8-1-1972

The personal and social adjustment among aged Negro Catholics of Holy Family Parish, Birmingham, Alabama

Gloria Ella Welch

Atlanta University

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THE PERSONAL AND SOCIAL ADJUSTMENT AMONG AGED NEGRO
CATHOLICS OF HOLY FAMILY PARISH,
BIRMINGHAM, ALABAMA

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS

BY

GLORIA ELLA WELCH

DEPARTMENT OF SOCIOLOGY

ATLANTA, GEORGIA
AUGUST 1972
Dedicated to

MY MOTHER,

Ruth Maggie Lee Tolliver Welch,

MY FATHER,

John Willie Welch,

and MY FAMILY
The writer wishes to express her appreciation to:

Dr. Barbara Solomon, Associate Professor of Social Work, The University of Southern California, for reading the manuscript and making suggestions.

Mrs. Josephine Yelder, doctoral candidate, The University of Southern California, for her suggestions and encouragement.

The students attending the 1971 Summer Institute for Advanced Study in Gerontology, Gerontology Center, The University of Southern California for their suggestions in the preparation of this paper.

Dr. C. Terence Pihlblad, Emeritus Professor of the University of Missouri, who was kind enough to send the writer the Life Satisfaction Index A.

Dr. Dennis Sims, thesis advisor, Atlanta University, for his comments and suggestions.

Rev. Nathanael Kriscunas, C.P., pastor of Holy Family Church, for providing a list of older members.
The older people from Holy Family Church, who participated in this study and for making it a reality.

Rev. Nathanael Kriscunas, for his encouragement and friendship through almost twenty-three years of academic endeavor.

Dr. David Rothman, physician, The Jewish Hospital of St. Louis, Missouri, for his encouragement and support during one of the most critical periods of my life.

My parents and family, for motivating me in the academic field, contributing to making me all that I am, and giving me the emotional support to pursue graduate studies in Sociology.

Gloria E. Welch
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CHAPTER I

INTRODUCTION

The purpose of this research was to assess the personal and social adjustment of aged Negro Catholics of Holy Family Church, and to discover what factors seem to be associated with good personal and social adjustment within this group. This research sought to determine whether there was a relationship between a common index of personal and social adjustment--life satisfaction--and the behavior and attitudes of aging persons. More specifically, a sample of church-going recipients were interviewed in order to determine whether there were differences in the degree of life satisfaction experienced and whether these differences were associated with health, religion, marital status and household arrangements, income, education, and social participation. The researcher wanted also to explore responses within this group to questions on health, means of livelihood, education, living arrangements, involvement or participation in community affairs and in social institutions, and
how these are associated with personal and social adjustment. The adjustment scale used was a modification of one designed by Cavan, Burgess, Havighurst and Goldhamer in preparation for the White House Conference on Aging in 1961.¹

The concept of adjustment was originally a biological one and was a cornerstone in Darwin's theory of evolution.² In biology the term employed was adaptation. Darwin maintained that only those organisms most fitted to adapt to the hazards of the physical world survive. Biologists have continued to be concerned with the problem of physical adaptation, and many human illnesses are thought to be related to the processes of the adaptation to the stress of life.³ Such illnesses include diseases of the circulatory system that produce coronary attacks and cerebral hemorrhages as well as disturbances of the digestive tract such as ulcers and intestinal colitis.

The biological concept of adaptation has been


borrowed by the psychologist and renamed adjustment. The psychologist is more concerned with what might be called "psychological survival" than physical survival. As in the case of the biological concept of adaptation, human behavior is interpreted as adjustment to demands or pressures. The demands are primarily social or interpersonal, and they influence the psychological structure and functioning of the person. Therefore, adjustment is regarded as an interpretation of behavior that stresses how persons resolve their problems and the internal pressures to which they are subjected as biological and social organisms.

In social science literature the concept "adjustment" refers to both a process and a state. As a process, the term makes reference to the ways in which an organism achieves satisfaction of its needs, thereby reducing tensions, particularly under those circumstances when it is thwarted, that is, when its customary ways of meeting needs are blocked or proved inadequate. "Process," as

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5 Ibid., p. ix.
such, presumably does not change with age; presumably the principles of adjustment are the same throughout life. But capacities change, the types of problems change, the repertoire of habits (both adaptive and maladaptive) change, and the mechanisms utilized for adjustive purposes likely vary in incidence with age.6

Adjustment may be viewed as having both social and personal facets. Generally, social adjustment means the adjustment of the individual as externally evaluated against formal or informal criteria set by others. A person is judged as well or poorly adjusted against cultural norms of what is good and desirable. Frequently the term is used to refer to others—whether the individual has friends, interacts with others, or conforms to the recognized rules for social interaction whether established by local custom or national legislation. Efficiency and performance on the job or status and functioning within a group as viewed by that group also represent examples of social adjustment. And other people—community leaders, courts,

peers—make the judgment as to whether adjustment is good or bad. The term adjustment is synonymous with social adaptation or the fitting of man to his complete environment, physical and social; the moving equilibrium of standards; the constant readjustment of a changing situation which provides for the wholesome expression of the fundamental human welfare and social efficiency.

A river, for example, adjusts itself to the change in the earth formation. If a mountain range is thrown up, the river wears down its bed until it has created a canyon or a gorge. But the river is not content; it continues to work cutting away the surrounding hills until it flows through a great plain like the Mississippi Valley with its alluvial deposit. The river is seeking to establish a normal gradient, and through this attempt to secure adjustment, even some of the hills, "rocked ribbed" and as ancient as the sun, must succumb.

In contrast, personal adjustment refers to the subjective aspect of adjustment. Regardless of how others view him is the individual himself achieving his goals as he "sees" the matter? From this point of view, a person is deemed to be well-adjusted to the extent that he achieves

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9 Kuhlen, op. cit., p. 853.
relatively integrated satisfaction of his own various psychological needs, experiences a pleasurable sense of well-being, contentment, and relative freedom from unpleasant tension and anxiety, and is able to maintain this state of affairs by dealing with frustration and threatening situations as they arise in a constructive fashion with a minimum of handicapping emotional stress. Good adjustment refers to evidence of happiness, favorable self-image, constructive adjustive patterns, and the taking of difficult situations in stride. Conversely, symptoms of worry, anxiety, stress, evidence of insecurity and unfavorable self-image, and the presence of maladaptive or defensive reactions to stressful situations are referred to as poor personal adjustment.  

Adjustment of the aged in American society involves the following problems: retirement from fulltime employment by men and the withdrawal of household management by women, (2) withdrawal from active community and organizational leadership, (3) the breaking up of a marriage.

through the death of a mate, (4) loss of an independent household, (5) loss of interest in distant goals, (6) acceptance of dependence upon others for support and for advice in management of funds, (7) acceptance of a subordinate position with reference to adult offspring or social workers; (8) membership in groups made up largely of older people.

Significance of the Problem

The need in gerontology for further research about aging and aged Negroes has been well documented in the literature. Jackson has reviewed the literature on the relationship between social gerontology and the Negro aged. Her findings can be summarized as noting that:

1. Most of the very limited data on Negro aged focused primarily upon their socioeconomic conditions and were rarely related to the processes of aging.

2. Among the issues emerging from that literature on Negro aged were those of the health statuses, the functions and meaning of their familial and religious

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institutions, their adjustments to aging, their reactions to their economic statuses, and what it meant to be both "old" and "Negro."

3. The literature was characterized by a significant omission of relatively little useful information about the processes of aging among Negro aged.

4. The literature was characterized by a significant omission of some indication of the developmental processes of sociocultural and psychological aging among Negro aged within their subcultures, some indication of the relevancy of race to aging, and some considerations of the immediate and long-range goals of basic and practical research which should have priority values in studies of Negro aged.

5. The literature was characterized by a significant omission of data about or interest in middle-aged Negroes. 12

In sum, Jackson states that much more empirically validated and reliable knowledge are needed, for such knowledge can be especially useful in assisting in the

delineation of the commonalities of aging and in providing data for social planning for these persons and their future counterparts.\(^{13}\)

Jackson's findings suggested that the developmental processes of sociocultural and psychological aging among Negro aged within their subcultures is influenced by the settings within which aging occurs. In general terms, the everyday behavior of human beings as they structure their lives and interact with each other can be seen as a product of a wide variety of both internal and external stimuli.

In 1899, DuBois published *The Philadelphia Negro*. In his study he quite recognizes that the basic issue is to separate out the consequences of the black experience and the influence of our social structure upon the personal development and the social participation of Americans of both races.

The questions which DuBois poses for himself are still basic questions for those who would do research today in this area.

The student . . . must first ask, what is the real condition of this group of human beings? Of whom is it composed, what sub-groups and classes exist, what sort of individuals are being considered? Further, the student must clearly recognize that a complete study must not confine itself to the group, but must specially notice the environment: the physical environment of city, sections and houses, the far mightier social environment—the surrounding world of custom, wish, whim, and thought which envelops this group and powerfully influences its development.14

An excellent discussion of this quote is provided by Kent in his summary account of racial similarities and differences among the aged.

. . . the study of the Negro in America is complex, and one may guess that the study of the aged Negro is even more so. In studying the elderly Negro all of the questions noted above are germane, and they are compounded by age which at least in its early states brings increased heterogeneity to any population.

When one reviews research on the Negro aged one is depressed to find that the questions DuBois raised are still largely unanswered. We do not yet know "the real conditions of this group of human beings. . . ." We know that there are approximately one and one half million Negro People who are past the age of 65. We know that the life expectation of whites at birth exceeds that of non-whites by more than 7 years. We know that the average Negro has a lower income than the average white. But these data alone are not adequate. If one is to understand even in an intellectual sense, the position of the aged Negro we need two sets of factors presently missing. One of these is a conceptual framework; and the second is some hard data.15

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15Ibid.
Old age is a state toward which each of us from birth is moving helplessly, though not all of us achieve it. And personal and social adjustment in life appears to be a fairly universal phenomenon. There is, in fact, the need for individuals to make a relatively successful transition into the latter stage of the life-cycle and into sudden retirement. In order to achieve effectiveness in these tasks, socialization for the new life roles should begin as early as the grade school years. Socialization is defined as the learning of new behaviors and behavioral expectancies as one moves into new positions in the social structure.\(^{16}\)

There is an equal need for earlier socialization, to prepare adult children to assist their aging parents. The adult offspring needs both adequate knowledge and understanding to assist aging parents. Particularly do they need the preparation to provide effective support for the social and personal changes facing aged parents such as health, recreation and household tasks.

The need in gerontology for more practical research has also been indicated in the literature. Many gerontologists are interested in and explaining "successful" aging: what causes general happiness and well-being in old age. This conceptual model suggests that such causes are multidimensional and must be approached on a number of levels. First, the biological or physiological system obviously contributes to successful aging: On the average, healthy older people are "happier" than are those with serious physiological or medical decrements, and one component of successful aging involves coping with these natural decrements. Second, the cultural system in which the individual has grown old has contributed a number of definitions of what "proper" behavior in old age is, as well as general values concerning the place of the elderly in society. Third, the social system of roles, group membership, and points of reference for the individual are of tremendous significance in determining individual

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happiness. What does he see as expected of him at this stage of life? Does he have a confidant, a close relationship with someone in whom he can confide? What is the extent of his interaction with members of his family? What is the nature and extent of reward or satisfaction gained through interaction? Are there people he can depend on for assistance when he feels the need? These considerations form the basis for the analysis of the individual's social system and how it impinges on him. Finally, gerontologists interested in "successful" aging must also consider variables in the personal system: the characteristic way the individual has organized his way of life, the manner in which he views himself, the motives, personal values, and personality traits which have contributed to his individuality.

Birren has noted that there is a need for comparative cultural gerontology to find out if there are universal features of growing old in all societies. Particularly is this necessary with respect to the inner or subjective experience of being old, the life satisfaction of the individual needs to be studied to determine the extent to which it is determined by status of the aged in the culture or the unique circumstances of the individual with a
Finally, this research represents an effort to put knowledge which comes from biological, psychological, sociological, and social psychological theory into the context of gerontological knowledge so that it can have more practical uses. The significance of such efforts to expand practical oriented knowledge has been indicated in gerontological literature. This research particularly focuses on the relationship between life satisfaction as an index of social adjustment in aging and the behavior of aging persons.

The Theoretical Framework

Theory relevant to aging exist at the biological, psychological, sociological, as well as social psychological levels of explanation. Biologists are generally interested in the factors governing the length of life; psychologists are interested in changes in behavioral or adaptive capacities with age; sociologists are interested in the changes in social behavior with age and in the age status systems

of societies; and social psychologists are interested in the social and personal systems and in the interactions between them; that is, what changes in the social system are accompanied by changes in the personal system. A theory has to be a logical framework that will explain a number of observations. A theory should suggest experimental tests and most of the theories about aging do not suggest experimental approaches to the subject.

**Biological Theory**

Aging is characterized primarily by gross and complex physical changes which are not related to any disease process but merely to growing older. This inexorability of the aging process is the key concept in Handler's definition of aging:

Aging is the deterioration of a mature organism resulting from time-dependent, essentially irreversible changes intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death.\(^\text{19}\)

Social functioning or the performance of various

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social roles requires a minimum level of physical capacity. The lower the level of physical functioning, the greater the probability that the individual will have difficulty in social functioning. Thus this definition of the normal process of aging, includes the inference that the individual in later life will have increasing problems in regard to his ability to function effectively in his various social roles.\(^{20}\)

Closely related to the concept of physical functioning is that of health. Health is defined negatively as the absence of physical defects or observable disease.\(^{21}\) The aged group, from this standpoint, is the least healthy in

\(^{20}\) Carlson has outlined the progressive changes found in aging which are not yet known to be due to specific diseases: (1) gradual tissue dessication; (2) gradual retardation of cell division; (3) gradual retardation in rate of tissue oxidation (lowering of basal metabolic rate); (4) cellular atrophy, degeneration, increased cell pigmentation and fatty infiltration; (5) gradual decrease in tissue elasticity, and degenerative changes in the elastic connective tissue; (6) decreased speed, strength and endurance of skeletal neuro-muscular reactions; (7) progressive degeneration and atrophy of the nervous system, impaired vision, hearing, attention, memory and mental endurance; and (8) gradual impairment in homeostatic factors. A. J. Carlson and E. J. Stieglitz, "Physiological Changes in Aging," *Annals of the American Academy of Political and Social Science*, CCLXXIX (1952), pp. 18-31.

our society. However, it must also be recognized that despite the fact that the aged experience more chronic illness than the young, research findings indicate that the health status of most older adults is "reasonably good." When the illness of older adults is actually considered in terms of interference with normal activities, most older people report that they are not seriously limited in activity or mobility. \(^{22}\) This implies that health may not be a strictly biological concept and may instead be more adequately defined in terms of that minimum level of physical capacity required for effective social functioning which was discussed above. Talcott Parsons has defined health from that perspective:

Health may be defined as the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized. It is thus defined with reference to the individual's participation in the social system. It is also defined in relation to his "status" in society, example, by sex or age, and by level of education which he has attained and the like. \(^{23}\)


Health, then, is a concept which interpenetrates both the biological and social system.

In the midst of powerful trends in the direction of social and psychological explanations for behavior during later life, counter trends in the direction of organic explanations may still be discerned. Welford has explained the phenomenon which Cumming and Henry labeled "social disengagement" in psychological terms:

Some narrowing is likely the result of bodily changes which discourage physical activity and make strenuous exercise less attractive with advancing age. More important, a lower ratio of signal to noise, reducing the capacity of brain mechanism, is likely to increase loadshedding and decrease differentiation among brain processes . . . only the strongest signals, for the most dominant interests and needs, would be likely to lead to definite action. Interests, thus, would narrow with age until, in extreme cases, only the signals for such basic matters as food and bowels remained.24

Welford also postulates an organic basis for an older person's clinging dependency on his family. He contends that older people spontaneously and unconsciously make the best use of their remaining physical capacities

by seeking an environment which will support them while making minimum demands on them. The fact that many old people who were extremely difficult when living at their child's home become entirely tractable in a hospital where help and care are permanently assured is considered evidence that their former behavior was an attempt to insure physical care. 25

Despite the general factor of physical decrement in old age, there are certain classes of persons who are even more susceptible to the processes of deterioration than are older persons—males and persons from the lower socio-economic group. At conception, the ratio of males to females conceived is approximately 125-135:100; at birth the ratio is approximately 100-115:100, which indicates that more male embryos are aborted than are female; and from birth to old age there is a steady decrease in the proportion of males to females by virtue of a higher mortality rate in the male population. 26 The resulting preponderance of women in our older population is a significant determinant of the kind of problems in social functioning most

25 Ibid., p. 126.

likely to occur during later life. Therefore, problems involving the lone and often lonely female should be more common than those involving the lone male, particularly after age seventy-five.

The relationship between poor health and low socioeconomic status is not a phenomenon unique to later life. Patton and Gardner have indicated that many environmental factors associated with lower class status—such as nutritional deficiencies, exposure, trauma, and isolation—actually affect the basic biological process of growth.\textsuperscript{27} This is particularly significant for the study of aging, since life is a continuum and each stage of human development builds on all the stages that have preceded it. Furthermore, distortions or disruptions at any stage make their influence felt throughout the life cycle. The old man, then, is heir to his own childhood. The same inimical forces that may have decreed the weak physical constitution he would inherit, the nutritional deficiencies he would suffer, or the trauma to which he would be exposed, have already in large measure determined his special biological,

psychological, and social vulnerabilities during later years.

Psychological Theory

Birren has defined the psychology of aging:

Description and explanation of the evolution of adult behavior over the life span is the subject matter of the psychology of aging. This includes the study of capacities, skills, feelings, emotions, and social behavior as they differentiate in the adult with age.28

Most of the literature dealing with the psychology of aging can be categorized according to primary emphasis: (1) adaptive capacities; example, maintenance of the system, and (2) personality. The first category includes those studies concerned with the systematic explanation of age differences in the behavior and capacities of adult individuals, particularly differences in sensory and perceptual function, psychomotor skills, learning and memory, thinking and problem-solving, motivation and emotion. The emphasis is therefore on the adaptive capacities of aging individuals without particular consideration of whether or not the social environment will foster effective utilization of these capacities.

28 Birren, op. cit., p. 10.
Kaplan has reviewed the literature on the relationship between aging and mental abilities and summarizes as follows:

1. Global scores of "test intelligence" show a drop with increasing age, beginning in the twenties and becoming precipitous in the sixties and seventies.
2. Older persons are more handicapped on speed tests than on those that feature power.
3. Some mental abilities hold up better with age than others. In particular, verbal abilities are more likely to survive as compared with mathematical ones. Marked individual differences occur at all ages, but variability and range definitely increases with aging.
4. Many individuals are able to distinguish creative work, even in the closing years of life.
5. Psychology and medicine have not yet come to grips with the fundamental factors involved in loss of "test intelligence." 29

As pointed out in the preceding section, as the individual ages, cells are lost from body organs, connective tissue fibers that lie between the cells of the body thicken, and elastic fibers disappear from skin and blood vessels. These changes reduce the capacity of the individual to withstand stress from the environment.

Efforts to provide suitable social environments for aging persons should be based on sound knowledge of the age-specific risks these changes create; for example, slowness of behavior, and sensitivity to glare.

The generalized slowness of behavior in aged persons may be due to organic changes in the nervous system or it may be an adaptation to the fear of falling or stumbling. Regardless of its etiology, however, the older person's characteristic response is to avoid situations with unusual time pressures. Furthermore, this psychomotor slowdown in the aged individual may be diagnosed as depression of affect. Although depression may exaggerate the slow responses of older persons, it does not provide a complete explanation of the phenomenon.

The psychology of aging also focuses interest on the problem-solving processes or the heuristic processes. Changes in these during old age will necessarily influence the individual's capacity for effective social functioning. Jerome's research in this area has indicated that the patterns of mental operations typically useful in solving problems and laboriously acquired during youth through formal and informal education, decay significantly with disuse and with age. However, he makes the point that examination of this type of age change directs attention

to the fact that the behavior in question is apparently initiated, elaborated, and sustained by education and practice, and consequently, may well be responsive to both preventive and remedial measures.

While the data are most scant, what evidence there is suggests that traditional tests designed for the assessment of intellectual decline in old age are just not appropriate for the aged. Old persons may be penalized because they are anxious in unfamiliar testing situations, or because the tasks appear pointless, silly or dull. The tests often require manual dexterity and speed or visual acuity. Tests show the old person to be less intelligent when he performs poorly for any one of these reasons. It has been suggested that in this effort appropriate assessment procedures should be developed before making generalizations about intellectual ability in old age. 31

Another major area of interest in the psychology of aging has been that of personality. Personality with reference to aging has been defined as "the characteristic

way in which an individual responds to the events of adult life." These responses, however, are determined by a network of the many structural and dynamic psychological variables, their interactions, and their dependency on inner biological and outer sociological components. From this perspective, personality is perceived as the dynamic interrelationship of open, transacting systems.

Not all the personality theories developed in psychology have the same focus of significance in regard to the later years of life. Riegel has reviewed the primary concepts of a wide variety of personality theories which provide insights into the personality of aging.33

The psychological literature dealing with personality has contributed some concepts which are particularly

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33 Riegel classified the general characteristics of the major thirteen theories he described and then evaluated their significance for the study of the aged, (i.e., theories of Kretchmer, Sheldon, Freud, Goldstein, Murray, Adler, Allport, Rogers, Cattell, Hull, Guthrie, Lewin, Sarbin). Under the category "Original Account of Aging," none of the personality theories is evaluated as having high emphasis on aging, four have a low emphasis. Under the category, "Application to Aging Phenomenon," Freud, Cattell, Lewin and Sarbin have a high emphasis on aging, whereas the remainder have neither high nor low emphasis. See K. F. Riegel, Personality Theory and Aging," Handbook of Aging and the Individual, ed. by James Birren (Chicago: University of Chicago Press, 1959), p. 843.
valuable in developing principles for practice with aged patients. Perhaps the most important of these is the concept of development. Development refers to the increasing specialization in function, skill, and complexity of the organism which occurs through the interaction between genetically determined growth processes and environmental influences. In psychological theory, Freud laid the foundation for a developmental process in his description of oral, anal, phallic, and genital levels of development. However, Freud summarily completed development after the genital level had been achieved.

Erickson's analytically-oriented, socially framed theory of human growth and development has provided us with the most specific formulation of growth and change during later life. Building on this foundation, Peck has posited three life tasks for the individual during the period of old age: the achievement of ego-differentiation as opposed to work-role preoccupation, of body transcendence as


opposed to body preoccupation, and ego preoccupation. 36
Thus, the dependence on work role as the primary source of
ego gratification is changed to a broader conception of what
is valuable in the self, particularly for United States
culture; the emphasis on physical performance as required in
the work role is changed and the state of the physical
self becomes proportionally less crucial; and finally, the
perception of one's self as an integral part of an unending
process of life and death takes the place of the perception
of self as a competitive, separate self in the service of
personal interest.

Peck's description of life tasks for the later
years is highly abstract; however, one point seems relevant
and clear: the tasks to be achieved by the individual
during old age involve accepting one's self rather than
finding one's self (establishing identity) or proving
one's self (establishing mastery). Time is perhaps the
most crucial factor here since there is no longer time to
change one's personal and social history to any significant
degree or even to provide much more proof of one's status

36 Robert Peck, "Psychological Developments in the
Second Half of Life," Psychological Aspects of Aging, ed.
by John Anderson (Washington: American Psychological
as a human being. Therefore, old age appears to be a period of psychological "settling in" in order to accept and enjoy whatever one has done or wants to continue doing with life.

Whereas Peck deals with the concepts of time and death only as part of underlying assumptions upon which his developmental tasks are based, other researchers have dealt with these concepts more directly and more analytically. Feifel's study of forty World War I veterans indicated two separate approaches to the issue of death in this group of older men: (1) death is the dissolution of body life but not of some ephemeral self, and (2) death is the irrevocable end which can be viewed with philosophic resignation. No attempt was made to compare the social functioning or life satisfaction of the two groups. However, it was pointed out that those older persons who were religiously inclined gave more overall thought to concepts about death than those who were not religiously inclined. It is not clear how this relates to Swenson's findings in this regard as he specifically states, "Fearful attitudes toward death

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tend to be found in those persons with little activity."\textsuperscript{38} Swenson also reported that persons residing in homes for the aged have a more positive attitude toward death than those who live alone.

The most recent contribution to the literature on personality and aging has been Neugarten's presentation and analysis of eight research studies which sought to answer from varying perspectives a common question: What are the changes in personality that are associated with chronological age in the second half of life?\textsuperscript{39} Neugarten points out that the findings of these studies indicate that those processes related to the individual's adaptation to the social environment are unrelated to age. Thus such factors as work status, health, financial resources and marital status are much more decisive than chronological age in influencing adjustment in later life. On the other hand, intrapsychic processes which do not have direct expression in overt patterns of social behavior do appear to be age-


related. Neugarten speculates that there must exist some "coping and synthesizing processes" which mediate between the intrapsychic aspects of the personality and the socio-adaptational aspects, thus making it possible for the aged individual to continue to function effectively in the social environment despite decreased efficiency in thought processes.

**Sociological Theory**

Sociological research on aging has been concerned primarily with the social roles of the individual relative to the expectations of his group and society. Tibbitts presents the following questions as applicable in any study of the effects of aging and the environment of the older individual on his social behavior:

What change takes place in the individual's position in society as certain roles are completed? What roles are maintained, intensified, abandoned? What new roles may be adopted? What changes occur in range and types of social contacts and participation in groups and organizations? What relationships are developed with children after they set up their own families? What substitutes are found for the activities connected with work after retirement? What uses are made of leisure? What are the activity patterns of the disabled? Are new living arrangements sought, and if so, at what stages of later life and by what types of individuals? What measures, if any, are taken in anticipation of the changes and events associated with
age? And with what results? What types of individuals take initiative in finding new interests and roles? How do all these reactions vary among individuals with different occupational, ethnic, educational, and religious backgrounds?40

These questions reflect the scope and primary issues of sociological research on aging. However, they remain merely related fragments of some undefined whole unless bound by some integrating concept. For many researchers, this integrating concept has been social adjustment, or the extent to which individuals are successful in adapting or adjusting to their changing characters and circumstances.

Several researchers have sought to differentiate between social adjustment and personal adjustment. Pollak states:

Social adjustment is always concerned with changes in existing conditions while individual adjustment is largely limited to changes in response to existing conditions, although within a narrow sphere the individual may also try to change these conditions.41

Cavan defines these concepts as two aspects of a single

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Social adjustment or the adaptation of society or one of its institutions to social change, is the process of revising social standards and procedures in order to increase the social efficiency and to facilitate the personal adjustment of its members.\footnote{Cavan, Burgess, Havighurst, \textit{op. cit.}}

Havighurst has viewed the two concepts from a slightly different perspective:

\ldots the social adjustment of a person is evaluated by external observers in terms of his (the individual's) capacity to function appropriately and efficiently in his dealings with the external world \ldots the inner aspect is the personal adjustment (and) from this point of view a person is deemed to be well-adjusted to the extent that he achieves a relatively integrated satisfaction of his various psychological needs, experiences a pleasurable sense of well-being, contentment, and relative freedom from unpleasant tension and anxiety. \ldots \footnote{Robert Havighurst, "Research in Personality and Social Adjustment," \textit{Psychological Aspects of Aging}, ed. by John Anderson (Washington, D. C.: Psychological Association, 1956), p. 15.}

Both concepts are, therefore, defined with major emphasis on the individual; social adjustment, however, is determined by the individual's overt social behavior while personal adjustment is determined by his subjective emotional experience. When related to successful aging, Havighurst refers to these two general approaches as the inner definition (personal adjustment, morale, life satisfaction) and
the outer definition (social adjustment or social competence in common social roles).

Havighurst and his co-researchers in the Kansas City Study of Adult Life decided to define successful aging in inner terms as inner feelings of happiness and life satisfaction. The life satisfaction scales subsequently developed have been widely accepted as instruments for measuring successful aging. According to Havighurst:

They (the life satisfaction scales) can be used to study the effects of social and economic conditions on people and the relations between various ways of life and life satisfaction without the circularity of the earlier measures in which social conditions or ways of life were reflected in the instruments used to measure success.44

Kutner, in his study of five hundred older people in a suburban area of New York City, also developed a measure of inner satisfaction which he termed a morale scale. One of the major findings of this study was that high morale in this group of aged persons tended to be associated with high socio-economic status. Furthermore, poor health appeared to have a more depressing effect on

the morale of the lower socio-economic group than it did on the morale of the high socio-economic group. According to Kutner, then, an individual who has both low socio-economic status and poor health is disproportionately reduced in level of morale.  

Rosow utilized the Kutner morale scale in his study of housing and social integration. He was able to determine a significant relationship between morale and the "fit" of the aging person's behavior with the prevailing standards of behavior in the neighborhood. For example, the isolated, aged person who had limited social contacts but desired more and who lived in a neighborhood where there were many active older people, was likely to feel a sense of relative deprivation. Consequently, this increased sense of deprivation acted to depress morale.

All sociological research has not been focused on the relationship between subjective experience and concrete individual or social factors such as health and housing. There have also been attempts to associate subjective

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46 Irving Rosow, "Housing and Social Integration," (Cleveland: Western Reserve University, 1964). (Mimeographed)
experience during age with more inclusive, systematized patterns of behavior. These attempts have resulted in two theories of the relationship thought to exist between social interaction and life satisfaction. The "activity" theory contends that older people should maintain the activities and attitudes of middle age as long as possible and when it is necessary to give up certain activities or roles, suitable substitutes should be found. On the other hand, the disengagement theory is based on the premise that there is a normal withdrawal from social relationships in old age; furthermore, successful aging is defined as the acceptance of and desire for this social disengagement.

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47 Pressey and Simcoe compared "successful" and "problem" cases among a group of elderly persons and concluded that "especially differential of the successful old people were their continuing usefulness, their many social relationships, their maintaining various abilities, and their lively and varied interests." S. L. Pressey and Elizabeth Simcoe, "Case Studies of Successful and Problem Old People," Journal of Gerontology, V (1950), pp. 168-175.

Otto Pollak presents an interesting rationale for the positive association between activity and life satisfaction. "... not so consciously recognized is the need of the individual to keep active in order to check the anxiety created by unconscious thought content. The forces of repression require incessant rearmament in terms of specific centers of attention, experiences, and contacts with the outside world. Otto Pollak, The Social Aspects of Retirement (Chapel Hill, N.C.: University of North Carolina Press, 1956).

Another major focus in sociological research on aging has been the changing status, role, and relationships generally encountered in later life. Ralph Linton's pioneering formulations of status and role represent the foundation of most current role theories in sociology. Linton stated that the individual is assigned to a social status and occupies it with relation to other statuses. When he puts the rights and duties which constitute the status into effect, he is performing a role. However, Linton acknowledged that role and status are quite inseparable and the distinction between them is only of academic interest. There are no roles without statuses and no statuses without roles. Borgatta, in his discussion of role and reference group theory further states, "... the distinction at best is hazy and one concept appears to be sufficient."50


Gross, Mason, and McEachern, Sarbin, and Turner have linked "role" with "status" or "position." According to them, a role refers to a pattern associated with a distinctive social status. Roles specify the rights and duties belonging to a social status. The emphasis here is on systems of interrelated roles, such as those embodied in kinship systems, occupational structures and age grading. The idea that individuals play roles in conformity with guiding rules or norms is a matter of chief concern.

The loss of major adult roles due to such forces as retirement or death of spouse has been declared the strongest single alienating force in old age. However, research findings indicate that the matter of role loss is much more complex than is immediately apparent. For example, Treanton has discussed the possibility that the


"desocialization" process in the aged is caused by a growing decline in social perception; the aged person may no longer perceive the reciprocal roles or expectations regardless of how clear they may be to him. Furthermore, an older person may no longer be able to accept a frustrating role as a temporary though necessary step toward some more rewarding role.

In the pattern of social roles which any aging person performs, the expectation of future roles has an important influence on the feelings which accompany the present role and possibly on the performance.

Sociology has also researched the direction of the relationship between religious attitudes and successful aging. Havighurst, in his Prairie City study, found that the professed attitudes of the respondents toward religion had very little relationship to over-all personal adjustment. On the other hand, Maves has stated that religion is highly significant in old age because the

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individual's involvement with it may be his response to the experience of aging, change, loss, and death. Mathiason has maintained that religion is the key to a happy life in old age for man is essentially a spiritual being. Barron sought to determine the effect of religious belief on adjustment to old age. The results of his survey of 496 residents of New York City gave no indication of any difference in life satisfaction based on religious attitudes. The many contradictions in the literature imply that the question of the impact of religion on adjustment in later life remains unanswered.

Social-psychological Theory

The major social-psychological studies of older people by sociologists have been concerned with personal and social adjustment in later life and the social roles of the aged.


A substantial number of studies of the adjustment of older people have placed emphasis on the measurement of such adjustment, utilizing an instrument entitled "Your Activities and Attitudes," designed by Cavan, Burgess, Havighurst and Goldhamer. These researchers believed that the "old age culture pattern" differed from the "adult culture pattern" and that "each step from the adult to the old age pattern causes a certain amount of frustration of wishes and disorganization of habits, and, therefore, some degree of unadjustment." The scale developed by Cavan and her associates to measure adjustment in old age, then, did not measure successful aging in inner terms as inner feelings of happiness, but by how well he fit the pattern of the "old age culture" as conceived by this research group. Studies by Britton, Britton and Britton, Havighurst and Shannas utilized this scale in their research of older people in a variety of occupational, religious and cultural groups. From these studies a complex of items--health,

60 Ibid., p. 27.
religion, marital status and household arrangements, income, etc. -- associated with a high adjustment score, can be isolated. Some of the major findings from these studies were that older people with the highest adjustment scores are married and living with their spouse, rate their health as "fair or better," and have no marked decline in their health in the preceding ten years, participate in both secular and religious activities, have plans for the future, believe in an "after-life," and regardless of calendar age consider themselves "middleaged."  

In a large number of studies, church membership and other indicators of religious interest and values have been found to be related to personal and social adjustment in old age. Moberg has stated that holding orthodox religious views is related to adjustment in old age as measured by the Burgess-Cavan-Havighurst-Goldhamer scale, as also is participation in religious activities.  

Ju-Shu Pan has found a direct relationship between church attendance and good adjustment as measured by the


same scale. Burgess associated an increase in religious activities and dependence upon religion with good adjustment among older people. Frequency of church attendance drops in the eighties and nineties. However, incapacity to go to church is more than made up by listening to church services over the radio and by Bible reading.

Another major focus of socio-psychological research on aging has been the investigation of social roles and social status. The social role of a person is defined as a set of related behaviors patterned by the meanings and values characteristic of a culture by which man is able to adjust himself to a given group in a society. There is an old man's role in every society, and, in general, a role for each group of which the older individual is a member. These roles are the "expected" aspects of an individual's behavior and personality—expected both by himself and by others.

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A given role includes the expectations and evaluations of both the individual and his group; therefore, along with each role comes an assigned social status or a place in the social system. The many roles which older people play in American society and the self-images which accompany these roles have been the focus of sociological research.

Self-image and related constructs such as self-concept refer to the individual's subjective perception of all his roles, including his evaluation of them. The attitude and evaluation an individual has concerning himself—or, to use a traditional sociological formulation, the way the "self as object" is evaluated—is probably most similar to Erikson's concept of identity (which he reminds us is "never gained nor maintained once and for all"). Self concept is a higher order of abstraction

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68 Erik Erikson, op. cit.
than the personality traits; it actually refers to the process and product of the "self reflecting on itself" and thus has both a different scope and a different flavor than, say, aggressiveness or introversion or authoritarianism.

Self-concept is, in normal individuals, highly interrelated with other people's perceptions of them; in this sense it is "the impression a man makes on himself." Similarly, for Erikson, identity is the creation of a sense of sameness between the personality felt by the individual and that recognized by others, a sense of consistency with one's past self and the future.

Blau, in her Kansas City study, found that the self-image is critical in adjustment; that there may be progressive changes in self-image with increasing age. Regardless of precisely at what age they begin to think of themselves as elderly, for most Americans there tends to be a

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70 Erikson, *op. cit.*

marked change in self-conception. This includes a shift in thinking of oneself as progressively physically and mentally handicapped, from independent to dependent, and from aspiring to declining.\footnote{Arnold M. Rose, "The Mental Health of Normal Older Persons," \textit{Geriatrics}, 16:459-464, 1961. Also see Irving Rosow, "Retirement Housing and Social Integration," \textit{The Gerontologist}, I (1961), pp. 85-91.}

In \textit{Exploration in Personal Adjustment After Age 65}, Taves and Hansen\footnote{Taves and Hansen, \textit{op. cit.}, pp. 309-316.} find that to meet the needs of the elderly it is necessary to correlate the changes in the social structure and attitudes with factors such as good personal adjustment, happiness and satisfaction. Agencies dealing with the elderly should direct their work toward the preservation of healthy self-concepts and rewarding social roles.

In general, Taves and Hansen utilizing a modification of Cavan's adjustment scale, found that the more social role activity and the higher the socio-economic status, the more likely is good adjustment. Active role-playing in marriage, social, organizational, leadership, and work areas contributes to good adjustment. A favorable
self-image on the part of the elderly person—seeing himself as in good health, middle-aged, and having sufficient funds—also indicated good adjustment. Whether the individual lives in the city or in the country or is male or female does not affect the score; chronological age and actual living arrangement also seem to be relatively unimportant.

Similar findings to these of Taves and Hansen are reported in Social Adjustment of Elderly People in Three Small Towns. 74

Most studies emphasize the importance of work as a factor in good adjustment. Goodstein, 75 in his study of Personal Adjustment Factors and Retirement states that work is one important way of satisfying many of man's psychological needs. While the economic needs are probably primary, work also represents a source of status and prestige, a way of achieving personal independence, a means of providing social contacts, and a way of taking up time.

Many of the problems of retired workers are the consequence of not having had these needs met in retirement. The retirement incomes of most presently retired individuals is not sufficient to fully meet their economic needs. On the one hand, retirement is seen as a reward for a lifetime of productive effort and successful achievement, and on the other hand the retired worker is frequently seen as the man without a role, without a purpose in life and his status and prestige are probably to a large extent a residual of his former occupational status; retired workers frequently are placed in a dependent role, dependent on either their families or the state; retirement simply does not provide social contacts, and retirement does not provide a day-to-day schedule for living. According to Goodstein the psychological needs must be met in retirement as these needs have been met in work or some techniques for otherwise resolving these needs must be met. These needs can be partially met through societal supports, for example, by better pension plans which provide real economic security, better health programs, retirement communities, housing programs, social clubs, part-time work, satisfying leisure activities, and so on.
Retirement is a time of intense personal change.

Havighurst, Friedmann and associates, in a set of studies at the University of Chicago, report the meaning of work for the worker. As they saw it, in our society, work exerts an influence on the worker which pervades his whole life. The "job" gives the worker an income or source of livelihood; by filling his day, the job also serves to regulate the workers' pattern of activity; by identifying the worker with his work group, it determines his status in the larger society. The job provides the worker with associates, and, as the individual draws meaningful experiences from his job, work may serve to give a purpose to his life. The authors found that steel workers and coal miners, the two occupational groups for whom work had fewest noneconomic meanings, has the lowest proportions who wanted to continue working. Members of occupations for whom the noneconomic meaning of work was most important were, for example, physicians and department store sales people, and had the highest proportions

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who wanted to continue working past the age of sixty-five.

Streib, Thompson and Suchmann, at Cornell University, focused on a group of industrial workers before and after retirement. Their research is especially important since it follows the same persons through an extended time period. One of the findings in this study was that retirement alone may not cause poor adjustment in the individual, but retirement plus massive situational factors like health and socio-economic status which are crucial to adjustment and which may affect adjustment in a significant fashion before retirement as well as afterwards. Various problems related to adjustment may exist long before retirement, and, as a result, the Cornell sociologists felt that one must go back to age fifty or even earlier. Retirement from work rather than any specified age marks the end of the main activity which gives meaning and purpose to the lives of a great majority of men. Retirement initiates a series of changes; a severe cut in income, loss of associates at work, lowered status in the community, and

readjustment in husband-wife relations and often in
parent-child relations, and a succession of decisions about
choices in new patterns of living. Paralleling these and
interwoven with them are changes in self-conceptions. 78

In summary, the social psychological studies are
circerned with personal and social adjustment. The studies
of the adjustment of older people emphasized in this section,
utilized the index designed originally by Cavan, Burgess,
Havighurst and Goldhamer. From these studies a complex of
statuses, for example, health, religion, male or female,
chronological age, marital status, household arrangements,
income, church membership, religious interest, and church
attendance, were analyzed in relation to personal and
social adjustment.

Another major concern of social psychological studies
are the investigation of social roles and social status. A
social role of a person was conceptualized as a set of
related behaviors, patterned by the meanings and values
characteristic of a culture, by which man is able to adjust
himself to a given role in a society. A given role includes
the expectations and evaluations of both the individual

78 Ibid., p. l.
and his group; therefore, along with each role comes an assigned social status or a place in the social system. This section has discussed the interaction between social system changes and personal systems; for example, the work role losses and the accompanying changes in self-concept, or increasing age and changes in the self-concept.

The Hypotheses

The purpose of this study is to test the following hypotheses, in an aged Negro sample:

1. That females would demonstrate a higher level of life satisfaction than males.

2. That those seventy-five years of age and over would demonstrate a lower level of life satisfaction than those participants seventy-four years of age or less.

3. That self-conception of age* would bear no significant relationship to life satisfaction.

4. That there is no difference between those who rated their health as poor and those who rated their health as good and life satisfaction.

*Self-conception of age refers to the measure obtained when subjects are asked whether they consider themselves as "middle aged," "elderly," or old."
5. That the intensity of the length of membership and church attendance are related to life satisfaction.

6. That there is no relationship between marital status and life satisfaction.

7. That there is a direct relationship between those who live alone and those who live with others and life satisfaction.

8. That there is a direct relationship between the level of education achieved and life satisfaction.

The t test of significance between two means of independent samples was selected as a means of testing these hypotheses. The rejection level for the null hypothesis was set at 0.05, 1 tail.

**Summary**

This chapter has focused on the concepts of personal and social adjustment of the elderly. Social adjustment refers to the adjustment of the individual as externally evaluated against formal or informal criteria set by others. Personal adjustment refers to the subjective aspect of adjustment.

This research represents an effort to put knowledge which comes from biological, psychological,
sociological, and social-psychological theory into the context of gerontological knowledge so that it can have more practical uses. The significance of such efforts to expand practical oriented knowledge has been indicated in gerontological literature. This research particularly focuses on the relationship between life satisfaction as an index of social adjustment in aging and the behavior of aging persons.

The principal underlying and integrating concept in this research is adjustment—how the individual is successful in adapting or adjusting to his changing characters and circumstances or how the individual continually makes adjustments to the changing conditions of his life as he grows older. For example, physiological changes in old age impose one set of conditions requiring adjustment; role and status changes impose another set.

Finally, the following hypotheses were made: (1) that females would demonstrate a higher level of life satisfaction than males, (2) that those seventy-five years of age and over would demonstrate a lower level of life satisfaction than those participants seventy-four years of age or less, (3) that self-conception of age would bear no
significant relationship to life satisfaction, (4) that there is no difference between those who rated their health as poor and those who rated their health as good and life satisfaction, (5) that the intensity of the length of membership and church attendance are related to life satisfaction, (6) that there is no relationship between marital status and life satisfaction, (7) that there is a direct relationship between those who live alone and those who live with others and life satisfaction, (8) that there is a direct relationship between the level of education achieved and life satisfaction.
CHAPTER II

METHODOLOGY

The selection of age sixty-five as a reference point for the study of old age is admittedly arbitrary but corresponds with many of the practices of our social system which frequently force retirement or prevent re-employment and otherwise limit the full participation in our society of individuals who have reached that age.79

The Sample

The study sample of fourteen was taken from the total population of twenty-five persons sixty-five years of age and above listed as members of Holy Family Church. The church is a Catholic institution serving a Negro clientele. The church is located in western Alabama in a generally urban-industrial setting. The church has a small proportion of older persons in its population. All of the older

members of this church have urban backgrounds and have lived most of their lives in the immediate locality. The older members have lived most of their lives as members of the Catholic faith. The study site was selected on the basis that the sample represents a homogeneous group which eliminates any extraneous variables from entering into the situation.

An announcement was made in the church bulletin to introduce the study to the older members, and a pre-interview letter inviting cooperation was sent to each prospective respondent. Nine recipients returned the letter as requested. Seven persons agreed to participate. Two persons indicated that they would like to participate but were not sixty-five years of age. In general those persons who agreed to participate in the study were more than enthusiastic and cooperative. There was no response from sixteen recipients. However, several persons who had received letters indicated verbally that they would have returned the letter but for reasons of forgetfulness or blindness had failed to do so.

Ten of these recipients had telephones. The researcher telephoned each to ask for participation in

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80 See Appendix A.
the study and to request an interview appointment at a time convenient for them. Two recipients refused to participate.

Visits were made to the six who did not have telephones or whose names could not be located in the telephone directory. When contacted at their homes, the same questions were made as had been made in the telephone contacts. Two agreed to participate; two refused, and two were excluded because of illness.

In summary, an initial sample of twenty-five names were drawn. Fourteen elderly persons agreed to participate, four refused, three were excluded because they were not sixty-five years of age, and four were excluded because they were either physically or mentally ill. Those persons who refused to participate in the study were hostile and suspicious of the study, or considered themselves as not being able to contribute any information, nor did they want to be considered as asking for anything from anyone.

Several biases reduce the dependability of the sample. First of all, the sample of aged Negro Catholics used is not a random sampling. A random sample is one that is drawn from a population in such a way that every member
of the population has an equal chance of selection as a member of the sample and that his or her inclusion in or exclusion from the sample could not be affected by any factor other than chance. Random sampling applies more to the selection procedure of the sample than it does to the sample itself. The method of securing this sample does not lend itself to valid generalizations and does not eliminate possible biases. In addition, the sample is not representative of the aged Negro Catholic population from which it was taken as a consequence of the selection method.

Secondly, when the sample is small, a subtle type of bias enters analysis. The degree of accuracy (required in relating the sample statistics to the relative population parameters) depends upon the sample size; this, however, is because as a random sample is made progressively larger, the sheer weight of numbers reduces the overall variation in the values observed so that the sample more faithfully represents its population. The investigator proceeded on the assumptions that the use of the statistic...
small sample size, and that the statistic $t$ in the analysis assumes randomness and normality of the population and deals with small numbers.

**Collection of Data**

The data upon which this analysis is based were gathered by interviews during the period October 30, 1971 to December 11, 1971. A total of fourteen aged persons were interviewed in their homes. The aged persons were selected on the basis of their willingness to participate in the study. The interview averaged from one and a half to two and a half hours in duration and the subject's remarks were recorded verbatim in his or her presence. The interviews were conducted during randomized hours; the majority of the interviews were conducted in the home during the day, but several interviews were done in the evenings and on weekends.

A schedule was developed for use in interviewing older persons in which information was gathered on health, medical care, work and retirement, living quarters, relationships with children and family, friendship and visiting patterns, civic participation, church and religious
activities. The inclusion of sixty-three open-ended questions on the schedule made available complete opportunity to express a number of problems and feelings which were not particularly related to the study problem.

Analysis of Data

Adjustment to aging was measured by a modified version of the Cavan, Burgess, Havighurst, and Goldhamer attitude scale of fifty-six items. This is the Life Satisfaction Index A, or LSIA. This satisfaction index was introduced in 1961 and emerged from the five year Kansas City Study of Adult Life. The original twenty items were used to represent five dimensions associated with satisfaction. However, in 1969, the index underwent


82 Cavan, Burgess, Havighurst, Goldhamer, op. cit., p. 137.


84 Ibid.

85 Havighurst, op. cit.
extensive examination for internal consistency which resulted in the elimination of two items and the determination of only three dimensions in the remaining items.\textsuperscript{86} A restudy of the instrument on a rural Kansas sample produced nearly the same results found in the urban Kansas City study; however, it was suggested from this study that the index be reduced from twenty to thirteen items.\textsuperscript{87} The thirteen items used in this study are arranged in Appendix C under their respective factored dimensions called zest for life as opposed to apathy, congruence between desired and achieved goals, and a happy, optimistic mood tone. Respondents were asked to agree or disagree with each statement. On the basis of responses, values were assigned and a composite score prepared for each schedule taken. To test the hypotheses, the ratings on religion, marital status and household arrangements and other concerns of this study were compared with the life satisfaction ratings. The


A t test of significance between two means of independent samples was selected as a means of analyzing these hypotheses. The rejection level for the null hypothesis was set at 0.05, 1 tail.

Summary

This chapter has presented the research methods and techniques incorporated into this study. This included a description of the study population and the methods of data collection. Also, the statistical techniques used for analysis of the data in the study were noted. The remainder of this report will include a chapter on the characteristics of the sample, a chapter on the socio-psychological variables, and adjustment. A final chapter includes the summary of the study.
CHAPTER III
SAMPLE CHARACTERISTICS

The study sample was drawn from the total population of members aged sixty-five and over in the directory of members of Holy Family Church. The church is a Catholic institution serving a Negro population. The area from which the church draws its membership is Ensley, a suburb of greater Birmingham, Alabama. Birmingham is the largest city in the state and the seat of Jefferson County. It is in North-central Alabama near the southern tip of the Appalachian Mountain Range. Birmingham is one of the largest industrial cities in the South. 88

The area from which the church draws its membership is an iron and steel production center. Birmingham is near vast deposits of iron, coal, limestone, and dolomite. About one-half of the pig iron exported from the United States comes from the city's mills. Birmingham's factories produce iron and steel products such as pipe, wire, nails,

Diesel engines, cotton ginning machinery, automobile parts, stoves, tools, and milling, mining, and electrical equipment. Cotton textiles, coal and coke, explosives, and chemicals also are produced. The city is an important market for lumber. There are meat-packing plants, flour mills, and railway repair shops.  

Holy Family Church is one of five Catholic churches in the city serving the Negro community. Separate Catholic churches for the Negro have existed since Emancipation, but did not become widespread until World War I. With few exceptions, Southern Catholics attend separate churches.  

The church is conducted by the Passionist Fathers. Established in 1941, its facilities include a rectory, grade and high school. Church membership still is comparatively small, partly because it was influential in organizing a new suburban church and partly because of outward migration of members to larger cities for economic and educational opportunities. Since its founding, more than 2,000 Negro Catholics have been baptized.  

In addition to Holy Family Church, the Passionist

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89Ibid.

Fathers conduct St. Mary's Church in nearby Fairfield. Both congregations have similar socio-economic status. Comparatively, the two churches have another similar characteristic: There is a small proportion of persons aged sixty-five and over. This reflects the fact that the country's Negro population is and will remain for decades to come overwhelmingly Protestant. Like other Catholic churches all over the land, these churches have a rapidly rising Negro membership.

An observation of the ecological distribution of the membership of the church reveals that 57 percent of the resident members live within one mile.

The selection of age sixty-five as a reference point for the study of old age corresponds with many of the practices of our social system which frequently force retirement or prevent re-employment. The fourteen participants in the study ranged in age from sixty-five to eighty-four. The median age of this group was 73.5 as compared to a median age between seventy and seventy-four in the total population of persons over sixty-five in the United States.
### TABLE 1
PERCENTAGE DISTRIBUTION OF U. S. POPULATION OVER AGE SIXTY-FIVE COMPARED WITH STUDY GROUP

<table>
<thead>
<tr>
<th>Age</th>
<th>U. S. Population over 65 (1966)</th>
<th>Study Group Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentages</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>43</td>
<td>28.57</td>
</tr>
<tr>
<td>70-74</td>
<td>29</td>
<td>14.29</td>
</tr>
<tr>
<td>75-79</td>
<td>17</td>
<td>50.00</td>
</tr>
<tr>
<td>80-84</td>
<td>9</td>
<td>7.14</td>
</tr>
<tr>
<td>85 and over</td>
<td>2</td>
<td>...</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>


**Sex and Marital Status**

A higher proportion of females than males agreed to participate in the study. The men and women who refused to cooperate were younger elderly members and were still actively employed. The mean age of this group was sixty-seven years. Only four of the participants in the study were male and ten were female. The sex ratio is consistent with the findings for the aged population in general. For the United States population as a whole, the sex ratio is ninety-seven, meaning there are ninety-seven males for
every 100 females. When the sex ratios are examined at each age level, a gradual decrease in the sex ratio with every decade of the life span is revealed, until by the time of old age, women far outnumber men with a sex ratio of seventy-four. 91

The higher proportion of women in this study may be attributed to factors other than the lowest sex ratios, i.e., the lowest proportions of elderly males found in the study. Of the female members, none had a spouse who belonged to the same church. Statistics show that slightly more women are church members; 4.7 per cent of the males reported no religion as compared with only 1.5 per cent in the 1957 census survey. 92

Only one man from Holy Family Church was widowed, but four women were widowed. The respective figures for other marital statuses are (Table 2) as follows: one divorced female, three married males and five married females. In the general population of aged sixty-five and


over, there is a higher proportion of widows over widowers. There are more married males than females.\textsuperscript{93}

\begin{table}[h]
\centering
\caption{SEX AND MARITAL STATUS OF STUDY GROUP}
\begin{tabular}{llll}
\hline
Marital status & Sex & \multicolumn{2}{c}{Female} \\
 &  & Male & Female & Total \\
\hline
Single &  & 0 & 0 & 0 \\
Married &  & 3 & 5 & 8 \\
Divorced &  & 0 & 1 & 1 \\
Widowed &  & 1 & 4 & 5 \\
Total &  & 4 & 10 & 14 \\
\hline
\end{tabular}
\end{table}

\textbf{Socio-economic Status}

The conditions under which individuals are conceived, born, develop, work and die are functions of socio-economic forces. Man can be looked upon as a register of events since the nervous system records the consequences of social experience and projects their influence into the future. Since the consequences of biological, psychological, and social forces are registered over time, in the fullest sense an individual cannot start "all over again." Past experience determines responsiveness to new elements over

the life span, and it experiences moods, feelings of life satisfaction, and the undertaking of new directions in activities.\textsuperscript{94}

The educational level of this group averaged 11.6 years. More than 35 per cent were high school graduates, two were college graduates, and one had done graduate work.

\begin{table}[h]
\centering
\caption{Educational Level Achieved}
\begin{tabular}{|l|c|}
\hline
Educational Level & Number \\
\hline
Six years or less & 1 \\
7-11 years & 4 \\
High school graduate & 5 \\
1-3 years college & 2 \\
College graduate & 1 \\
Post-graduate & 1 \\
\hline
Total & 14 \\
\hline
\end{tabular}
\end{table}

A consequence of past history can be seen by looking at the education received by the aged Negro. According to the Census, the median number of years of schooling completed was 6.1 years for the Negro in the age group 65-74, and 5.2 years for the age group 75+. Within the Negro population, differences exist between the years

\textsuperscript{94}Birren, \textit{op. cit.}, p. 25.
of school completed by males and females reflecting the fact that the present group of aged Negro males were often forced to leave school to work. Correspondingly the median number of years of schooling completed was 5.1 years for the Negro male in the age group 65-74, and 4.8 years for the age group 74+. The median number of years of schooling completed was 6.8 years for the Negro female in the age group 65-74, and 5.5 years for the age group 75+. Holy Family Church clearly had a high proportion of respondents employed in low status occupations prior to retirement, such as domestic work, seamstress and steel plant workers. The largest proportion of the participants were skilled laborers prior to retirement from the labor force. Only one person was employed in a clerical or technical occupation. Four persons had done unskilled labor. Only two females were still actively employed, one in domestic work and the other in a clerical capacity. The employment level appeared inconsistent with the educational level. In spite of this fact, all fourteen participants owned their own homes.

TABLE 4

EMPLOYMENT LEVEL PRIOR TO RETIREMENT

<table>
<thead>
<tr>
<th>Employment level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top executive, professional</td>
<td>3</td>
</tr>
<tr>
<td>Middle management</td>
<td>0</td>
</tr>
<tr>
<td>Small business, lesser profession</td>
<td>1</td>
</tr>
<tr>
<td>Clerical, technical</td>
<td>1</td>
</tr>
<tr>
<td>Skilled laborer</td>
<td>5</td>
</tr>
<tr>
<td>Unskilled laborer</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Family Relationships

Seven of the participants in this study had no living children. Seven participants had at least one child in the Birmingham area. Five reported having four or more children. Table 5 summarizes the data on number of children of participants:

TABLE 5

NUMBER OF CHILDREN

<table>
<thead>
<tr>
<th>Children</th>
<th>Participants Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>one-three</td>
<td>2</td>
</tr>
<tr>
<td>four or more</td>
<td>5</td>
</tr>
<tr>
<td>At least one child</td>
<td>7</td>
</tr>
<tr>
<td>in Birmingham area</td>
<td></td>
</tr>
<tr>
<td>No children in area</td>
<td>7</td>
</tr>
<tr>
<td>Whereabouts unknown</td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>
Half of the participants in this study had children living in the Birmingham area. There were no participants living in the households of their children. It was the general consensus that under no circumstances might aged parents move in to live with one of their children.

Twelve persons lived in families. This includes those married couples living by themselves and those sharing a house with relatives. Only two participants in this study lived alone in a house—both female and widowed.

Religion

The majority of respondents in Holy Family Church have lived most of their lives as members of the Catholic faith: One had been Catholic since early childhood, ten had been Catholic 30 years, one had been Catholic 20 years, and two for 10 years. Those who had been Catholic for 30 years or longer adopted the faith during their early adult years, at or near early middle age. A large proportion of respondents in Holy Family Church were still actively participating. For each participant, church was the most important organization. Participation in the church has grown greater since growing older for three members and less for three members. The latter were shut-in persons
unable to attend church services. However, it was indicated that the priest brought them the Blessed Sacrament (Holy Communion) each week and that the Legion of Mary Society paid occasional visits. Participation has remained the same for eight members. For most of these, this means attendance at church services one time per week or greater. In general, members past the age of sixty-five no longer participate in organized activity as when they were younger, leaving positions to be filled by younger people.

In summary, the research sample was older than the general population of persons over sixty-five in the United States with a higher proportion of women. The educational level of this group averaged 11.6 years. The employment level was not consistent with the educational level. Seven of the participants had living children while seven had at least one child in the Birmingham area.

The next chapter will present the socio-psychological variables and adjustment.
CHAPTER V

SOCIO-PSYCHOLOGICAL VARIABLES

AND ADJUSTMENT*

Sex and Age and Adjustment

The subjects were unequally divided between males and females, four men and ten women. It should be explained that the unequal numbers in the two sexes reflects the small proportion of older persons in the study church. An attempt was made to interview each elderly member. The youngest were 66 while only one was 84 years of age. Thirty-six per cent were aged 65-69, 14 per cent were 70-74, 43 per cent were 75-79 and 7 per cent were over 80.

The mean adjustment score of the male respondents in Holy Family Church was 12.5, compared to 10.5 for the ten females in Holy Family Church, out of a highest possible score of 13.0 on the Life Satisfaction Index A.

* The assistance of Dr. Charles D. McGlamery, Chairman of the Department of Sociology and Anthropology, the University of Alabama in Birmingham, with the statistical analysis is greatly appreciated.
TABLE 6

SUBJECTS CLASSIFIED BY AGE AND SEX

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num-</td>
<td>Per</td>
<td>Num-</td>
</tr>
<tr>
<td></td>
<td>ber</td>
<td>Cent</td>
<td>ber</td>
</tr>
<tr>
<td>65-69</td>
<td>2</td>
<td>50</td>
<td>3</td>
</tr>
<tr>
<td>70-74</td>
<td>...</td>
<td>...</td>
<td>2</td>
</tr>
<tr>
<td>75-79</td>
<td>1</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>80 and over</td>
<td>1</td>
<td>25</td>
<td>...</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>100</td>
<td>10</td>
</tr>
</tbody>
</table>
The range of the scores is almost identical, from 9 to 13 for the males and from 8 to 13 for the females. The variations in adjustment scores between sexes are not significant.

**TABLE 7**

**MEAN ADJUSTMENT SCORES OF MALES AND FEMALES**

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td><strong>Mean adjustment score</strong></td>
<td>12.5</td>
<td>10.5</td>
</tr>
</tbody>
</table>

Studies indicate that advancing years would be accompanied by changes not conducive to feelings of contentment or social and personal adjustment. This does appear to be the case, especially for the males. The marked decline in adjustment scores with increasing age which has been observed in other studies is not evident here. This deviation is a product of the influence of the small number of respondents in the sample, or a result of the selection process of the sample.

The variations in adjustment scores between the two sexes are insignificant when age is held constant. Table 8 shows the distribution of adjustment scores for the two
sexes classified by age.

<table>
<thead>
<tr>
<th>Malest</th>
<th>Total Number</th>
<th>Mean Adjustment score</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>70-74</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>75-79</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>80 and over</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Females:</th>
<th>Total Number</th>
<th>Mean Adjustment score</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>3</td>
<td>10.3</td>
</tr>
<tr>
<td>70-74</td>
<td>2</td>
<td>10.5</td>
</tr>
<tr>
<td>75-79</td>
<td>5</td>
<td>10.6</td>
</tr>
<tr>
<td>80 and over</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

Sex and Age and Life Satisfaction

The distribution of scores by age is shown in Table 9. There were an equal number of respondents in the age group 75 and over, and 74 and less. The difference between the scores in the sample were not great.
TABLE 9
LIFE SATISFACTION SCORE AND AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Number</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 and over</td>
<td>7</td>
<td>11.0</td>
<td></td>
</tr>
<tr>
<td>74 or less</td>
<td>7</td>
<td>11.1</td>
<td>1.26</td>
</tr>
</tbody>
</table>

\[ t = 0.793 \]

\[ P = 0.8855; 0.05; 1 \text{ tail}; 13 \text{ d.f.} \]

It was hypothesized that those 75 years of age and over would demonstrate a lower level of life satisfaction than those participants 74 years of age or less. The \( t \) test was applied to the data. The value of \( t \) obtained was 0.793 with thirteen degrees of freedom, which is not significant at the 0.05 level. Thus, the data were not supportive of this hypothesis.

It was hypothesized that females would demonstrate a higher level of life satisfaction than males. The value of \( t \) was 1.78 with thirteen degrees of freedom, and was not significant at the 0.05 level. Thus, the data does not support this hypothesis.
TABLE 10
LIFE SATISFACTION SCORE AND SEX

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Number</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male:</td>
<td>4</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Female:</td>
<td>10</td>
<td>10.5</td>
<td>1.12</td>
</tr>
</tbody>
</table>

\[ t = 1.78 \]

\[ P = 0.8855; 0.05; 1 \text{ tail}; 13 \text{ d.f.} \]

Because of the small size of the sample, it is difficult to generalize about age differentiation in interest or activities with increasing age within the study group. Yet, some contrasts are so evident. The age group 65-69 was concerned primarily with others; for example, keeping the family content, taking care of the grandbaby, working and visiting people. The respondents in the age group 70-74 were interested in hobbies done alone and being able to do for self. The respondents in the age groups 75-79 and 80 and above were basically concerned with prayer, listening to the radio, watching television and reading the Bible.
Self-Conception of Age and Life Satisfaction

Self-conception of age is undoubtedly influenced by a great number of factors: health, marital status, retirement, social participation, former occupation, education, and many other influences. In large measure, self-conception of one's own age should reflect one's own sense of well-being and happiness and should correlate with self-evaluation as reflected in the score on the adjustment scale. To obtain a measure of such self-conception, the subjects were asked whether they considered themselves as "elderly" or "old." Those who felt "middle-aged" volunteered this information spontaneously.

TABLE 11

SELF-CONCEPTION OF AGE AND LIFE SATISFACTION

<table>
<thead>
<tr>
<th>Self-Conceptions</th>
<th>Total Number</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle-aged</td>
<td>6</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>Elderly, old</td>
<td>8</td>
<td>11.0</td>
<td>1.21</td>
</tr>
</tbody>
</table>

\[ t = .082 \]

\[ P = 0.8855; 0.05; 1 \text{ tail; 13 d.f.} \]

\[ ^{96} \text{Pihlblad and McNamara, op. cit., p. 55.} \]
It was hypothesized that self-conception of age would bear no significant relation to life satisfaction. The value of t was .082 with thirteen degrees of freedom, which was not significant at the 0.05 level. Thus, the data does not support this hypothesis.

It was pointed out in the theoretical framework that with increasing age there are changes in the self-concept. Self-concept (the reflection of the self upon the self) was defined as a sense of identity. It is useful to think of a person's attitudes toward himself as having three aspects: The cognitive component represents the content of the self—"I am intelligent, useful, sincere, ambitious." The affective component reflects one's feeling about oneself—"I am satisfied with the way I act; I don't like my nose; I wish that I were more outgoing." The behavioral component is the tendency to act toward oneself in various ways: A person may behave as if he has a high regard for himself, or he may be self-effacing and deprecatory.  

In general, the study group's self image was influenced by health and by other people. Eight persons evaluated themselves as elderly because their children were middle age; because of health reasons and because others identified a certain age category as "old" or "elderly." Six persons said they "did not feel old" or "elderly," they felt that "age was a state of mind," and they "felt useful." Several persons had "not even thought about" their age because they had "plenty of work and hobbies" to keep them busy. Twelve persons were "satisfied with their present age," and only two females, who were shut-in, wished that they were younger.

Health and Life Satisfaction

Health, as defined in a previous section, is not only the absence of disease but also a condition of physical, psychological and social wellbeing. Social functioning or the performance of various social roles requires a minimum level of physical capacity.

With advancing years, illness and physical defects tend to become more frequent and more severe. Health status will influence almost every aspect of the older person's life; his income and outgo, the degree to which
he can remain independent or must rely on the help of others, his type of residence, his degree of mobility, the extent of his participation in the life of the community, and association with other people. Morale, a sense of well-being and personal and social adjustment are all likely, in large part, to be functions of health. In the light of these facts an attempt has been made in this study to relate self-ratings of health to the score on the adjustment scale.

A number of questions with respect to health and related matters were directed to the respondents. They were asked to identify any physical impairments or conditions for which regular medical care is received. They were also asked to point out the kind of assistance required because of an existing health condition.

One of the mechanisms involved in aging directly relates to man's health. Aging represents changes in a variety of physiological functions in a number of organ systems within an individual, commencing in about the fifth decade.

98 Pihlblad and McNamara, op. cit., p. 57.
There is now evidence of age-related changes in a variety of physiological functions.*

1. Decrement in cardiac output
2. Decrement in renal blood flow and filtration rate
3. Reduction in renal function
4. Decrement in vital capacity
5. Increase in functional reserve capacity
6. Decrease in maximum breathing capacity
7. Increase in blood pressure
8. Decrement in endocrine function
9. Decrement in speed of conduction of nerve impulse
10. Decrement in muscular strength and speed of motion

In sum, almost all the body systems are affected to one degree or another in the process of aging: cardiovascular system, genito-urinary system, respiratory system, endocrine system, nervous system and musculo-skeletal system.

* The physiological aspects of health in this section are based upon the lecture notes from the course entitled Physiology of Aging, taught by Dr. Nathan W. Shock from Baltimore City Hospital at the University of Southern California, Los Angeles, California, Summer, 1971.
Table 12 shows the distribution of the frequencies for each specific disease or defect reported. Hypertension, arthritis and diabetes mellitus were the most frequently mentioned chronic diseases. Four persons reported not having any physical impairments and consequently did not require any kind of assistance for a health condition. One person having arthritis, however, did not utilize medical treatment but used ointments recommended by friends and others.

### TABLE 12

**SPECIFIC DISEASES REPORTED**

<table>
<thead>
<tr>
<th>Nature of Disease</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>2</td>
</tr>
<tr>
<td>Hypertension</td>
<td>4</td>
</tr>
<tr>
<td>Cardio-vascular</td>
<td>1</td>
</tr>
<tr>
<td>Arthritis</td>
<td>3</td>
</tr>
<tr>
<td>Paget's Disease</td>
<td>1</td>
</tr>
<tr>
<td>Cystitis and atrophied trigonitis</td>
<td>1</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>1</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>2</td>
</tr>
<tr>
<td>Cerebrovascular accident</td>
<td>1</td>
</tr>
<tr>
<td>Asthma</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>Hearing losses, memory losses, ingrown toenail, hypo-potassemia, gastroenteritis, tachycardia, dyspnea</td>
<td>24</td>
</tr>
</tbody>
</table>
Hypertensive cardiovascular disease is common among persons of advanced age, probably secondary to arteriosclerosis. How much arteriosclerosis causes hypertension is not known. The basic cause for the elevated blood pressure is structural alterations in the arterial vessels which increases the peripheral resistance. Cardiovascular-renal disease is the leading cause of death among older people. There seems to be little doubt but that articular changes occur with increasing age. Osteoarthritis, otherwise known as "hypertrophic arthritis" or "degenerative arthritis" is the result of changes in the articular structures. It is characterized by spur formation at the edges of the joint surfaces and thickening of the capsule and the synovial membrane. The major joints involved in disabling osteoarthritis are those of the spine, the hip and the knee. These joints are critically involved in motion of the elderly person. Diabetes mellitus is a metabolic disease of great prevalence in older people. Diabetes mellitus is caused by failure of the beta cells of the pancreas to produce sufficient insulin, although recent evidence indicates that the transport mechanism (kidney) is no longer able
to remove blood sugar. Impairment in carbohydrate (includes sugar) metabolism in the old individual is caused by a loss of sensitivity of the beta cells in the old pancreas to respond to the normal stimulus, namely an increase in the blood sugar. In addition, the old pancreas doesn't produce as much insulin as the young tissue. The regulation of glucose is very important in the blood. Without sufficient insulin, blood sugar is neither used by the muscles and other tissues nor stored as glycogen by the liver. This causes an increase in the amount of sugar in the blood, and some of the sugar is secreted into the urine.

The respondents were asked information about days of restricted activity and days of bed disability incurred. The following questions were asked: "During the past month, on about how many different days were you: kept in bed all or most of the day because of a health condition; not kept in bed but kept indoors most of the day; not kept indoors but kept from all or most of your usual activities during the day?" Data with respect to these determinations reveal that no physical conditions restricted activity, in spite of the large number of diseases or impairments reported.
In addition the respondents were asked to rate their health as excellent, good, fair, poor or very poor. It is apparent that 50 per cent considered having from good to excellent health while the other 50 per cent saw themselves as having from fair to poor health.

**TABLE 13**

**SELF-RATING OF HEALTH**

<table>
<thead>
<tr>
<th>Health Rating</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
</tr>
<tr>
<td>Fair</td>
<td>6</td>
</tr>
<tr>
<td>Poor</td>
<td>1</td>
</tr>
</tbody>
</table>

The distribution of adjustment scores according to self-rating of health is shown in Table 14.

**TABLE 14**

**LIFE SATISFACTION SCORE AND SELF-RATING OF HEALTH**

<table>
<thead>
<tr>
<th>Health Rating</th>
<th>Total Number</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor and Fair</td>
<td>7</td>
<td>11.1</td>
<td>1.26</td>
</tr>
<tr>
<td>Good and Excellent</td>
<td>7</td>
<td>11.0</td>
<td>1.26</td>
</tr>
</tbody>
</table>

$t = 0.793$

$P = 0.8855$
It was hypothesized that there is no difference between those who rated their health as poor and those who rated their health as good and life satisfaction. To test this hypothesis, those who rated their health as poor to fair were compared with those who rated their health from good to excellent. The value of t was 8.793 with thirteen degrees of freedom, and was not significant at the 0.05 level. Thus, the data were not supportive of this hypothesis.

Religion and Life Satisfaction

The church is dominantly the formal organization in which the Negro aged participates. There is some evidence that the Negro aged participates and receives more from his church. On the average, the Negro participates less fully in and receives fewer rewards from American economic and political organizations.

This restricted participation of Negroes in American society has resulted in the very important role of religion and the Negro church in the social organization

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of the American Negroes. As a consequence of restricted participation the Negro church has left its imprint upon practically every aspect of Negro life. The Negro Church has become and has remained until the past twenty years or so, the most important agency of social control among Negroes. The churches undertook as organizations to censure unconventional and immoral sex behavior and to punish by expulsion sex offenders and those who violated the monogamous mores. The Negro church provided the pattern for the organization of mutual aid societies and insurance companies. It has provided the pattern of Negro fraternal organizations and Greek letter societies. The Negro church was an area of political life for the leaders of Negroes during the Reconstruction period. After the elimination of Negroes from the political life of the American community, the Negro church became the arena of their political activities. The church was the main area of social life in which Negroes could aspire to become leaders of men. The Negro church provided a refuge in a hostile white world. For the slaves who worked and suffered in an alien world, religion offered a means of catharsis for their pent-up emotions and frustrations.
Moreover, it turned their minds from the sufferings and privations of this world to a world after death where the weary would find rest and the victims of injustices would be compensated. 100

Religion is a mechanism for helping the individual during the crises of certain transitional stages in life. All religions take note of the basic and important events of a lifetime: birth, puberty, marriage, and death. These major transitions are times of special strain on the individual going through them and on those who are emotionally close to him, such as his family and friends. Religious rites of passage—weddings, baptisms, funerals—help to ease the strain of these difficult periods. Sometimes they give consolation, as in the case of rituals surrounding dying and death. Sometimes they give guidance and instruction to help the individual cope with his new role and understand its demands. 101

In the transition from the status of mature adult to that of the aged, and in the role change termed


101 Popenoe, op. cit., p. 375.
"retirement," there is usually not any formal or religious ceremony. As a result, the new occupants are in doubt as to how each should behave.102

Religion is not the only mechanism which can meet the needs of the individual during the crises of passage from one age-status to another, and from work to retirement. Goffman has observed a number of devices on the levels of both the individual and the system that emerge to reduce the deleterious effects of such transitions on self-esteem. For instance, retirement may be formally recognized by conferring a new title. With much pomp and circumstance, retiring professors at university commencements are awarded the title Professor Emeritus. In industry, employees may receive a gold watch with an appropriate inscription for faithful service, and sometimes they are given a retirement party.103 However, these devices are inadequate preparation for socialization into the new roles.

A study of the churches in America reveals striking

status differences among them. Some have great appeal to people with less education and social status. These are the holiness sects which emphasize spiritual status rather than social status: On the final judgment day "the last shall be first," and the despised of this earth shall be the elite of heaven. Those who suffer economic deprivation in our society also are most apt to turn to holiness sects with this type of appeal when they go to church. By way of contrast, the more established denominations, like the Methodist and Presbyterian churches along with many Catholic and Jewish congregations, tend to appeal to people who as a rule do not suffer economic deprivation. There is evidence that the Catholic church, which emphasizes the "equality of all men in the eyes of God," has increasing appeal to the Negro. In addition, some Negroes are turning to the Catholic Church because it means higher social status for them.

Table 15 summarizes the data regarding the length of membership and church attendance of the study group.

It must be pointed out that the older persons limited their church participation to attendance at Mass on Sundays and Holy Days. Forty-two per cent attended Mass weekly, and no one took part in organized activity, leaving offices to be held by younger people.

<table>
<thead>
<tr>
<th>TABLE 15</th>
</tr>
</thead>
</table>

LIFE SATISFACTION SCORE AND RELIGION

<table>
<thead>
<tr>
<th>Length of Membership</th>
<th>Total</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 years, plus</td>
<td>10</td>
<td>11.1</td>
<td>1.43</td>
</tr>
<tr>
<td>20 years, less</td>
<td>4</td>
<td>11.0</td>
<td>1.43</td>
</tr>
</tbody>
</table>

\[ t = .069 \]

\[ P = 0.8855; 0.05; 1 \text{ tail}; 13 \text{ d.f.} \]

<table>
<thead>
<tr>
<th>Church attendance</th>
<th>Total</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 time week, plus</td>
<td>6</td>
<td>11.0</td>
<td>1.26</td>
</tr>
<tr>
<td>1 time month, less</td>
<td>8</td>
<td>11.1</td>
<td>1.26</td>
</tr>
</tbody>
</table>

\[ t = 0.82 \]

\[ P = 0.8855; 0.05; 1 \text{ tail}; 13 \text{ d.f.} \]

It was hypothesized that the intensity of the length of membership and church attendance are related to life satisfaction. To test this hypothesis, those who belonged to the church for thirty years or more were compared with those whose membership was twenty years or less, and those
who attended church weekly or greater were compared with those who attended church once per month or less. The t tests of significance were obtained on the data in each case (.069 and .793 respectively with thirteen degrees of freedom). The former factor was not significant beyond the 0.05 level of significance. Thus, the data were not supportive of the hypothesis. The latter aspect was not significant at the 0.05 level. Thus, the data were not supportive of this hypothesis.

Marital Status and Household Arrangements

There were no single (never married) persons in the study sample, over half were married and living with spouse, only one was divorced and slightly less than half were widowed.

A number of studies conclude that life satisfaction is highest among married couples, lower for widows and still lower for the always single person.

It was hypothesized that there is no difference between marital status and life satisfaction. The value of t was 0.393 with thirteen degrees of freedom, was not significant at the 0.05 level. Thus, the data were not supportive of the hypothesis.
TABLE 16
LIFE SATISFACTION SCORE AND MARITAL STATUS

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Mean adjustment score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>8</td>
<td>10.8</td>
<td>1.27</td>
</tr>
<tr>
<td>Non-married</td>
<td>9</td>
<td>11.3</td>
<td></td>
</tr>
</tbody>
</table>

\[ t = 0.393 \]
\[ P = 0.8855; 0.05; 1 \text{ tail}; 13 \text{ d.f.} \]

The respondents were asked if others lived in the household. Three older persons lived alone, two females and one male; eight persons lived with their spouse, three males and five females (of these one lived with the spouse and adult children lived with them); three lived with blood relatives such as a sister, grand-daughter, elderly father or cousin.

Actuarial data long have pointed out differences in death rate between Negro and Caucasian. At all ages, except the very old, the Negro fares less well. This fact reflects itself in the family structure of the aged. The family patterns of both racial groups reflect the fact that women outlive men and the social facts that
men tend to marry women younger than they are and tend more to remarry at an advanced age. Thus, we find more females than males living alone; as one would expect, we find more Negro females than Caucasian living alone.\textsuperscript{105}

Negro households are usually larger than Caucasian households, averaging 4.38 members as compared to 3.62 members for white households. One out of every four Negro households is headed by a woman rather than a man, whereas the figure is one out of eleven for Caucasian. The greater number of fatherless households helps to explain why the Negro has a lower median family income than Caucasians—the figures are $7,722 for Caucasian and $4,463 for Negroes. On a per capita basis, that is about $2,100 for each white and only $1,000 for each black.\textsuperscript{106}

It was hypothesized that there is a direct relationship between those who live alone and those who live with others and life satisfaction. The value of $t$ was 1.58 with thirteen degrees of freedom, was not significant

\textsuperscript{105} Hirsch, \textit{et al.}, \textit{op. cit.}

\textsuperscript{106} Popenoe, \textit{op. cit.}, Chap. 7, p. 276.
at the 0.05 level. Thus, the data were not supportive of the hypothesis. The data is summarized and shown in Table 17.

### TABLE 17

LIFE SATISFACTION SCORE AND HOUSEHOLD ARRANGEMENTS

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Mean Adjustment Score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>3</td>
<td>12.6</td>
<td>1.23</td>
</tr>
<tr>
<td>With Others</td>
<td>11</td>
<td>10.6</td>
<td></td>
</tr>
</tbody>
</table>

$t = 1.58$

$P = 0.08855; 1$ tail; 13 d.f.

Education and Life Satisfaction

Education is defined as a set of processes specifically and purposely directed toward inducing learning.  

Education has two major functions: (1) Cultural transmission in all societies: All societies maintain themselves by the exploitation of a culture, that is, a set of beliefs and skills that are not carried in the

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107 Popenoe, op. cit., p. 317.
genetic constitution of individuals but must be learned. This social heritage must be transmitted through social organization. (2) The formation of social personalities: Individuals must have personalities fashioned in ways that fit into the culture. Education, everywhere, has the function of the formation of social personalities. By transmitting the culture through appropriate molding of social personalities, education contributes to the integration of society as a mechanism that enables men to adapt themselves to their environment, to survive, and to reproduce themselves. In performing these two functions, education contributes to social integration, but its role in this respect varies according to primitive or industrial society and the rate of change.

Education, that is Western or European education, has been something totally foreign to the Negro's way of life. This was because, as Woodson has written, "The first real educators to take up the work of

109 Ibid., p. 434.
110 Frazier, op. cit., Chap. 3, p. 38.
enlightening American Negroes were clergymen interested in the propagation of the gospel among the heathen in the new world." In fact, the purpose of education was primarily to transmit to the Negro the religious ideas and practices of an alien culture. In the North, the strictly religious content of education was supplemented by other elements, whereas in the South limitations were even placed upon enabling the Negro to read the Bible. By 1850 there were large numbers of Negroes attending schools in Northern cities. Then, too, individual Negroes managed to acquire a higher education and most of these were men who were preparing to become ministers.

Educational status influences survival, or helps to determine how long a man lives, influences whether he will be sick or well, or distributes life chances.

Life chances refer to the probability that an individual

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112 Frazier, op. cit., Chap. 3, p. 38.
*The writer is indebted to Dr. Nathan Shock, Baltimore City Hospital, who influenced her thinking in this view.
113 Popenoe, op. cit., p. 251.
114 Smelser, op. cit., p. 434.
will attain or fail to attain important goals and experiences.\textsuperscript{115}

Sociological studies indicated that social status is related to educational status. Statistics also show that social class has a high correlation with mortality rates. The most reliable are those between whites, who can be designated as the higher status groups, and blacks, with a lower social status. The Census Bureau estimates that a newborn white male can expect to live to be 67 1/2 years old, while his black counterpart will have a life expectancy of 61 years.\textsuperscript{116}

Other statistics point out the class-linked health problems of the low status American. There is an increased incidence of heart disease, diabetes, and tuberculosis among the poor; one estimate is that thirty-seven million Americans have incomes too low to provide themselves with a nutritionally correct diet.\textsuperscript{117} Some industrially caused

\begin{itemize}
\item[115] Popenoe, \textit{op. cit.}, pp. 252-255.
\item[116] Ibid.
\end{itemize}
diseases, such as black lung and cancer produced by asbestos particles, are found among those unskilled workers of low status who must work in such health-hazardous industries. Low status people not only fall ill more often, but they also can afford to purchase less in the way of medical attention.

In addition to illness, low status Americans have more accidents. Household accidents, such as carbon monoxide poisoning (often caused by space heaters that are needed to keep substandard dwellings warm in the winter), lead poisoning from flaking paint, fires, and falls, occur more frequently in lower class homes. The victims of industrial accidents come almost entirely from the lower classes. 118

As discussed in an earlier section of this research, education (and other variables, for example, sex, race, socio-economic background) can effect the cognitive functions and its assessment. 119 Education can also affect such measurement of cerebral activity as the

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118 Popeneoe, op. cit., pp. 252-255.

A relationship between cerebral status and cognitive function is more likely to be demonstrable in elderly people with various brain disorders than in those whose health is good and who show little evidence of mental deterioration. In the latter group, such a relationship can be demonstrated clearly only by controlling the socio-cultural factors known to affect the assessment of these parameters and by employing methods that assess a specific psychological or physiological function of one particular region of the brain.

The above discussion suggested that the Negro is a "wastebasket" for nutritional deficiencies, disease, trauma, increased mortality rates, inadequate education, and other factors associated with lower social class. Conversely, lower social class seems to infer numerous inferior statuses. To blanketly classify the Negro as

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lower social class places every Negro in the same diagnostic category. The members of this study group can be more appropriately classified as hard working, good people. The source of this information is based on the fact that the researcher is a member of the study church and has known most of the participants all of her life. These people had hopes and aspirations for themselves and their children. They aspired for their children better education, job opportunities, and other improvements, thus making them upwardly mobile, even if it meant going to a major city outside of the South, away from home. This group of elderly Negroes have achieved as much or more than the system or the times allowed them to. As some testified, "I have scrimped and scraped to makes ends meet," or "I have stretched a penny as far as it would go." These testaments gave evidence that this group adapted to the system, and as pointed out previously, each participant owned his own home, which was a major achievement in its own right. It is certain that these same characteristics apply to other minority group members as well.

The forces which created the inequality in the distribution of health, education and length of life,
nutritional deficiencies and other deficiencies, and the consequent long-range, biological, psychological and social effects for the elderly, must be changed for this particular minority group of people, and others like it.

Only one of the older people had completed less than six years or less of school, four had completed between seven and eleven years, and 35 per cent were high school graduates, with two persons having one to three years of college, and two were college graduates, one of which had done graduate work.

It was hypothesized that there is a direct relationship between the level of education achieved and life satisfaction. The t test was 1.63 with thirteen degrees of freedom and was not significant at the 0.05 level. Thus, the data does not confirm that there is a significant relationship between the level of education and life satisfaction. The t test of significance is insensitive to the direction of the relationship; however, it is considered that the t test obtained here is not significant at the 0.05 level. Thus, the data were not supportive of this hypothesis.
<table>
<thead>
<tr>
<th>Education</th>
<th>Total Number</th>
<th>Mean Adjustment Score</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 years</td>
<td>5</td>
<td>10.0</td>
<td>0.98</td>
</tr>
<tr>
<td>9 or more years</td>
<td>9</td>
<td>11.6</td>
<td></td>
</tr>
</tbody>
</table>

$t = 1.63$

$p = 0.885; 0.05; 2$ tail; $13$ d.f.
CHAPTER V

SUMMARY AND CONCLUSIONS

This research was done to analyze a sample of aged Negro Catholics of Holy Family Parish in order to determine what factors were associated with the level of life satisfaction experienced.

Social Adjustment was defined as the adjustment of the individual as externally evaluated against formal or informal criteria set by others. Personal adjustment was defined as the subjective aspect of adjustment.

The Life Satisfaction sub-scales used to measure social and personal adjustment were: zest for life as opposed to apathy; congruence between desired and achieved goals, and a happy, optimistic mood tone. Respondents were asked to agree or disagree with each statement. On the basis of responses, values were assigned and a composite score prepared for each schedule taken.

The sample consisted of fourteen non-institutionalized residents of Birmingham, Alabama. The study
included a sample of aged Negro Catholics from the total number of men and women sixty-five years of age and above listed as members of Holy Family Church. Excluded were the physically ill or mentally ill. The respondents involved in the study were selected on the basis of their willingness to participate. Some persons refused to participate in the study because they did not want to be considered as asking for anything from anyone. The latter characteristic was an instance of a pervading sense of pride.

The participants ranged in age from sixty-six to eighty-four with a median age of seventy-three and a half. The educational level of this group averaged 11.6 years. The employment level prior to retirement seemed inconsistent with the educational level.

Twenty-one per cent of the participants lived alone. All fourteen owned their own homes. Fifty per cent had living children, with the same percentage having at least one child in the Birmingham area. It is significant that 50 per cent had borne no children, and this was unfortunate because these people had desired children.
It was hypothesized that females would demonstrate a higher level of life satisfaction than males; that those seventy-five years of age and over would demonstrate a lower level of life satisfaction than those participants seventy-four years of age or less; that self-conception of age would bear no significant relationship to life satisfaction; that there is no difference between those who rated their health as good and life satisfaction; that the intensity of the length of membership and church attendance are related to life satisfaction; that there is no relationship between marital status and life satisfaction; that there is a direct relationship between those who live alone and those who live with others and life satisfaction, and that there is a direct relationship between the level of education achieved and life satisfaction.

To test the hypotheses, the ratings on sex, age, self-conception of age, health, religion, marital status, household arrangements, and education, were compared with the life satisfaction ratings. The t test between two means of independent samples was selected as a means of testing these hypotheses. The rejection level for the
null hypothesis was set at 0.05, 1 tail.

The data on sex and age, self-conception of age, health, religion, marital status and household arrangements and educational status were not significant at the 0.05 level. Thus, the data were not supportive of the hypotheses. The small size of the sample, and the non-representativeness of the sample reduce the dependability of the findings of this data. In spite of the statistical findings, the empirical observations suggests that the personal and social adjustment, among this aged group of Negroes, is similar to other groups of people. Yet, the social environment and unique experiences of this particular racial group contributes to a unique adjustment.
APPENDIXES

A. LETTER TO PROSPECTIVE PARTICIPANTS

B. INTERVIEW SCHEDULE

C. LIFE SATISFACTION INDEX A
APPENDIX A

LETTER TO PROSPECTIVE PARTICIPANTS

October 4, 1971

Dear ____________________:

I am a Negro sociologist doing graduate work at Atlanta University in Atlanta, Georgia. I am conducting a survey for the study of retirement and aging. The purpose of this study is to determine the effects of living arrangements upon persons over age 65.

I am asking of a selected sample of members from Holy Family Church whether they would care to participate in the study. This would involve an interview, which will be done at your home and will take approximately one hour. Participation in this study is entirely voluntary and does not affect your public assistance grant in any manner. However, the information you provide may be of valuable assistance in planning for better service to all our aged. In order to let me know your decision, please check the appropriate space below and return this letter to me in the enclosed envelope by 11-13-71.

Sincerely,

Gloria E. Welch

Check one:

Yes_______
No_______

Your signature__________________________

112
APPENDIX B

RESEARCH ON AGING
ATLANTA UNIVERSITY
ATLANTA, GEORGIA 30314

INTERVIEW SCHEDULE

<table>
<thead>
<tr>
<th>STARTED</th>
<th>NAME OF RESPONDENT</th>
<th>COMPLETED</th>
<th>ADDRESS OF RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RECORD OF CONTACTS:

<table>
<thead>
<tr>
<th>Number of Contact</th>
<th>Date of Contact</th>
<th>Time of Contact</th>
<th>Outcome*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*If refusal or not at home, please state reason and any information that might lead to recovery of interview.

DO NOT WRITE IN THIS SPACE

INTERVIEW STATUS:

<table>
<thead>
<tr>
<th>1--Complete</th>
<th>4--Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2--Partially Complete</td>
<td>Date Coded</td>
</tr>
<tr>
<td>3--Not at home</td>
<td>Date Punched</td>
</tr>
</tbody>
</table>
STATE TO RESPONDENT:

"Good (morning) (evening). I'm (title and name), and I am conducting a study of Retirement and Aging. Will you help us in our effort to learn more about the living arrangements, attitudes, and opinions of the older members of our community?"

1. I wonder if you can give me some general information about yourself? How old are you? Are you now married, widowed, separated, never married or divorced? (Where appropriate, also ask how long.) Note religion.
   a. Age
   b. Sex
   c. Marital Status
   d. Religion

2. How many living children do you have altogether, including any step or adopted children? (a) Where do they live? (b) When did they move away from home? (c) What is their marital status?

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Living Where?</th>
<th>Moved Away When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>


3. Have you ever lived with one of your children in their home? If so, what prompted you to move in with this child?

4. Under what circumstances might you move in to live with one of your children?

5. Is this residence your own or do you rent? (If living with someone else) Do you contribute to the maintenance of this household?

6. Can you tell me who else is living here? Who is the head of the household? What is the relationship of the rest of the people living here to you? How old is (she) (he)? (ASK SEX ONLY IF NOT MADE CLEAR IN THE CONVERSATION.) Are they now married, widowed, separated, never married, or divorced?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How long have you lived in Alabama?

8. Can you tell me which of the following services do you have provided for you in your household? Who provides these services? Under what conditions?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>By Whom?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Would you say that arrangements for getting meals prepared are:
   _____ very satisfactory
   _____ satisfactory
   _____ unsatisfactory
   _____ other (specify)
   a. If unsatisfactory, why?

10. What are your sleeping arrangements here?
    a. Would you say that your sleeping arrangements are:
       _____ very satisfactory
       _____ satisfactory
       _____ unsatisfactory
       _____ very unsatisfactory
       _____ other (specify)
    b. If unsatisfactory, why?

11. Do you feel that for what you are getting, the monthly cost of housing here is:
    _____ very high
    _____ somewhat high
    _____ about right
    _____ very low
    _____ other (specify)
12. In general, how satisfied or dissatisfied are you with your housing and living arrangements?
   
   _____ very satisfied
   _____ fairly satisfied
   _____ fairly dissatisfied
   _____ very dissatisfied

13. Can you tell me about the kinds of places you have lived since early adulthood: for example, apartments, your own home, the home of others, board and care homes, etc.

   **Type of Living Arrangement**  **At What Age?**  **How Long?**

   |

   |

   |

   |

14. Thinking back, what was the best living arrangement you have had? Why?

15. If you had your choice, what kind of place would you like to make your home now? Why?

   _____ single family home
   _____ room--private home
   _____ apartment
   _____ rooming house
   _____ boarding house
   _____ residential hotel
   _____ board and care home
   _____ nursing home
   _____ home for the aged
   _____ other (specify)
16. In general, how do you feel about this neighborhood as a place to live? Would you say it is:

____ very good place
____ fairly good
____ not so good
____ not good at all
____ other (specify)

a. Why? ____________________________________________________________

17. How many years of school did you complete?

____ six years or less
____ seven-eleven years
____ high school graduate
____ one-three years of college
____ four year college graduate
____ post-graduate

18. What kind of work have you done longest during your working career? (If woman, get information for spouse where indicated). DO NOT STATE CATEGORIES FOR RESPONDENT.

____ top executive, professional
____ middle management
____ small business, lesser professional, etc.
____ clerical, technical
____ skilled laborer
____ unskilled laborer

20. What is the largest monthly income you have received during your lifetime? When was this?

21. Concerning your health now, would you say that it is:
   _____ excellent
   _____ good
   _____ fair
   _____ poor
   _____ very poor
   _____ other (specify)

22. Do you have any physical impairments or conditions for which you receive regular medical care? If so, what are they? __________________________________________

23. During the past month, on about how many different days were you:
   _____ kept in bed all or most of the day because of a health condition
   _____ not kept in bed but kept indoors most of the day
   _____ not kept indoors but kept from all or most of your usual activities during the day

24. What kind of assistance do you require because of your health condition? __________________________________________
25. At what period in your life has your health been best? Worst?

26. People often speak of the ideal or nicest age. If you had your choice, what age would you most like to be?

27. What are the things you like best about being the age you are now? What are the things you like least?

28. When do you think that most people become elderly?

29. Do you consider yourself elderly?
   _____ Yes
   _____ No
   a. If yes, when did you first think of yourself as elderly?

30. On the whole, how satisfied are you with what you have accomplished during your life? Would you say:
   _____ very satisfied
   _____ fairly satisfied
   _____ fairly dissatisfied
   _____ very dissatisfied

31. What would you say other people think about what you have accomplished in life? Do they think you've been:
   _____ very successful
   _____ fairly successful
32. When you were growing up, what kind of contact did you have with older people? What did you think of them?

33. What would you say are the most serious problems you, yourself, face today?

34. Do you ever feel blue or depressed?
   ____ Yes
   ____ No
   a. If yes, do you feel that this feeling comes often, seldom, almost never? At any particular time?
   b. Do you feel this way more often than you did when you were younger or less often? If less often or more often, what in your opinion happened to make you change?

35. On the whole, compared to when you were younger, how happy would you say you are now?
   ____ happier now
   ____ about the same
   ____ less happy
   a. If happier now or less happy, at what point did it change? Why?
36. How often do you feel lonely?
   _____ almost never
   _____ some
   _____ a great deal

37. As you get older, would you say things seem to be better or worse than you thought they would be?
   _____ better
   _____ as expected
   _____ worse

a. Would you say that you think of the past:
   _____ almost never
   _____ some
   _____ a great deal

b. What kind of things in the past do you think about?

   __________________________________________________________
   
   c. Does thinking of these things make you
   _____ happy
   _____ unhappy

d. Would you say you think of the future
   _____ almost never
   _____ some
   _____ a great deal

e. What things in the future do you usually think about?
   __________________________________________________________
   
f. Does thinking of these things make you:
   _____ happy
   _____ unhappy
38. Do you have relatives (other than children) living in the Birmingham area at the present time?
   _____ Yes
   _____ No

39. If yes:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Distance</th>
<th>Away</th>
<th>Type</th>
<th>Contact</th>
<th>Frequency</th>
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</table>

40. In general, do you see more or less of your relatives compared to when you were younger?
   _____ more now
   _____ about the same
   _____ less now

41. Do you wish that you could see more of these relatives than you do, or would you like to have more time to yourself?
   _____ see more of the relatives
   _____ see them right amount
   _____ want more time to self

42. During the past year, what kinds of help or assistance have you given members of your family or relatives, such as care when ill, babysitting, help with housework or repair work, loans, gifts, advice, etc.

<table>
<thead>
<tr>
<th>Type Help</th>
<th>To Whom Given (Relationship)</th>
<th>For What Purpose?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
43. What kinds of help did members of your family or relatives give you during the past year, such as care when ill, etc.

<table>
<thead>
<tr>
<th>Type Help</th>
<th>From Whom Received?</th>
<th>For What Purpose?</th>
</tr>
</thead>
</table>

44. How many friends do you have that you would really call close friends, people you can confide in and talk over personal matters with? 

45. About how many of these people are about your age? Would you say:

- _____ most of them
- _____ some of them
- _____ very few of them

46. About how often do you get together with your close friends?

- _____ almost every day
- _____ once a week
- _____ few times a month
- _____ once a month or less

47. What kinds of things do you usually do with your close friends?

48. Do you wish that you could see more of your close friends than you do or would you like more time to yourself?
49. Do you now have more close friends whom you see regularly as compared to when you were younger, or fewer now?
   ____ more now
   ____ about the same
   ____ fewer now

   a. If more or fewer, at what point did it change? Why?

51. Have you made any new friends in the last five years?

52. Do you belong to any clubs, organizations, or special groups of any sort such as unions, lodges, church groups, hobby groups, social clubs, etc.
   ____ Yes
   ____ No

53. If yes:

   Name | Type | Activities | How Often Participates | Length of Membership | Position
   ______ | ______ | ______ | ______ | ______ | ______

54. Which of these organizations is most important to you?

   Why?

55. Overall, would you say that your participation in all the organizations you've mentioned has been greater since you have grown older, less, or has it remained the same? __________________________________
a. If greater or less, at what point did it change? __________________________________

56. Are there any organizations you no longer belong to that you've dropped out of since you've grown older? Which organizations were these and why did you drop out? At what point did you drop out?

<table>
<thead>
<tr>
<th>Name</th>
<th>When Dropped</th>
<th>Why?</th>
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</tbody>
</table>

57. What groups or organizations would you want to belong to if you had the opportunity? ________________________

58. What kind of activities would you like to take part in if you had the opportunity? ________________________

59. Do you think that these opportunities would be more available to you if you were in a different living arrangement? If so, what living arrangement?

   ______________________________________

60. What are the major sources of satisfaction for you now?

   ______________________________________

61. What do you think are your major problems now?

   ______________________________________

62. What do you think are the kinds of services or programs needed to help you with such problems?

   ______________________________________
63. Do you have any ideas or advice to help others prepare for their later years?
## Appendix C

**Life Satisfaction Index A**

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A. I am just as happy as when I was younger.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. These are the best years of my life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. This is the dreariest time of my life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. Most of the things I do are boring or monotonous.</td>
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<td></td>
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<td>E. Compared to other people, I get down in the dumps too often.</td>
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<tr>
<td></td>
<td></td>
<td>F. The things I do are as interesting to me as they ever were.</td>
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<td></td>
<td></td>
<td>G. I have made plans for things I'll be doing a month or a year from now.</td>
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<td></td>
<td></td>
<td>H. As I grow older, things seem better than I thought they would be.</td>
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<tr>
<td></td>
<td></td>
<td>I. As I look back at my life, I am fairly well satisfied.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. I've gotten pretty much what I expected out of life.</td>
</tr>
<tr>
<td>Agree</td>
<td>Disagree</td>
<td>Statement</td>
</tr>
<tr>
<td>-------</td>
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<tr>
<td></td>
<td></td>
<td><strong>K.</strong> When I think back over my life, I didn't get most of the important things I wanted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>L.</strong> In spite of what people say, the lot of the average man is getting worse, not better.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>M.</strong> I have gotten more of the breaks in life than most of the people I know.</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY


