( )	( )

The variables adequacy of health and interaction with family and friends were included in the demographic section of the questionnaire.

Adequacy of Health:

\* Overall, would you say your health is? (check one)

_____ Very good	_____ Bad
_____ Good	_____ Very bad
_____ Average	

## Adequacy of Health (continued):

- \* In relation to other people your age, how would you say your health is? (check one)

<input type="checkbox"/> Much better	<input type="checkbox"/> Worse than most
<input type="checkbox"/> Better than most	<input type="checkbox"/> Much worse
<input type="checkbox"/> About the same	

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

<input type="checkbox"/> Yes, I can do everything I want to do.
<input type="checkbox"/> I can do most things.
<input type="checkbox"/> I can do only what I have to do.
<input type="checkbox"/> I am not able to do some of the things I have to do.
<input type="checkbox"/> My health is so poor I have a hard time doing anything.

## Interaction with Family and Friends:

- \* If you do not live with your children or grandchildren, how often do they visit with you or you with them? (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

- \* 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

- \* How often do your friends visit with you or you with them? (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



APPENDIX B

FACTOR ANALYSIS OF THE ORIGINAL AND REVISED LIFE  
SATISFACTION INDEX Z

TABLE XI

## UNROTATED AND ROTATED FACTOR LOADINGS OF THE LIFE SATISFACTION INDEX Z

Item	Means	First Unrotated Factor	Rotated Factors				
			Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
As I grow older, things seem better than I thought they would be.	1.63	.53	.66	.16	.06	-.12	.10
I have gotten more of the breaks in life than most of the people I know.	1.48	.48	.39	.46	-.01	-.15	.16
This is the dreariest time of my life.	1.67	.27	.03	.03	.85	-.04	-.15
I am just as happy as when I was younger.	1.39	.56	.76	-.04	.17	.15	-.09
These are the best years of my life.	1.06	.65	.76	.10	-.04	.25	.12
Most of the things I do are boring or monotonous.	1.85	.51	.13	.10	.74	.08	.28
The things I do are as interesting to me as they ever were.	1.63	.57	.52	.10	.11	.06	.39
As I look back on my life, I am fairly well satisfied.	1.89	.47	-.01	.76	.02	.27	.02
I have made plans for things I'll be doing a month or a year from now.	1.36	.41	.16	.06	.03	.02	.85
When I think back over my life, I didn't get most of the important things I wanted.	1.36	.40	.23	.11	.01	.75	-.20
Compared to other people, I get down in the dumps too often.	1.80	.59	.17	.39	.41	.37	.07

TABLE XI (Continued)

Item	Means	First Unrotated Factor	Rotated Factors				
			Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
I've gotten pretty much what I expected out of life.	1.79	.54	.12	.82	.14	.00	.02
In spite of what people say, the lot of the average man is getting worse, not better.	1.30	.34	-.07	.05	.05	.70	.39

TABLE XII

## UNROTATED AND ROTATED FACTOR LOADINGS FOR THE REVISED LIFE SATISFACTION INDEX Z

Item	Means	First Unrotated Factor	Rotated Factors			
			Factor 1	Factor 2	Factor 3	Factor 4
As I grow older, things seem better than I thought they would be.	1.63	.53	.67	.15	-.11	.11
I have gotten more of the breaks in life than most of the people I know.	1.48	.49	.42	.42	-.16	.11
I am just as happy as when I was younger.	1.39	.57	.75	-.01	.17	.02
These are the best years of my life.	1.06	.67	.75	.08	.23	.12
Most of the things I do are boring or monotonous.	1.85	.48	.11	.22	.13	.59
The things I do are as interesting to me as they ever were.	1.62	.58	.51	.08	.04	.42
As I look back on my life, I am fairly well satisfied.	1.89	.48	-.01	.76	.23	.05
I have made plans for things I'll be doing a month or a year from now.	1.36	.42	.15	-.00	-.03	.78
When I think back over my life, I didn't get most of the important things I wanted.	1.36	.40	.23	.13	.76	-.18
Compared to other people, I get down in the dumps too often.	1.80	.58	.16	.46	.39	.27
I've gotten pretty much what I expected out of life.	1.79	.53	.13	.83	-.02	.07

TABLE XII (Continued)

Item	Means	First Unrotated Factor	Rotated Factors			
			Factor 1	Factor 2	Factor 3	Factor 4
In spite of what people say, the lot of the average man is getting worse, not better.	1.30	.35	-.08	.04	.67	.37

APPENDIX C

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.

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 are very much appreciated. Our graduate work is being guided by Dr. Gene Acuff, Professor and Chairman of the Department of Sociology at Oklahoma State University, and is endorsed by the Pioneer Club as indicated by the attached letter.

Cordially yours,

Jim Mitchell

## 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) \_\_\_\_\_  
 Number of grandchildren (write in) \_\_\_\_\_  
 Number of great-grandchildren (write in) \_\_\_\_\_
5. Marital status (check one)
  - Single (never married)
  - Married
  - Remarried (after being divorced or widowed)
  - Widowed
  - Divorced
  - Separated
6. With whom do you live (check one)
  - Live alone                                       Live with other relatives
  - Live with spouse only                       Live with someone other than these
  - Live with spouse and children



7. If you do not live with your children or grandchildren, how often do they visit with you or you with them? (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        |
8. How often do your friends visit with you or you with them? (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        |
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 downtown or in an area such as a suburb on the outskirts of the city? (check one)
- |   |   |
|---|---|
| <input type="checkbox"/> Live in the city | <input type="checkbox"/> 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)
- |   |  |
|---|--|
| <input type="checkbox"/> More than once a day | <input type="checkbox"/> Once a month                |
| <input type="checkbox"/> About once a day     | <input type="checkbox"/> Once every couple of months |
| <input type="checkbox"/> Once a week          | <input type="checkbox"/> About once a year           |
| <input type="checkbox"/> Every other week     | <input type="checkbox"/> 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)
- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Bad      |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Very bad |
| <input type="checkbox"/> Average   |                                   |
23. In relation to other people your age, how would you say your health is?
- |   |  |
|---|--|
| <input type="checkbox"/> Much better      | <input type="checkbox"/> Worse than most |
| <input type="checkbox"/> Better than most | <input type="checkbox"/> Much worse      |
| <input type="checkbox"/> About the same   |  |
24. Would you say your health is good enough to do all the things you would like to do? (check one)
- |   |
|---|
| <input type="checkbox"/> Yes, I can do everything I want to do                  |
| <input type="checkbox"/> I can do most things                                   |
| <input type="checkbox"/> I can do only what I have to                           |
| <input type="checkbox"/> I am not able to do some of the things I have to do    |
| <input type="checkbox"/> 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)
- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Bad      |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Very bad |
| <input type="checkbox"/> Average   |                                   |
26. In relation to other people your spouse's age, how would you say his/her health is? (check one)
- |   |  |
|---|--|
| <input type="checkbox"/> Much better      | <input type="checkbox"/> Worse than most |
| <input type="checkbox"/> Better than most | <input type="checkbox"/> Much worse      |
| <input type="checkbox"/> About the same   |  |

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>?</u>
43. Since I have retired, my close friends expect me to spend more time sleeping and taking naps than they did before retirement.	( )	( )	( )
44. Since I have retired, the members of my family expect me to go for walks more than I did before retirement.	( )	( )	( )
45. Since I have retired, my close friends expect me to do what they like to do.	( )	( )	( )
46. Since I have retired, the members of my family expect me to see the doctor more often.	( )	( )	( )
47. Since I have retired, my close friends expect me to spend more time on hobbies.	( )	( )	( )
48. Since I have retired, the members of my family expect me to babysit for them more often.	( )	( )	( )
49. Since I have retired, my close friends expect me to spend more time visiting with them.	( )	( )	( )
50. I am unable to do the things many people my age can do.	( )	( )	( )
51. I wish I had more opportunities to earn money.	( )	( )	( )
52. I get upset when I am unable to do the things I used to do.	( )	( )	( )
53. I have to go without things I need because I do not have enough money.	( )	( )	( )
54. My friends are able to do much more than I am able to do.	( )	( )	( )
55. I would be a lot happier if I had more money.	( )	( )	( )
56. I wish I was able to do what I could do when I was younger.	( )	( )	( )
57. My income is too little to enjoy life.	( )	( )	( )
58. I do not spend enough time with the members of my family.	( )	( )	( )
59. I am not able to spend enough time doing what my close friends would like to do.	( )	( )	( )
60. I would like to be able to see a doctor more often than I do.	( )	( )	( )
61. I should babysit for family members more often than I do.	( )	( )	( )

	<u>AGREE</u>	<u>DISAGREE</u>	<u>?</u>
62. I should get out for a walk more often.	( )	( )	( )
63. I would like to spend more time visiting with my close friends.	( )	( )	( )
64. I should get more sleep than I do.	( )	( )	( )
65. I should spend more time on hobbies.	( )	( )	( )
66. I would like to spend more time getting together with friends and acquaintances.	( )	( )	( )
67. I should go places more often with my close friends.	( )	( )	( )

VITA<sup>2</sup>

James Paul Mitchell

Candidate for the Degree of

Doctor of Philosophy

Thesis: A STUDY OF BEHAVIORAL EXPECTATIONS AND AGING

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