



Correlation of active participation in learning and positive self-concept in older adults
by Kay Ann Tippett

A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Education
Montana State University
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Abstract:

The purpose of this investigation was to (a) determine if there was a correlation between active participation in learning and a positive self-concept in older adults; (b) find if age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility and residence of older adults were significantly related to positive self-concept; and (c) ascertain whether older adults who frequently participated in activities at a senior citizens center had a more positive self-concept than those older adults who did not.

The Tennessee Self-Concept Scale was used to provide information about the dependent variable, self-concept. A researcher-prepared instrument was used to acquire data related to the independent variables, participation in learning, age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility, and residence.

A total of 358 volunteer older adults completed both the Tennessee Self-Concept Scale and a researcher-prepared instrument which provided data used for grouping the participants. Data from the two instruments were analyzed using a step-wise multiple regression and one-way analyses of variance.

The findings of this study indicate that among the independent variables, only educational attainment was significantly related to a positive self-concept. Regarding educational attainment, it was found that those who had less than a high school education had higher mean self-concept scores than those with a high school or post-secondary education. Although age and income were not significantly related to a positive self-concept, significant differences in mean self-concept scores were found within the ranges of these variables.

It was concluded that older adults in this sample with less than a high school education and older adults with less than \$10,000 annual income have a more positive self-concept than older adults who are more highly educated and who have higher annual incomes.

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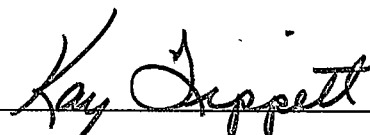
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ABSTRACT

The purpose of this investigation was to (a) determine if there was a correlation between active participation in learning and a positive self-concept in older adults; (b) find if age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility and residence of older adults were significantly related to positive self-concept; and (c) ascertain whether older adults who frequently participated in activities at a senior citizens center had a more positive self-concept than those older adults who did not.

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A total of 358 volunteer older adults completed both the Tennessee Self-Concept Scale and a researcher-prepared instrument which provided data used for grouping the participants. Data from the two instruments were analyzed using a step-wise multiple regression and one-way analyses of variance.

The findings of this study indicate that among the independent variables, only educational attainment was significantly related to a positive self-concept. Regarding educational attainment, it was found that those who had less than a high school education had higher mean self-concept scores than those with a high school or post-secondary education. Although age and income were not significantly related to a positive self-concept, significant differences in mean self-concept scores were found within the ranges of these variables.

It was concluded that older adults in this sample with less than a high school education and older adults with less than \$10,000 annual income have a more positive self-concept than older adults who are more highly educated and who have higher annual incomes.

CHAPTER 1

INTRODUCTION

This study was prompted by the observation that some older people seem to adjust to the inevitable process of aging and appear to be happy and feel good about themselves while others sink into depression or lead a passive, inactive existence superseded by preoccupation with their physical ailments, faltering capabilities, and feelings of helplessness and uselessness.

According to the American Association of Retired Persons (1987 and 1989) people aged 65 and over, who numbered 30.4 million, comprised 12.4 percent of the total population in 1988 and represented the fastest growing age group in the United States. While those 65 and over have increased by 18 percent since 1980, those aged 85-89 have increased by 34.7 percent. The 95-99 year old group has nearly doubled since 1980, and it is predicted that the 1990 census will show 57,000 Americans 100 years of age or older (Waldrop and Exter, 1990). The American Association of Retired Persons predicts that by the year 2000, those persons 65 years and older will represent 13 percent of the entire population rising to 21.8 percent by 2030.

Aging is a natural phenomenon of the life cycle which brings with it a number of physical and psychological maladies. It is commonly accepted that as one ages, both audio and visual acuity begin to diminish. With age comes the likelihood of deteriorating health; many older adults suffer the effects of arthritis, heart ailments, hypertension and diabetes. Studies have shown that there is a positive correlation between physical and psychological deterioration. In their study on the effects of illness and age upon aspects of personality, Schwartz and Kleemeier (1965) hypothesized that there was a correlation between both age and illness and lower self-concept but found a significant relationship only between ill health and low self-concept. It appears, therefore, that it cannot be assumed that as persons become older, their self-concept becomes poorer.

Studies over the past 40 years have revealed that a number of factors including education have an effect on older adults' self-esteem. In his report on 30 years of research on older adults, Larson (1978) examined several variables including socioeconomic factors and reported a correlation between well-being and education. However, "older persons at middle levels of education reported the highest well-being" (p. 113). A study on the impact of subjective age and stigma of older adults (Ward, 1977) revealed that education and income were more important in determining self-esteem of men than of women. While the pursuit toward youthfulness and

physical well-being remains dominant in our society, the number of older adults in the United States is increasing not only in numbers but in percentage of the population. Fowles (1983) cited the White House Conference on Aging as stating that the great majority of today's older Americans are healthier, wealthier, better cared for, and more self reliant than any in the country's history. About two-thirds of persons 65 years of age or older view themselves as being in good or excellent health compared to others the same age (Fowles, 1983). Although four out of five older adults reported chronic health problems, they were able to function adequately despite their illnesses. Neugarten and Neugarten (1986) reported that half of those aged seventy-five to eighty-five report no health problems which create a major limitation in everyday activity and over one third of those 85 and older report no limitations due to health. As age increases, however, chronic and disabling conditions become more prevalent significantly affecting about one-half of those 85 years or older (Fowles 1983).

Although it is not uncommon to witness older adults who are physically active, educationally productive, and socially involved, many of these older citizens lead more passive lives due to a variety of restrictions. Illness, lack of transportation, and limited resources are all factors which influence the activity of older adults. Older adults often face unfamiliar crises resulting from the death of a spouse

or a friend; diminishing health, strength and stamina; and lower socio-economic status due to lowered income. The elderly often find themselves losing control of their lives if they are no longer physically or financially able to live alone and must depend upon others. Often these crises seem overwhelming to the older adult who sees him/herself in a new role of dependency and diminished self-worth. Too often, the older adult chooses to end life by suicide rather than deal with life's situations.

Suicide rates are relatively high among the elderly and rise as age increases. The Billings (Montana) Gazette (March 10, 1991) reported that the United States elderly suicide rate rose dramatically in the 1980s (p. 2-E). The National Center for Health Statistics (Monthly Vital Statistics, 1986) reported that 40.9 percent of all suicides committed in 1985 involved persons 65 and older with 23.5 percent being from the 75- to 84-year-old group. Not only do the elderly attempt suicide frequently, but their success rate remains highest of any other age group. As reported by McIntosh (1985, p. 290), the ratio of attempts to completion of suicide by the young is as high as 200 to 1; but among the old, it is about 4 to 1. Suicide rates for women peak in middle age and decline somewhat thereafter; however, rates for men continue to rise throughout old age. Men over the age of 75 display the highest suicide rate of any age group in the population (Roybal, 1988, p. 189). Montana, where

this study was conducted, currently ranks sixth highest in the nation in suicides--54 percent higher than the national average. Montana's Department of Health and Environmental Sciences reported that in 1989, 39 percent of the state's suicides were committed by persons aged 55 years and older. Persons 65 and older represented 27.3 percent of the state's suicides in 1989--an increase of 6.4 percent over the previous year.

The elderly often suffer from low income and poor health. This is a time of life when older Americans experience the death of a spouse and friends, which adds to their difficulty in adjusting to other debilitating effects of old age. Lack of transportation and passivity often result in loneliness, depression, and low self-concept. Coopersmith (1967) and Krakowski (1971) reported relationships between negative self-concept and depression. In a study of depressed women, Gardner and Oei (1981) found that ". . . low self-esteem or self-concept is reported to be an important contributory factor to development and maintenance of depression . . ." (p. 128). Consequently, a poor self-concept can have devastating effects on the older citizen. Loneliness and accompanying depression often emerge when older adults are left to sit alone and dwell on the miseries of old age rather than to deliberately pursue some type of activity.

Depression is the most common psychiatric complaint among older Americans (Berger and Hecht, 1989). It is commonly known that physical activity works effectively to diminish depression and feelings of worthlessness. Recent studies on the correlation of physical exercise and self-concept include: (Ledwidge, 1980; Folkins and Sime, 1981; Blumenthal et al., 1982; Sachs and Buffone, 1984; Stones and Kozma, 1985; Long, 1989; and Berger and Hecht, 1989). Fisher (1979, 1983, 1985, 1986a, 1986b, 1987), Gardner and Oei (1981), Erdwins, Mellinger and Tyer (1981), Harless and McConnell (1982), and Branscum (1983) have conducted research on the effect of self-concept on participation in learning activities. What has not been sufficiently studied is the effect of mental activity, or learning on self-concept.

Statement of the Problem

It would appear that educational attainment may not have a major impact on self-concept of older adults. Does ongoing education, however, have an effect on self-concept? Do older adults who continue to participate in learning activities have a higher self-concept than those who do not continue to engage in learning activities as they grow older? Or does a more positive self-concept lead people to engage in educational activity? The purpose of this study was to determine if continued, active participation in learning was related to a positive self-concept in older adults. Learning

activities included participation in university, college, vocational-technical school, and adult education courses; taking a course or a lesson at a senior center or retirement home; learning a craft or skill through private lessons or self-taught project; participation in a study group or workshop; and self-initiated reading or research to learn about some topic.

A review of related literature indicated that a number of variables may have an impact on the self-concept of older individuals. A secondary purpose of this study, therefore, was to explore the variables age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility, and residence in terms of how they relate to self-concept.

It may be that frequent participation in activities at a senior citizens center is an indication of a positive self-concept in older adults. Therefore, a third purpose of this study was to ascertain whether those older adults in this study who participated in senior citizen center activities one or more times a week had a more positive self-concept than those who did not.

Statement of the Questions

The stated purpose of this study was addressed by posing the following questions: (1) Is continued active participation in learning related to a positive self-concept?

(2) Do the selected attribute variables relate to the total self-concept score of older adults as measured by the Tennessee Self Concept Scale. The selected attribute variables were participation in learning, age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility, and residence.

(3) Do older adults who participate in activities at senior citizens centers at least once a week have a more positive self-concept than those who do not? The following questions were tested:

Question 1: How much of the variance in the dependent variable, self-concept, is accounted for by knowledge of the independent variables, participation in learning, age, gender, marital status, educational attainment, health, income, employment status, social activity, mobility, and residence?

Question 2: What is the unique relationship of each of the independent variables to the total self-concept score?

Question 3: Is there a difference in the self-concept of older adults who participate in senior center activities and those older adults who do not?

Significance of the Study

In recent years there has been a marked increase in interest in the aged and the effects of aging. Considerable research has been done on how and why older adults

participate in educational activities and how adults learn. An extensive search of the literature indicated that an abundance of studies have been done on the physical and psychological effects of aging and a number of studies have examined reasons why older adults participate in educational activities. However, there appears to be little research in the area of outcomes of participation in learning activity and very little research on the self-concept of the elderly.

The results of this study provide data related to the relationship between a number of variables and the self-concept of older adults. For adult educators the study provides data related to the types of educational opportunities older adults are utilizing. This data should be helpful to educators in planning programs geared toward the interests and capabilities of older adults so that they may be encouraged to continue to learn and to keep their minds as well as their bodies active as they age. The study also provides insights into the need for adult educators to be aware of the self-concept of older adults, particularly those who are more highly educated and have higher incomes.

Public education is also important in raising the awareness of geriatric problems and suicide clues in order to lessen the taboos in discussing suicide and in developing a more positive attitude toward the aged (McIntosh and Santos, 1985-1986, p. 292).

Senior citizens centers and local and state councils on aging may find data from this study helpful in planning meaningful

programs particularly geared toward helping seniors maintain or improve their self-concept.

With the expenditures for health care of the elderly projected to total \$120 billion or an average of \$4,202 per year for each older person (American Association of Retired Persons, 1987), government agencies and taxpayers have a vested interest in the overall health of the older population. The results of this study identified factors that predict positive self-concepts in older adults and may have implications for the medical profession and mental health community. "The individual's self-concept has been demonstrated to be highly influential in much of his or her behavior and also to be directly related to general personality and mental health" (Roid and Fitts, 1988, 1). As cited by Roybal (1988), the mental health needs of the elderly in this country are not being adequately met. A growing concern is that even when older adults do seek treatment for mental problems, they tend not to seek help from mental health professionals but present their symptoms to general physicians instead. Waxman, Carner, and Klein (1984) reported that the "striking positive relationship between depression score and reported frequency of physician visits" found in their study was "testimony to the importance of the general physician's ability to distinguish psychiatric from physical symptoms and complaints" (p. 28). Waxman, Carner, and Klein also contended that the general physician

represents the first line of defense for many older persons with psychiatric disorders, which includes depression. General practitioners and counselors, then, should be aware of the importance of self-concept on the overall physical and mental well-being of aging adults. Research by David C. Clark (AARP Bulletin, 1991, p. 7) disclosed that "older suicide victims had experienced relatively few high-stress life events such as the death of a spouse or financial ruin." However, Clark did find that 65 percent of those who committed suicide were depressed. Clark contended that "it is vital that health professionals and the public become more sensitive to signs of mental illness, especially depression."

The confirmation of the general finding that the elderly are the highest risk group for suicide . . . underscores the special need to be alert to suicidal clues and provide timely assistance for older persons at risk. Both education of the public and particularly mental health and other service personnel is urgently needed to raise awareness and sensitivity to suicidal clues and the problem of suicide in general (McIntosh and Santos, 1985-86, p. 137).

Although self-concept usually remains stable in the later years (Tucker and Umbarger, 1979, p. 61), self-concept can change and new attitudes can be learned through intervention by skilled helpers (MacKeen and Herman, 1974, p. 210). "A knowledge of how an individual perceives himself or herself is useful to the professional who is attempting to help or to evaluate the individual" (Roid and Fitts, 1988, 1).

Assumptions and Limitations of the Study

1. It was assumed that each individual in this study was mentally and physically able to respond to the questions.
2. Some respondents did experience visual or hearing deficiencies.
3. Testing procedures were uniform and were conducted by the researcher and one trained assistant.
4. The population for this study was confined to older adults attending functions at senior centers and residents of retirement homes in selected cities in Montana.
5. There was no attempt to indicate causality in this study.
6. The reliability and validity of the Tennessee Self-Concept Scale, the measurement of self-concept used in this study, has been established.

Definitions of Terms Used

For the purpose of this study, terms used in the study are defined as follows:

Older adult shall be defined as any adult who is at least 60 years of age. "Most studies today appear to define elderly as being 60 years of age and above" (Verrillo and Verrillo, 1985, p. 333).

Adult education is a term "used to describe a process through which people continue to learn after formal schooling ceases" (Smith, 1982, p. 37).

Learning activities include learning activities which appear on the researcher-developed instrument (see Appendix A). The activities range from formal college or university courses to self-initiated reading for personal improvement or the acquisition of further knowledge on a selected topic.

Adult learning is a "process which encompasses practically all experiences of mature men and women by which they acquire new knowledge, understanding, skills, attitudes, interests, or values" (Knowles, 1980, p. 25). For the purpose of this study, participants confirmed such learning by responding to the learning activities portion of the researcher-developed instrument.

Participant is any person who undertakes a learning project, either in an adult education program or as a self-directed learner.

Self-concept is "how we see ourselves and how we feel about ourselves" (Stephens and Jacobus, 1985, p. 50). For the purpose of this study, self-concept is measured by the Total Score on the Tennessee Self-Concept Scale.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

The review of literature in this chapter is divided into several parts, each part dealing with variables related to self-concept in older adults. Variables considered include the following:

- Participation in Learning
- Age
- Gender
- Marital Status
- Educational Attainment
- Health
- Income
- Employment Status
- Social Activity
- Mobility
- Residence

Some older people seem to accept and adjust to the inevitable process of aging and appear to be happy and well-adjusted. Others, however, sink into depression or lead a passive, inactive existence constrained by a preoccupation with their physical ailments, faltering capabilities, and feelings of helplessness and uselessness. What is being suggested is that mental stimulation as well as physical activity is necessary to the developmental and psychological well-being of older adults. Although there are various

factors which influence one's self-concept, the question to be addressed here was whether active participation in learning can have a positive effect on the self-concept of the aging.

Participation in Learning

"Evidence is piling up that most of our mental skills remain intact as long as our health does if we keep mentally and physically active" (Meer, 1986, p. 60). The Billings (Montana) Gazette (June 11, 1991) reported that former president of the American Geriatrics Society, Dr. Walter M. Bortz II, was credited with saying that "failing to use mind and body is the single largestcrippler of an aging population" and that "both brain and body need energy flowing through them to work properly" (p. 2-E). When Long (1989), in his study on older men and leisure time, asked what advice his respondents would give to others encountering retirement, 28 percent stressed the importance of keeping mentally active. Mental activities suggested by Long's participants included formal classes, lectures, organized activities, learning new skills from others or by teaching themselves, reading, and viewing television.

As the "graying of America" continues, there should be a continued effort to understand the aged, the process of aging, the effects of aging, and the implications for education. As stated by Bailey (1976), "life-long education

can now be reasonably expected to be consonant with long-life education" (p. 39). Many elders want to learn and are capable of learning. Aging does not cause malfunction of the brain but rather the brain functions differently utilizing past experiences to process information (Branscum, 1982). It often takes older adults longer to learn, but given enough time, most older adults are able to learn whatever they choose to learn. Further, as Meer (1986) pointed out, "slowing down doesn't make much difference in most of what we do" (p. 60). Meer reported that Zelinski tested the ability of older persons to read and understand and found that people in their 70s and 80s show no significant decline in comprehension and that older women and men were able to read the tests just as fast as younger participants (p. 63). Older Americans are increasingly taking advantage of learning opportunities. Those 65 and older enrolled in adult education of all kinds grew from 765,000 in 1981 to 866,000 in 1984 (Horn and Meer, 1987, p. 80). The importance of learning is reemphasized by Schiamberg, Chin and Spell (1985) who reported that research findings indicated an "expected and positive relationship" between such noncognitive variables as positive self-concept and high levels of self esteem and academic achievement (p. 20).

Petry and Jones (1984) conducted a study to determine the impact of educational experience on peoples' lives. This study examined the effects of participation in adult basic

education on the quality of life. Variables selected for this study included self-expression, self-concept, family life, life in general, leisure, relationships with others, and society. Questionnaires were mailed to 89 supervisors of Adult Basic Education (ABE) programs which served 2,225 students located throughout Tennessee. From an analysis of the data from 1,623 ABE students, Petry and Jones concluded that participation in ABE programs had a positive effect on the individual's life in terms of each of the measured variables. In particular, it was found that students believed that participation in ABE helped them to develop a more positive self-concept. Moreover, older adults, those in the 51-60 age group, and those who had been in the ABE program longer than 18 months perceived a more positive effect on their self-concept than did the 41-50 year group and those who had participated less than 18 months. Petry and Jones attributed this difference to the fact that older adults "have a more thorough understanding of others and use ABE classes for consciously developing self-concepts that will rank them more equally with peers who reflect confidence in themselves" and "the effect of the socialization factor in the education of adults is increased with time spent in achieving educational goals because learners begin to equate themselves with their more well-educated peers" (p. 7). Among the findings of the study was that "males, older adults, and those who had been in the program longer than 18

months perceived the program to be assisting them with self-concept development to a greater extent than did other groups" (p. 19).

Chavis (1980) studied the relationship between self-concept and reading/interest behavior of 50 older adults to participation in educational activities. Three instruments were used including the Tennessee Self-Concept Scale (modified for Older Adults) by Fitts (1964). One instrument yielded scores on personal self-concept, physical self-concept, and social self-concept. Another instrument measured reading interest/behavior and the third measured frequency and reason for participation. Using a stepwise multiple regression statistical test, Chavis found no variable or combination of variables that significantly predicted participation frequency or overall participation. Personal self-concept, however, does appear to influence the reason for participation in educational activities.

Mizer (1975), in her study on differences between educationally active and noneducationally active older adults, suggested that "educationally active older people are endowed with greater zest for living, have a better self concept, and are generally more satisfied with their lives" (p. 2507-A). Discussing the importance of music education for older adults, Coates (1984) stated that "the older adult who wants to continue to grow can do so only by increasing

his knowledge. New ways of thinking and perceiving develop through the pursuit of a creative interest" (p. 35).

Fisher (1979) conducted a study to determine to what extent educational attainment, anomia, life satisfaction, and situational variables influenced participation in educational activities, the relationship between those variables, and characteristics which distinguished participants from nonparticipants. Fisher identified distinguishing characteristics of active older adults and measured participation motivational factors of 786 active older adults in Wisconsin who were 55 or older. Fisher concluded that numerous factors influence participation including previous educational attainment and awareness of sites where activities are being offered. It was found that older adults participated in learning activities "because they enjoyed being with other people, liked the challenge of learning, and were attracted by the usefulness of the subject matter" (Fisher, 1983, abstract page). Findings of the study indicated that participation depends more on availability of information about programs and interest in the topics than prior educational attainment. "Predictors of participation were more strongly associated with the impact of the learning situation on the potential participant than in the experience and/or attitude of the person" (Fisher, 1979, p. 2410-A).

The literature suggests that those older adults who participate in educational activities derive not only the

benefit of learning but experience a positive self-concept as well. Schiamberg, Chin and Spell (1985), in referring to Langer and Rodin's 1976 study on the effects of choice and enhanced personal responsibility for the aged, suggested that "mindlessness can lead to increased vulnerability to interpersonal external influences which affect one's self-concept and self-esteem" (p. 17). Schiamberg, Chin and Spell further concluded that "individuals regardless of their ages need a minimal amount of active conscious information processing to ensure survival" (p. 17).

As observed by Brockett (1987), numerous studies have been conducted on the involvement of adults in both planned, formal adult education programs and in self-directed learning projects. In his study of 64 adults 60 years of age or older, Brockett found a significant correlation between positive self-concept and overall self-directed learning readiness. Of the eight life satisfaction factors studied by Brockett, only positive mood tone and perceived health had a higher correlation with self-directed learning readiness than did positive self-concept. Coates (1984) stated that older adults experience difficulty in learning new material and may lack motivation to learn new things. Accompanying these problems may be an emergence of old self-concepts, particularly related to learning.

Older Americans are too frequently seen as noncreative, slow thinking people who cannot continue to grow and learn

and be a contributing functional being (Stanford and Alexander, 1982, p. 27). Furstenberg (1989, p. 270) cautioned that persons believing that their mental acuity is "inexorably failing due to age" may avoid situations that are mentally stimulating and challenging, which could further undermine their mental functioning.

As pointed out earlier, older adults are often influenced by the negative attitudes of others and too readily accept the belief that they are too old to learn. "Philosophers, educators and gerontologists agree that the best means of heading off that potentially self-fulfilling prophecy is through education" (Owen, 1985, p. 4).

Age

Demographics. The American Association of Retired Persons (1989) reported that the percentage of the population over 65 is expected to reach 13 percent by the year 2000 and 21.8 percent by 2030. During the 20th century, the older population has been growing at a faster rate than the population as a whole. In 1900, the 4.9 million adults over 60 represented one of every 16 persons. The American Association of Retired Persons (AARP) reported that in 1988 those 65 and over numbered 30.4 million and represented 12.4 percent of the population, about one in every eight Americans. The Billings (Montana) Gazette (June 11, 1991) reported that 1990 census data indicated that those age 65-74

have increased by 16.2 percent since 1980; those 75-84 have increased by 30.1 percent; and those 85 and older have increased by 37.6 percent (p. 1-A).

Census Bureau projections indicated that the number of older people will continue to grow faster than the rest of the population. As those who were born during the depression years reach their 60's, the growth rate will slow somewhat. However, as the baby boomers reach 60, the numbers of elderly will again increase. By 2035, however, the increase is expected to stabilize; but by then there will be more than two and one half times as many persons 65 and older as there were in 1980. Since 1900, the number of persons over 65 in this country has tripled; the population of those 75-84 has increased 12 fold; and the portion of the population over 85 has increased by nearly 23 times. In 1983, about one-fourth of the entire population was 75 and older--a portion which is expected to increase to over one-third by the year 2030. Accounting for 41 percent of the older population in 1986, those 75 years and older will grow to 51 percent by 2005 and will exceed 55 percent by 2050 (Siegel and Taeuber, 1986, p. 83). The very old, those 85 and older and numbering 2.8 million in 1986, has shown the biggest growth spurt. Although those 85 and older make up only 1 percent of the total population, the Wall Street Journal (1990) reported that their numbers have increased 44 percent since 1980 (p. R12).

Life expectancy is predicted to increase and mortality rates will decrease raising the portion of those over 75 from 38 percent to 45 percent by the year 2040. Because of the projected improvement in mortality, the population aged 85 and older is expected to grow even more rapidly than the over 65 group. In 1984 there were 2.4 million people over the age of 85; by 2000 that number is expected to double. Among Americans 65 and over, men 85 years and older account for 7 percent of the elderly male population; women over 85 make up over 11 percent of the elderly female (Soldo and Agree, 1988, p. 13). Those 85 and older will climb to 9 million by 2030 and will again nearly double to 16 million by 2050 (Siegel and Taeuber, 1986, p. 81). By the year 2080, those persons 85 and older will represent one-quarter of the 65 and older population (U. S. Bureau of the Census, 1984). The Bureau of the Census (1984) and Time (February 1988) projected mortality to decline to the year 2005 and then to decline even more slowly reaching an ultimate life expectancy of 78.1 years by 2020 and 81.0 years by the year 2080.

Changes. An inevitable effect of aging is change. Aging brings changes in roles, health and activity (Ward, 1977). Our physical appearance changes and health problems often occur. The body becomes less efficient, energy level declines, and difficulty in seeing and hearing develop. Many highly stressful events occur. Loss of a spouse or close

friend often leaves the elderly person lonely and depressed. Retirement or loss of a spouse's income create sharp reductions in economic resources.

Older adults frequently experience the frustration of feeling useless and unwanted. They are aware of physical and bodily changes and in this society of emphasis on beauty and youth, they feel that they are losing their attractiveness. Owen (1985) aptly described the frustration.

Many believe that aging means inevitable loss of attractiveness, especially when they seem to be losing so much--hair, teeth, hearing, health, friends, loved ones, mobility, visual acuity, smoothness of skin, even control of one's destiny (p. 10).

Developmental Changes. "Aging does not begin at age 60 or 65. It actually begins at birth" (Berger and Hecht, 1989, p. 118). Everyone experiences certain developmental changes as they age. Nearly 20 percent of persons between the ages of 45 and 54 will experience some hearing loss. Seventy-five percent of all people between 75 and 79 have impaired hearing. Visual acuity diminishes progressively with age. Older adults generally experience a decrease in speed and agility and there is a decline in accuracy of movement. To avoid making mistakes, older adults become more cautious, sacrificing speed to accuracy.

Some individuals do not accept the fact that they are growing old. It is crucial, however, that one understands that the biological changes that take place are not as critical as the attitude and

activity that one carries into the aging process (Card, 1988, p. 10).

Changes in Self-Concept. "The way people treat us changes and the way we think about ourselves changes, too" (Stephens and Jacobus, 1985, p. 47). There seems to be some question as to how self-concept changes with age. Coates (1984) stressed that the various personal and occupational roles played by individuals and the interaction of those roles provide us with a self-concept and that a change in those roles requires a modification or change in self-concept.

Stephens and Jacobus (1985) compared the "limited self," which is comprised of factors such as our physical appearance, our possessions and our work, to the "real self" which includes our thoughts, feelings, intuitions and an inner sense of calm and knowing--the self which does not age. Stephens and Jacobus warned that "unless we stay in touch with our real self . . . our self-concept tends to remain weak and incomplete" (p. 48). Tucker and Umbarger (1979) claimed that self-concept usually remains stable as one ages. Apparently much of the change in self-concept of the aged is dependent upon the need to feel satisfied with oneself and the perception of society's approval. And yet, Tucker and Umbarger maintained that self-concept is more dependent on inner orientation, and one's understanding of how they are perceived by others may or may not motivate them to change.

In essence, "the way we respond to change in our lives largely depends upon our self-concept . . . a strong self-concept makes it easier to accept change, use it, and grow with it" (Stephens and Jacobus, 1985, p. 47). After reviewing 17 studies that examined age differences in self-esteem, Birren and Schaie (1985) reported that eight of the studies showed a significant positive relationship between age and self-esteem and seven showed no age differences. Most of the studies reviewed showed either no age differences in self-esteem or revealed that older persons had higher self-esteem than younger cohorts. Only one of the studies revealed lower self-esteem in older persons than in younger participants. Birren and Schaie also reported that the older the respondent, the higher the self-satisfaction, especially among women (p. 576). Erdwins, Mellinger, and Tyer (1981) conducted a study of 120 women divided into four different age groups. Using the Total Score of the Tennessee Self Concept Scale as a measure of self-concept, they found no age differences in self-esteem. Birren and Schaie (1985) concluded that "the limited research investigating the contributions to self-esteem other than age suggests that social, situational, and personal life changes, along with attitudes toward older people, are at least as important as chronological age itself" (p. 587). Reviewing 30 years of research on the subjective well-being of older Americans, Larson (1978) concluded that "advancing age is related to a

decline in subjective well-being among persons over 60, but this decline appears to be a product of other negative factors which impinge on the very old" (p. 114). Such factors include declining health, decreased financial resources, loss of spouse and friends, and decreased activity.

A large contributor to negative self-concept is attitude. The self-concept of the older adult will be influenced by his or her own feelings of self-worth and by the attitudes and perceived attitudes of others. Results of Luszc's (1985-86) study on attitudes toward elderly people suggested that "neither the elderly as a group nor different categories of elderly were seen in a uniformly negative light by themselves or by members of other age groups" (p. 117). Luszc found that when compared to adolescents and middle-aged women, "the elderly were clearly the most integrated or accepting of themselves" (p. 118).

Conversely, Ward (1977) found a "strong and consistent relationship between acceptance of negative attitudes toward old people and self-derogation" (p. 232). Coates (1984) claimed that "the individual is shaped, in part, by the expectations of society" (p. 35). Too often older adults accept "the myth that we are supposed to deteriorate or stagnate at a certain age" (Owen, 1985, p. 4). "This sort of reasoning is especially damaging because it tends to become self-fulfilling in the sense that when the elderly expect mental stagnation, it is likely to occur" (Owen, 1985, p. 4).

Furstenberg (1989, p. 269) found that people who describe themselves as old tend to exhibit less life satisfaction, lower morale, and lower measures of self-esteem. Self-attribution appears to be a major factor in the self-concept of older adults. As described by Graham (1981) self-attribution occurs when the older adult attributes to himself or herself such characteristics as incompetence, incapability, and forgetfulness, all of which are based on cultural stereotypes. In other words, the elderly commonly perceive themselves and others in their age group as they believe others perceive them.

Since much in American culture stereotypes older persons in quite negative terms . . . increasing age and specific life events impacting on relevant current self-conceptions may increase their identification with disvalued conceptions, thus producing much negative self-valuation (Birren and Schaie, 1985, p. 549).

In discussing institutionalized older adults, Owen (1985) pointed out that the tendency younger adults have to speak slower, louder, and with deliberate articulation when communicating with older adults makes it even more difficult for the older person to maintain a positive self-concept.

"The terms used to represent or describe older people are a reflection of how they are viewed" (Covey, 1988, p. 297). The labeling of aging and the accompanying stigma for those who accept it create feelings of personal unworthiness and insecurity among the aged (Ward, 1977). Ward conducted a study to investigate the impact of age

labels "middle-aged" and "elderly" on 323 noninstitutionalized residents of Madison, Wisconsin, who were at least 60 years of age. While the sample was representative of the population in terms of sex distribution and marital status, they were more highly educated, had higher income, and were in better health and were more likely to be retired than the overall population. Age identification had a correlation of $-.28$ with self-esteem, meaning that those who considered themselves to be "elderly" or "old" had a lower self-esteem. Interestingly, however, when the variables in the study which caused age identification; namely, health, age-related deprivation, and age, were controlled, it appeared that the age identification label made no unique contribution to self-esteem. Instead, Ward found that attitudes toward old people are the best predictors of self-esteem when all variables were considered simultaneously.

Horn and Meer (1987, p. 90) suggested that there is a need to replace stereotypes of the elderly with a more realistic understanding that "older people are and should be productive members of society, capable of assuming greater responsibility for themselves and others."

Gender

On the average, women live seven to eight years longer than do men (Horn and Meer, 1987, p. 84). Due primarily to increases in life expectancy, the number of older women in

the United States grew by 760 percent between 1900 and 1980 compared to 504 percent for older men (Fowles, 1983, p. 7). Older women outnumbered older men by almost 6 million in 1980. By 1988, six out of every ten older Americans were women (Soldo and Agree, 1988, p. 12) and by 2030 the difference is expected to grow to 12 million. "The older the age group, the greater the imbalance" (Fowles, 1983, p. 7). Svtil (1990) reported that feminist Betty Friedan "has found that the major problems of aging are not gender-related" (p. 74). Larson (1978) found "no consistent sex differences in well-being for older persons on any type of measure (p. 114). Several studies (Ryff and Baltes, 1976; Foley and Murphy, 1977; Hyde and Phillis, 1979) reported that differences in self-conceptions are less evident in older men and women than in younger counterparts. Ward's (1977) study of 323 noninstitutionalized persons who were at least 60 years of age indicated that "education and income were considerably more important in determining male self-esteem, while age-related deprivation and current activity were more important for female self-esteem" (p. 230). Erdwins, Mellinger and Tyer (1981) studied self-concepts of women in four age groups and found no significant difference in the self-concept of middle-aged women as compared to older women. Further, Erdwins, Mellinger and Tyer suggested that the low scores by the older women simply may reflect a lessening of social interest rather than a low self-concept. Kline et al.

(1990, p. 308) reported that suicide is much higher among men than women.

Marital Status

As reported by the American Association of Retired Persons (1989), 78 percent of older men and 41 percent of older women are married. About one half of all older women (8.1 million) are widows; 1.6 million men are widowers.

. . . the marital status and living arrangements of elderly men differ greatly from those of elderly women basically because of the huge statistical surplus of the latter and the unavoidable solitude of many. In turn, that is a consequence of the differential death rates by sex and the stronger tendency for widowers to remarry, often not just from among the pool of elderly widows, but from the group of younger unmarried women (Zopf, (1986, p. 81).

Horn and Meer (1987) stated that the more education and income resources a woman has available, the less likely she is to remarry. The reverse is true for men. "After 65 . . . men remarry at a rate eight times that of women" (p. 84). Soldo and Agree (1988) reported that an estimated 71,000 persons 65 and older married in 1985. Of those remarrying, 23.8 percent of the grooms were divorced while 3 of every 4 of the brides were widowed (p. 29).

Zopf (1986, p. 86) indicated that the patterns of divorce in the United States are about the same for both sexes of the older population; however, people who have divorced and not remarried are found more commonly in the 65-74 age group than in the older age groups. The American

Association of Retired Persons (1989) claimed that although only 4 percent of the elderly population is divorced, since 1980 their numbers (1.2 million) have increased more than twice as fast as the older population as a whole. Referring to changes in traditional rhythm and timing of events of the life cycle, Neugarten and Neugarten (1987) stated that "more older men and women marry, divorce, remarry and divorce again up through their 70s" (p. 30).

Berger and Hecht (1989) reported that the loss of one's life companion represents a significant emotional trauma which requires considerable adjustment. Larson (1978) suggested a slight independent relationship between marital status and subjective well-being indicating that older married people have higher average well-being scores than their single cohorts.

Studies which differentiate unmarried statuses suggest that the well-being of single people tends to be roughly equivalent to that of married persons, while widowed, divorced, and separated persons tend to have lower reported well-being (Larson, 1978, p. 114).

Educational Attainment

As pointed out by Zopf (1986),

when today's elderly people were young, long years of schooling were a less compelling necessity than they are now and more people left school at an earlier age (p. 111).

The educational level of older Americans has been steadily increasing. According to The American Association

of Retired Persons (1989), the median level of education increased from 8.7 years to 12.1 years between 1970 and 1988. The portion of those who have completed high school increased from 28 percent to 54 percent, and about 11 percent of older Americans have four or more years of college. Waldrop and Exter (1990) reported that estimates of the 1990 census would reveal that 54.6 percent of men 65 and older are high school graduates and 13.4 percent have graduated from college. An even larger percentage, 55.2 percent, of older women have completed high school; but only 7.9 percent are college graduates (p. 30). Zopf (1986) reported that

on the average, elderly men are more heavily represented in the lowest and the highest levels of schooling, whereas women are more heavily concentrated among high school graduates (p. 117).

Fisher (1983) suggested that factors other than educational attainment may have a greater impact on the self-concept of older adults. Larson (1978) reported a correlation between well-being and education. His review of the research literature on subjective well-being of older adults included major studies in which most of the respondents were aged 60 or older. The research "reported well-being to be most strongly related to health, followed by socioeconomic factors and degree of social interaction, for the general population of Americans over 60" (p. 109). Marital status and expectation of people's living situations were also found to be related to well-being while age, sex,

race, and employment status were not. Clark and Anderson (1967) found that their respondents who reported the highest well-being had only middle levels of education; and Ward (1977) found that education was a greater predictor of self-esteem among men than among women. However, in exploring the link between education and quality of life, Brockett (1987) reported a .40 correlation between positive self-concept and educational attainment.

Goodman (1985) tested 252 adults and found that participants with higher levels of educational attainment who were involved in college level and independent learning projects had a higher group means for self-concept than learners who were least educated and were engaged in basic and vocational courses. However, this result may have been due to the fact that, as suggested by Goodman (1985) and Cross (1981), adults with low self-confidence tend to pursue low-threat learning opportunities thereby avoiding high-threat learning activities while individuals with high self-confidence select more challenging learning projects. It may also have suggested that college level and independent learning projects carry with them a higher level of esteem than do basic and vocational courses. Moreover, Goodman suggested that adults in higher education may "exhibit higher self-confidence as learners on the whole because they have had more successful learning experiences than adults who are

participating at lower levels in the educational hierarchy" (Goodman, 1985, p. 180).

In looking at self-concept and educational attainment, it may be that one begets the other. Perhaps a healthy self-concept motivates the learner and, having learned, the self-concept is sustained.

Health

Horn and Meer (1987) reported that "because of better medical care, improved diet, and increasing interest in physical fitness, more people are reaching the ages of 65, 75 and older in excellent health" (p. 77). Dychtwald and Flower (1990, p. 82) contended that today's older Americans are healthier, more active and more vigorous than any previous generation. "The growing presence of healthy, vigorous older people has helped overcome some of the stereotypes about aging and the elderly" (Horn and Meer, 1987, p. 80). Stanford and Alexander (1982, p. 26) found the older population to be a healthy, functioning group that contributes much to society; but there are those who have varying physical and mental disabilities which display characteristics that coincide with some of the stereotypes attributed to the elderly. According to Fowles (1983) "about two-thirds of persons 65 or older view their health as good or excellent compared to others of their own age" (p. 10). Neugarten and Neugarten (1986, p. 35) reported that half of

all persons 75 to 84 report no health problems which place a limitation on their everyday activity.

The '1989 American Association of Retired Persons' profile on the older population indicated that in 1987, 31 percent of older adults assessed their health as fair or poor. As reported by Soldo and Agree (1988), "age is not itself a disease, but the risk of chronic, degenerative diseases increases markedly with age" (p. 19). However, chronic illnesses do not necessarily pose a threat to the quality of life nor need they erode personal independence. It appears that although four out of five elderly report the existence of one or more chronic health conditions, they are able to function adequately (Fowles, 1983).

Flieger (1988, p. 23) reported that of those aged 65 or older, 36 percent of men and 55 percent of women suffer from arthritis. Thirty-five percent of men and 46 percent of women have high blood pressure; 33 percent of men and 29 percent of women have some form of heart disease; 36 percent of the men and 25 percent of the women have some hearing loss; and 13 percent of the men and 25 percent of the women have cataracts and/or glaucoma.

An analysis of a 1978 Health in Detroit study reveals that women report poorer general health and more chronic conditions than men (Verbrugge, 1988, p. 36). Women experience more long-term limitations in their activities due to health problems and use more sick days due to diseases and

other conditions. The Detroit study "showed that women feel psychologically more vulnerable to illness than men. They feel less in control of their lives, and they have lower self-esteem" (Verbrugge, 1988, p. 36). Verbrugge suggested that the social and psychological differences between men and women are largely responsible for the difference in their health. Zopf (1986) suggested that men tend to suffer more severe problems of adjusting to the loss of a spouse than do women. Men also seem to find it more difficult to adjust to the solitude, which tends to produce a lower level of life satisfaction and higher rates of mental illness and suicide (p. 92-93).

Owen (1985) found that while only 15 percent of the senior population not in institutions can claim to be free of chronic diseases, most elderly indicate that they are in good health and that these chronic conditions do not limit their activity. Siegel and Taeuber (1986) suggested that older adults are more likely to have a chronic condition that limits their level of activity and that they are twice as likely to experience restricted activity because of illness as the general population (p. 96). While declining health can be responsible for restricting the activities of the elderly, a 1981 survey found that half of all people in the 75 to 84 age group reported no such health limitations and that even in the 85 and older age group more than one third reported no limitations due to health. Only one in three of

the older group indicated that they were unable to carry out everyday activities because of health problems (Neugarten and Neugarten, 1987, p. 30).

Kline et al. (1990) found a strong relationship between physical illness and depression; and Larson (1978) stated that "among all the elements of an older person's life situation, health is the most strongly related to subjective well-being" (p. 112). Larson reported that reviewed studies employing self-assessments of health in which respondents were asked to judge their health as good or poor have yielded correlation coefficients ranging from $r = .2$ to $.5$. Studies which required respondents to enumerate their health conditions as a measure of their health reported similar degrees of association (p. 112).

In a study of 100 males on the effects of illness and age upon some aspects of personality, Schwartz and Kleemeier (1965) hypothesized that the effect of aging and illness would be cumulative and interacting. Using the Twenty Statements Problem in which participants were asked to write 20 short, self-descriptive statements, comparisons were made of health status and age by rating the concept "myself." When health status was controlled, there was no significant difference in self-concept. Results of the study indicated that while the groups differed in terms of their self-concept, the old group regarded themselves no more negatively than did the young group, but the ill group had a

significantly lower self-concept than the well group. Therefore, it appeared that illness is more likely to have an effect on the self-concepts of the aged than on the young. Further, Schwartz and Kleemeier reported that "health status rather than age exerts the major influence on self-concept" (p. 88).

The hypothesis that self-concept should be influenced more by interpersonal concerns in the old and ill than in the young and well was not confirmed. Schwartz and Kleemeier did find, however, that the attitude of the old and the ill toward themselves was more negative than that of the young and well.

Butler (1981) stressed that the development of knowledge to treat and prevent diseases among the elderly is essential for enhancement of their quality of life. Although there is much to be known about diseases and conditions which interfere with healthy aging, attention must also be given to psychological factors.

Income

The economic status of America's elderly is steadily improving. The median income of households headed by people aged 65 and older grew by 14% during the 1980s (Crispell, Exter and Waldrop, 1990, p. R12). The Billings (Montana) Gazette (May 12, 1991) reported that those aged 50 and older had more than half of all the discretionary income in the

United States (p. 2-E). Horn and Meer (1987) said that "some seniors are prospering and a good portion of the United States' retired older people form a new leisure class, one with money to spend and the time to enjoy it" (p. 77). Factors contributing to the improved economic status of the elderly include increases in benefits and the cost-of-living escalation clause for Social Security, increasing coverage of workers under public and private pension plans, and implementation of income support programs such as Supplemental Security Income (SSI), Medicare, Medicaid, and property tax relief. An increase in the numbers of pre-retirement age women in the work force has also resulted in higher post-retirement income for older women. The American Association for Retired Persons (1989) reported that the median income of older persons in 1988 was \$12,471 for males and \$7,103 for females. Families headed by persons 65 and older reported a median income of \$21,785, up from \$19,932 in 1986.

Over the last three decades, the number of older men and women who live below the poverty level has dropped steadily (Horn and Meer, 1987, p. 77). The American Association of Retired Persons (1989) reported that in 1988, 3.5 million persons 65 and older had annual incomes below the federal poverty level (\$7,158 for older couple household; \$5,674 for an older individual living alone). Older women, minorities, those who live alone and the oldest of the old have the highest poverty rates largely due to having worked less in

the past and having worked in lower paying jobs (Fowles, 1983, p. 1).

Larson (1978) reported that "numerous studies have established that older persons of lower socioeconomic status tend to have lower subjective well-being" (p. 113). Although Larson (1975) and Palmore and Luikart (1972) found that the association of income to well-being is stronger at lower levels of income, there appears to be a level of income above which additions in income are less related to well-being (p. 113).

Employment Status

In 1900, two out of three men over the age of 65 were employed; in 1980, only 20 percent were working (Sherman, 1987, p. 23). The American Association of Retired Persons (1989) reported that in 1988, 3.3 million (11 percent) of older Americans were in the work force. Approximately half (46 percent of men, 60 percent of women) were employed part time and 25 percent were self-employed.

While there has been a shift away from compulsory retirement in the United States, the incentives for voluntary and early retirement have been expanded. As Palmer and Gould (1986, p. 383) stressed, "rising pension and asset income and rapidly expanding Social Security benefits made retirement a more economically viable alternative to continued employment for the aged." The American Association of Retired Persons

(1989) reported an accelerating trend toward early retirement, with employees 55 and over leaving their jobs in ever greater numbers. Men in particular are choosing to retire before age 65. According to Soldo and Agree (1988, p. 25) the General Accounting Office reported that nearly two-thirds of all persons receiving private retirement benefits in 1985 had retired before 1965. Among men 65 and older, only 16.3 percent were still in the labor force in 1988 compared with 45.8 percent in 1950. The Billings (Montana) Gazette (June 3, 1990, p. 2-E) reported that the median retirement age is down from 65 in 1970 to 62 and is projected to drop another year in 1990.

Schiamberg, Chin and Spell (1985) cautioned that for many persons, retirement significantly alters their daily routines and their overall life process (p. 5). Deciding whether to retire and when to retire is a major decision for most people and one that can cause much consternation. Reasons for retirement differ. According to Zopf (1986) approximately 40 percent retire involuntarily, 15 percent retire because of some disability, and 45 percent leave employment voluntarily (p. 172). Retirement traditionally has been perceived as a "distinct period marked by the right to lead a life of leisure, declining physical and intellectual vigor, social disengagement and, often, isolation and desolation" (Neugarten and Neugarten, 1987, p. 30). Morrison (1986) contended that retirement "poses

serious problems for those older persons whose lives and identities have been closely tied to work, family, and community roles that are diminished or unavailable during retirement (p. 343). As Imel (1983) suggested, the loss of the work role, often a major role in one's life, may create a need for developing new avenues of self-expression and self-esteem. "The importance of one's job and income to self-concept and feelings of worth influence the ease with which the elderly navigate the hurdle of retirement" (Berger and Hecht, 1989, p. 126).

Long's study (1989) in which he interviewed men prior to retirement found that while some older men expected to suffer a loss of "the stimulation, satisfaction, purpose and self-esteem provided by employment" (p. 61), others expected their well-being to be enhanced through the removal of negative factors associated with work. Planning for retirement includes developing interests outside the workplace. Long (1989) warned that if leisure lives are not well developed before retirement, only a few will fit easily into the retirement role. "A long-standing diversity of interests heightens the chances that satisfying roles will continue into retirement" (Long, 1989, p. 56). Both Imel (1983) and Bailey (1976) pointed out the need for retirement preparation programs for older adults in which they could be apprised of alternatives to the work role, such as volunteer work, political activity, family activities, participation at

senior centers, and educational pursuits. Bailey (1976) recommended that ". . . a variety of educational opportunities and materials could be aimed at the predictable needs of the aging just before and after retirement begins" (p. 39). Branscum (1982) suggested that even those who have not worked at paying jobs experience the effects of retirement from activities they actively pursued at a younger age. For example, the older couple who gives up a large house and yard for a small condominium experiences the retirement from yardwork; and housework no longer requires a substantial amount of time. The effects of aging or illness may prohibit older adults from continuing participation in sports, hobbies, or crafts. Thus, regardless of the situation, most older adults must make some adjustments to less physical activity in their lives.

A Harris poll in 1981 indicated that half of employed persons under the age of 65 were not looking forward to retirement and 75 percent hoped to continue working part-time but not necessarily at their same job. Oftentimes, even those over 65 who prepare and plan for retirement find they do not enjoy the abundance of leisure time and wish to return to work. Dychtwald and Flower (1990) reported that in the near future more people will continue working into their 70s and 80s and that many will "retire" several times. Neugarten and Neugarten (1987) stated that older persons, especially women, exit and reenter school, enter and reenter the labor

force, and undertake new careers up through their 70s (p. 30). Helen Dennis, project director and lecturer at the University of Southern California's Anders Gerontology Center, (the Billings (Montana) Gazette, June 3, 1990, p. 2-E) suggested that opportunities open to the retiree include travel, enrichment programs, physical fitness programs, returning to school and volunteering. Dennis stated that the biggest beneficiaries of early retirement have been volunteer agencies. Among both the employed and unemployed, Taylor (1990, p. 80) reported that of those age 55-64, 47.1 percent volunteer an average of 4.7 hours per week. Forty percent of persons age 65-74 volunteer an average of 6 hours per week; 28.6 percent of persons 75 and older volunteer 4.4 hours per week. Dennis said that volunteers are looking for something to fill and give meaning to their lives.

Too often voluntary or involuntary retirement leaves the older adult faced with a severe emptiness in their life and without adequate financial resources to pursue such retirement activities as travel. Morrison (1986), however, suggested that retirement accompanied by financial sufficiency can provide "a period of time in which regular paid employment is not necessary and personal desires can be maximized" (p. 343). Retirees often feel for the first time in their lives a sense of uselessness. They view retirement as "a penalty that deprives them of a continuing productive

role in society" (Morrison, p. 343). The Billings (Montana) Gazette (June 3, 1990) stated that "beyond the obvious financial considerations, retirement raises issues about feelings of self-worth, purpose in life, 24-hour togetherness, role reversals, attitudes toward travel and the use of shared resources" (p. 2-E).

Those who have not adequately planned for retirement find themselves with an abundance of time and are not prepared for productive use of that time. Adult education can play a major role in offering older adults an opportunity to engage in learning activities which are relatively low in cost and high in returns in terms of their self-concept.

The major adjustment of the lifestyle of elders in many cases causes withdrawal or the 'flight response' and non-involvement becomes the pattern. A 'job' is not a panacea for all the complex adjustment problems in elders. Volunteer work is not for everyone and some people aren't inclined toward social activity. The key word is not working, volunteering, or socializing, but rather INVOLVEMENT at some level and in some way. (Branscum, 1982, p. 4).

Branscum (1983) described a program which was designed "to facilitate the self-revitalization of senior citizens at the community level utilizing community resources" (Document Resume). A Work Again Project which served 5,955 adults from five Southeast Missouri communities was implemented to provide training and job opportunities for older adults. Participants ranged in age from 55-93 years. This project provided opportunities in employment, volunteer service,

education, and training classes, social and recreational activities, and arts and crafts. One of the purposes of the project was to measure the influence of working situations on elders' self-concepts.

Applicants to the Work Again program were given the Tennessee Self-Concept Scale at the time of their initial interview or shortly thereafter and again after they had been working about two months. It appeared that "when senior citizens were given opportunities to enhance themselves and to renew their outlook on participation a positive, self revitalization occurred" (Branscum, 1983, p. 61).

Social Activity

As cited by Tucker and Umbarger (1979), Kenneth Woodward contended that "the main goals of healthy older people are to stay active and to feel good about themselves" (p. 60). Among their "Thoughts for a Healthy Self-Concept," Stephens and Jacobus (1985, p. 49) said that it is important that we remain as active and independent as reasonably possible as we advance in years. "By adopting new activities (including exercise) to replace the role of worker and by participating in social-recreational groups, the elderly can expand their horizons" (Berger and Hecht, 1989, p. 126). A National Institute on Aging report released in 1986 revealed that persons 65 and older are leading fulfilling lives and that most socialize in a variety of ways including professional,

social, church-related or recreational groups (Horn and Meer, 1987, p. 82). Community organizations, including senior citizen centers, provide greatly needed opportunities to establish ties with other members of one's age group.

Numerous studies have found a direct relationship between social activity and positive self-concept. Larson (1978) reported that studies across diverse populations of the elderly found associations of well-being with general measures of activity. Referring to the structure and functional properties of the self-concept and its relation to the social environment, Nurius (1986) stated that "historically, there has been general agreement about the important and central role of the self-concept in the individual's social functioning and sense of well-being" (p. 429). In her study on age self-concept, Furstenberg (1989) found that involvement in activities and socializing is correlated with a younger age self-concept. Long (1989) found that leisure-time commitments such as volunteer work provides not only positive social contacts with others in all age groups but also a sense of purpose. In his study of retired men, Long reported a general relationship between activity and personal fulfillment. Long said that ". . . those who did more activity-based things tended to fare better when assessing their satisfaction with life" (p. 70). Participants in the Long study emphasized the importance of keeping mentally and physically active, supported by

recreational activities. A study at Rutgers University revealed that "life satisfaction depends mainly on how much time we spend doing things we find meaningful" (Horn and Meer, 1987, p. 83).

As Coates (1984) stated,

Self-acceptance, a sense of personal worth and an enhancement of self-esteem all come about when a person is at ease with his- or herself. Self awareness, essential to personal growth, is developed in the context of continuing experience. Meaningful activity is the backdrop for an evolving self-concept (p. 35).

Berger and Hecht (1989) reported a negative correlation with social withdrawal or disengagement from the community and life satisfaction in all elderly age groups (p. 126). While certain age-related impairments can and do interfere with the physical and social activity of older persons, the stereotyped labels so often attributed to the elderly may cause the elderly to underestimate their abilities and capacities, which discourages participation. However, as pointed out by Horn and Meer (1987) the problems associated with old age may not be the result of age but of disease, abuse and disuse--factors which are often under the control of the individual. Despite physical and social barriers faced by some of the older population, Horn and Meer (1987) reported that more and more older people are "healthy, vigorous men and women who lead enjoyable, active lives" (p. 81). Atchley (1989) concluded that

normally aging people are independent adults with persistent self-concepts and identities. They can successfully meet their needs for income, housing, health care, nutrition, clothing, transportation, and recreation. They lead active, satisfying, and purposeful lives that involve adequate networks of long-standing social relationships (p. 184).

Residence

According to Horn and Meer (1987, p. 84), most persons 65 and older live in their own homes. Although the possibility of living in a nursing home does increase with age, only about 5 percent of the elderly reside in nursing homes (Kline et al., 1990, p. 309). Most older men live with their wives; most older women are widows and live alone. Of those over 75 years of age, two-thirds of the men live with their spouse while less than one-fifth of the women do (Horn and Meer, 1987, p. 84). The American Association of Retired Persons (1989) stated that 67 percent of older noninstitutionalized persons lived in a family setting in 1988 and about 30 percent lived alone. The portion of older persons living alone increased 76 percent between 1970 and 1988. Forty-one percent of older women live alone while only 16 percent of older men live by themselves. Surprisingly, Siegel and Taeuber (1986) reported that older persons living alone "are not necessarily lonely and may have more outside contacts than those living with others" (p. 100).

Aging and illness often necessitate the moving of the elderly to live with family or to be institutionalized. The

