



The impact of life choice on aging
by Lora Smith MacKay

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE in Home Economics
Montana State University
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Abstract:

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The Social Indicators Study questionnaire was administered to 88 rural residents of Musselshell County, Montana, aged 65 and older. From the questionnaire data, major variables were examined for relationships with the use of the chi square test of independence.

Several variables were found to be significantly related. Dependency on others, poor health, low income, education, not owning automobiles, and non-voting behavior were related to a high degree of physical restriction. Having a high income, easily maintained homes, their own forms of transportation, and little dependency on others were related to the elderly's ability to travel locally and outside of the area. Poor physical health was related to inability of the aged to travel on a long distance basis.

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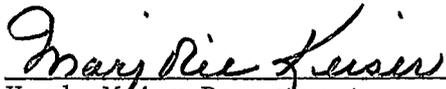
of

MASTER OF SCIENCE

in

Home Economics

Approved:


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MONTANA STATE UNIVERSITY
Bozeman, Montana

August, 1973

ACKNOWLEDGMENT

Of all the many special persons contributing to this study, it is to the senior citizens of Roundup that the author's foremost and sincere thanks are extended.

To the Montana State Commission on Aging who commissioned and financed this study, to the Montana State University Agricultural Experiment Station for support and partial funding, and to Mr. Hugo Tureck as project director, the author expresses her deepest appreciation.

Each of the following persons who contributed hours of time in the development of the study and the interviewing process deserve a special thank you: John Wylie, Mary Sullivan, Steve Wallace, Steve Weimann, Jean Hill, and Shiela Westberg.

For his professional competency, willingness to freely give of his time, and especially, for his endless moral support, I feel most indebted to my Committee Chairman, Dr. Robert W. Lind. Special thanks are extended to Dr. Marjorie B. Keiser, Director of Home Economics, Dr. Eric R. Strohmeier, and Mr. Hugo Tureck for their extremely helpful assistance on the Graduate Committee.

Enough appreciation cannot be extended my husband, child, and parents, whose love, encouragement, and refreshing humor have been unceasing through long months of preparation. My accomplishments are due to a large extent to their cheerful cooperation and confidence in my abilities.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
LIST OF FIGURES	ix
ABSTRACT	x
CHAPTER	
I INTRODUCTION	1
Purpose	7
Selected Variables	7
Hypotheses	8
Definitions	10
II REVIEW OF LITERATURE	13
Physical and Mental Capacity Studies	13
Cultural Expectations and Roles of the Aged.	22
Social Behavior Studies of the Aged.	32
Attitudes, Values, Beliefs, and Life Choice.	42
III METHODOLOGY.	48
Description of Community	49
Selection of Sample	51
Instrument	53
Coding of Instrument	56
Analysis of Data	56

CHAPTER	Page
IV RESULTS AND DISCUSSION	57
Description of Subjects.	57
Hypotheses Analysis and Discussion of Results.	64
V SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	109
Summary.	109
Conclusions.	113
Recommendations.	114
REFERENCES.	118
APPENDIX.	125

LIST OF TABLES

TABLE		Page
1	Description of Subjects.	58
2	The Effect of Physical Restriction on Formal Social Involvement	66
3	The Relationship Between Physical Restrictions and Sex of Respondents	70
4	The Effect of Physical Health on Physical Restriction.	71
5	The Relationship Between Physical Restriction and Age of Respondents	73
6	The Effect of Income Level on Physical Restriction.	74
7	The Relationship Between Physical Restriction and Comparative Biographical Assessment.	76
8	The Effect of Marital Status on Physical Restriction	78
9	The Relationship Between Physical Restrictions and Education.	79
10	The Effect of Present Employment Status on Physical Restriction	80
11	The Relationship Between Physical Restriction and Mobility	81
12	The Effect of Formal Social Involvement on Mobility.	84
13	The Relationship Between Mobility and Sex of Respondents	86
14	The Effect of Physical Health on Mobility.	87

TABLE		Page
15	The Relationship Between Mobility and Age of Respondents	88
16	The Effect of Income Level on Mobility	89
17	The Relationship Between Mobility and Marital Status	91
18	The Effect of Employment Status on Mobility.	92
19	The Relationship Between Formal Social Involvement and Sex of Respondents	93
20	The Effect of Education on Formal Social Involvement	94
21	The Relationship Between Formal Social Involvement and Level of Income.	96
22	The Effect of Physical Health on Formal Social Involvement	97
23	The Relationship Between Formal Social Involvement and Age of Respondents	98
24	The Effect of Marital Status on Formal Social Involvement	99
25	The Relationship Between Formal Social Involvement and Employment Status.	100
26	The Effect of Formal Social Involvement on Comparative Biographical Assessment.	101
27	The Relationship Between Comparative Biographical Assessment and Age	103
28	The Effect of Marital Status on Comparative Biographical Assessment.	104
29	The Relationship Between Comparative Biographical Assessment and Education	105

TABLE		Page
30	The Effect of Physical Health on Comparative Biographical Assessment.	106
31	The Relationship Between Comparative Biographical Assessment and Income.	107
32	The Effect of Employment Status on Comparative Biographical Assessment.	108

LIST OF FIGURES

FIGURE		Page
1	Population by Age and Sex.	52
2	Musselshell County	54

ABSTRACT

Research has indicated that the elderly tend to disengage themselves from many of life's responsibilities and activities as they grow older. The purpose of this study was to determine which intervening variables affect the elderly's formal social involvement and mobility. Physical restriction, marital status, employment status, and comparative biographical assessment were isolated as major intervening variables. Sex, age, education, income and physical health were, additionally, examined for their affect on the relationship.

The Social Indicators Study questionnaire was administered to 88 rural residents of Musselshell County, Montana, aged 65 and older. From the questionnaire data, major variables were examined for relationships with the use of the chi square test of independence.

Several variables were found to be significantly related. Dependency on others, poor health, low income, education, not owning automobiles, and non-voting behavior were related to a high degree of physical restriction. Having a high income, easily maintained homes, their own forms of transportation, and little dependency on others were related to the elderly's ability to travel locally and outside of the area. Poor physical health was related to inability of the aged to travel on a long distance basis.

CHAPTER I

INTRODUCTION

Senior citizens have become of increasing importance in our society. According to 1970 census reports, the percentage of Americans 65 years and older has risen from a mere four per cent in 1900 to a total of ten percent of the population. Unlike other age groups, 90 per cent of the 20 million aged are registered voters, and two-thirds of this group vote regularly emphasizing and expressing their needs (Butler, 1973). Like the pressing urgency of rising venereal disease rates, the cry of the aged is becoming statistically louder and louder. Their vociferousness would seem to facilitate our understanding of the elderly's needs and present life alternatives. Quite the opposite is true, however. Active political groups such as the American Association of Retired Persons are arguing that a deaf society has left the elderly but one behavioral alternative in life.

This "terminal sick role" was noted by Lipman (1969) to have implications for both the physical and economic realms of life and by nature is an ascribed, not selected, status. With no stipulation of recovery, the terminals are expected to remain passively in this dying state. Permanent dependency is sanctioned for a variety of people, including the handicapped, the criminals, the mentally ill, AFCD persons, the disabled, the widows, and particularly, the aged.

Having matured under the dual influences of Herbert Spencer's social Darwinism and the Protestant ethic, the aged are incapable of accepting this role without feeling a sense of failure and self-degradation. This status was aptly described by Shanas (1968) in the following:

One might say that illness, is, therefore, a kind of alienation in American society, alienation from a set of expectations that puts particular stress upon independent achievement. The passivity and dependence involved in illness are also characteristics of behavior which are counter to the activism of American society (pp. 57-58).

Radically deviant from the norms of the Protestant ethic, the elderly appear to have been considered untouchables. Lepers were sent baskets of food or in present terminology, social security, but also were offered few behavioral alternatives.

Much research data has dealt quickly with the aged by means of a stereotype, which allows little room for question or individual variation. Hazell (1965) has defined the parameters of aging in terms of wrinkling skin, decay or total loss of teeth, atrophy of the jaw bone, a variety of visual and auditory disturbances, diminishing sense of taste and smell, and general progressive debilitation of the body's major systems. Tibbitts (1960) further noted the correlation between aging and extreme frailty, invalidism, slowed mental processes, decreased activity, self-contemplation, and voluntary abandonment of an independent style of living. Researchers are only beginning to question the stereotyped myth of the aged as an homogenous, senile,

passively tranquil, unproductive, and generally rigid group. With reference to the physiological homogeneity of the aged, Koller clarifies:

The overall physical impact of the aging process appears to be losses, declination of functions, involutions or decreases in weight of organs or tissues, desiccation, retrograde movement, and progressive degeneration. The downward course, however, is not uniform in the sense that every organ and every system displays progressive disabilities. Gerontologists commonly note a comparatively "youthful" cardiovascular system, a relatively "middle-aged" muscular or skeletal system, and an "old" digestive system within the same individual (p. 48).

Although relatively little has been done in linking these changes to psychosomatic origin, the National Institute of Mental Health offered its study results as early as 1963. Speed and response in testing were noted to be closely associated with environmental deprivation and depression. Sensory loss affecting some 30 per cent of the aged was seen to facilitate suspiciousness, paranoia, and disturbed communications which resulted in the invalidating of most tests.

Like the physiological processes, the measured cognitive processes of the elderly show variable changes with age. Many noncognitive factors such as the culturally valued speed of response, health of the individual, and motive state seem to be inextricably bound to performance. According to many of the contemporary studies, verbal ability, stored information, vocabulary functions, memory recall of minute details of the past, and total performance of complex tasks may often increase with age (Tibbitts, 1960; Botwinick,

1967; Rosenfelt, 1965; Koller, 1968). Continued mental stimulation was singled out as important to memory tasks in a study of persons in highly intellectual professions (Istomina, 1967, 68). This study indicated that older professionals were slower in the area of rote memorization of unrelated data, but that comparatively, their logically mediated memory accompanied by high-level cognitive activity remained constant or increased. Likewise, the aged appears to encompass too varied a group for the label of resistance to change to be applicable. The level of education of the older person, his attitudes, values, and beliefs, and the very immediacy of his life were shown to correlate closely with conservatism or liberalism (Field, 1968).

Intervening variables such as physical restrictions and role losses which may serve to limit the behavioral alternatives of the elderly need further consideration. Many are appalled by the physical plight of the aged. Senior citizens comprise ten per cent of the total population and yet, 20 per cent of America's poor. Their household income is currently less than one-half that of other households. Social Security benefits pay an average of \$118 per month, but this figure drastically decreases if the aged person is able to supplement it by part time work. Existing assistance programs like Medicare pay 43 to 45 per cent of the health bill but fail to cover such life

necessities as hearing aids, glasses, dental care, and drug supplies. Of the 95 per cent of elderly not living in institutions, 30 per cent live in housing federally defined as substandard. Maintenance of the deteriorating homes owned by two-thirds of these aged has become a very real concern (Butler, 1973; Shaffer, 1971).

Educational disparities would appear to further disadvantage our senior citizens. Riley (1968) explained that of the aged 75 years or older, 75 per cent have had only eight years of formal schooling. Within the 25 to 29 year age bracket, however, 83 per cent have had more than this minute amount of educational preparation.

The impact of another form of restriction, social isolation, is difficult to extract from the literature on aging today. Evans and Brown's study of the aged in Montana (1970) indicated, however, that even in Montana limiting factors may operate in a self-fulfilling prophecy nature not unlike the poverty cycle in ghettos. They wrote of such a cycle:

Public services that would tend to bring the aged into at least casual social relations with others in rural settings are decreasing in numbers. . . Health services, in particular, which the elderly so greatly depend upon to keep them socially mobile, according to Ellenbogen, tend to be inadequate or unavailable in rural areas (Ellenbogen, 1967, p. 207). Thus the rural aged are not only left without sufficient social opportunities where they reside, but often without the needed mobility to get where there are such opportunities. The result is that they tend to become increasingly socially isolated (p. 115).

The effects of interrelationship losses and the availability of alternative replacements are major questions of importance to this study. Several preceding analyses have indicated that the losses of work, spouse, child, sibling; grandchild, and the variety of associates at work or in the community may have important consequences for the elderly. Shanas found in her study of the aged in three industrial societies (1968) that those recently deprived of a close relative reported extreme loneliness. She further noted that in all three countries, approximately two-fifths of the aged are widowed, separated or divorced.

Block and his associates (1972) reported that familial role loss had implications far more serious than loneliness for a sector of the group analyzed. Widowers appear to be in a particularly precarious position with regard to will to live. This group's suicide rate significantly surpassed husbands, wives, and widows. Counteracting alternative relationships such as close kin networks, the domestic role and involvement in formal organizations were noted to have not been adequately developed by men. A "life choice study could offer further analysis of the correlation between role loss and general activity and involvement.

Before allegations of aged role reversal and dependency upon children and relatives may be seriously considered, further research needs to be done. The extent to which physical restrictions and role

losses force dependency will be investigated in this study. In preparation, in-depth data on present familistic interaction patterns of the aged are difficult to obtain. Some empirical studies have indicated that the interactive relationships between parents and children are ones of mutual support and that no widespread role reversal or conflict exists. A variation of aged familial interaction appears when urban-rural criteria are considered. From his study of five Wisconsin communities, Bultena (1969) reported:

Contrary to expectations, the urban children see their parents more frequently than do their rural counterparts. Forty-five percent of the urban children, and 29 percent of the rural, were reported as being seen by their parents at least once a week. Thirty-four and 25 percent, respectively, were seen only a few times a year or less (p. 9).

Purpose

The major purpose of this study was to determine which intervening variables affect the rural elderly's formal social involvement and mobility. Physical restriction, marital status, employment status, and comparative biographical assessment have been isolated as major variables.

Selected Variables

Although it is impossible to determine in advance all variables which may be of importance to this study, prior research has indicated

that certain demographic factors influence analyses to varying degrees. These variables of sex, age, marital status, education, income, employment status, and physical health seem to merit general consideration. Beyond these basic criteria, factors of physical restriction, mobility, comparative biographical assessment, and formal social involvement were selected for investigation. The interaction between marital and employment statuses and general social involvement has been previously noted in research studies by Block (1972). Although the remainder of these variables have not been documented in the existing contemporary data on aging, they appear to be of particular importance to this research.

Hypotheses

1. Rural elderly having a high degree of physical restriction will:
 - a) have a low degree of formal social involvement
 - b) be more predominantly male than female
 - c) have a low degree of physical health
 - d) be more advanced in age
 - e) have a lower level of income
 - f) have a lower comparative biographical assessment
 - g) be more predominantly single than married

- h) have completed fewer years of formal education
- i) be more predominantly non-working than working
- j) have a low degree of mobility

2. Rural elderly having a high degree of mobility will:

- a) have a high degree of formal social involvement
- b) be more predominantly female than male
- c) have a higher degree of physical health
- d) be less advanced in age
- e) have a higher level of income
- f) be more predominantly married than single
- g) be more predominantly working than non-working

3. Rural elderly having a high degree of formal social involvement will:

- a) be more predominantly female than male
- b) have completed more years of formal education
- c) have a higher level of income
- d) have a higher degree of physical health
- e) be less advanced in age
- f) be more predominantly married than single
- g) be more predominantly working than non-working

4. Rural elderly having a high comparative biographical assessment will:

- a) have a high degree of formal social involvement

- b) be less advanced in age
- c) be more predominantly married than single
- d) have completed more years of formal education
- e) have a higher degree of physical health
- f) have a higher level of income
- g) be more predominantly working than non-working

Definitions

In defining the aged, countless perspectives could be considered with equally plausible rationale. Sociological, psychological, and physiological ramifications become readily apparent. A person may be as old as he is expected to be, thinks or feels he is, and is physically diagnosed to be. For simplification purposes, however, this study incorporated the following statement from Butler (1973) in the definition of the concept of aging:

Aging, of course, begins with conception. The selection of age 65 for use as the demarcation between middle and old age is an arbitrary one, borrowed from the social legislation of Chancellor Otto von Bismarck in the 1880's. This definition of old age has been adhered to for social purposes--as a means for determining the point of retirement or the point of eligibility for various services available to the elderly. But the age of 65 has little relevance in describing other aspects of functioning such as general health, mental capacity, psychological or physical endurance, or creativity (p. 4).

Major variables analyzed in the life choice study of aging were operationally defined as follows:

Physical Restrictions: This variable indicates physical obstacles to interaction with others. Transportation facilities and costs, housing maintenance and costs, the physical proximity of children and relatives, the location of social facilities and friends, and spouse's health were the criteria selected to measure physical restriction.

Physical Health: The respondents' overall self-assessments of present physical health were the indicators of this criterion.

Comparative Biographical Assessment: The respondents' self-assessments of feeling worthwhile, useful, and responsible as compared to a prior point in life were used to define this variable.

Formal Social Involvement: This variable was identified by the criteria of respondents' social, religious, and political formally organized activity.

Mobility: In analyzing this variable, the major criterion of travel was considered. Physical movement about to see friends, to get out of the area for drives, and to purchase daily necessities were specifically analyzed.

Aged: Respondents 65 years and older were considered aged in this study.

Education: Elementary, secondary, post-secondary, and vocational levels of formal education define the parameters of this variable.

Income: This factor was defined to mean gross family income before taxes or other deductions. A family was assumed to mean members comprising a household and related by blood or marriage.

Employment Status: This criterion was sub-divided into two categories: working and non-working statuses. Full time and part time employed respondents were considered to be working. The unemployed, temporarily laid off, seasonal, retired, and housewives were defined to be non-working respondents.

Marital Status: This factor was sub-divided into two categories: the married and single statuses. The one group of married respondents comprised the first sub-category. The widowed, divorced, single, and separated were considered as the second group, the single status.

CHAPTER II

REVIEW OF LITERATURE

Physical and Mental Capacity Studies

One of the interesting questions in a study of aging is whether differences in individuals are to be attributed to the aging process, or are operative throughout life. Longitudinal studies would be helpful in dealing with this issue and clearing away much existing confusion. Such confusion has been expressed by several researchers. In Riley's (1968) review of health capacities of those 65 years and older, she noted that although 80 per cent of these 20 million persons have at least one chronic health condition, only 15 per cent of this group reported themselves too handicapped for regular employment or housework. Thirty-two per cent of the aged studied reported chronic health conditions, additionally, stated they had no activity limitations due to the chronic problem. From this study, the elderly appear to suffer from fewer acute illnesses compared with the rest of the population which may account for the surprisingly high activity level. Riley concluded that little evidence existed to confirm the general belief of health and physical capacity declining with age, when individuals are compared with their own health and capacity in earlier years.

Differences with respect to age gradations seems to be an important variable in reported physical health and capacity among the aged. In Shanas' study (1968) of the elderly in three industrial societies of Denmark, Britain, and the United States, the aged populations were sub-grouped into four age categories: 65 through 69, 70 through 74, 75 through 79, and 80 years and older. Shanas noted physical capacity differences by age increments in the following:

In all three countries, persons aged 65 to 69, both men and women, are functioning quite well as measured by the index of incapacity. From six to seven of every ten persons in this age group report that they have no difficulties whatsoever in going out of doors, walking stairs, washing and bathing, dressing and putting on shoes, and in cutting their toenails. Beginning with the cohort aged 70 to 74 in Denmark and in Great Britain, and that aged 75 to 79 in the United States, there is a change in physical capacity among the elderly. . . In the age cohort 80 and over, only two of every ten men and four of every ten women in Denmark, three of every ten men and two of every ten women in Britain, but five of every ten men and four of every ten women in the United States report no incapacity.

. . . Sensory impairments, particularly vertigo, are reported by old people in every age cohort. Women more often than men report being giddy, but irrespective of sex, the older the respondent the more likely he is to report some experience with vertigo. At ages 65 to 69, 12 per cent of the Danes, 10 per cent of the British, and 14 per cent of the Americans report that they had some experience with vertigo during the week before their interview. Among the aged 80 and over, however, 26 per cent of the Danes, 22 per cent of the British, and 23 per cent of the Americans report that they experienced vertigo during the past week (pp. 37-38).

Bultena and associates (1971) reported that advancing age was primarily responsible for the noted impact of health problems

and physical incapacities among the elderly population. In a National Health Survey of persons 65 and over, his investigation noted that chronic illnesses became increasingly prevalent with age increments and that one-fourth of those aged 74 and older as compared with one-tenth of those aged 65 to 74 years were unable to carry on a major activity.

Numerous descriptive analyses have been offered of the aged population's self-reported physical capacity and respective levels of education, income, and general socioeconomic class. The older population reviewed by Simpson (1966) as compared with a random sample of the general population were, respectively, of less education, lower income and social class level, and, correspondingly, judged their health to be poorer and listed more health problems. In this study, 72 per cent of the older group and 56 per cent of the general sample noted that health problems restricted their activities. Rose's study (1966) of socioeconomic class differences among the aged indicates that instances of no reported differences in physical capacity may be semantic in origin. From his observations of 210 non-institutionalized persons 65 to 85 years of age, he reported that although middle and lower class respondents did not indicate differing health statuses, the lower class aged replied significantly less favorably to the question of how they physically felt at this point in life.

Further question is thrown upon the blanket correlation of increasing age and decreasing physical capacity when the affects of social expectations are considered. Although Habner's study (1970) on age and capacity devaluation of 8,700 disabled, non-institutionalized civilians was not representative of the upper limits of the aged, his research offers support of this point. Social expectations were seen to reflect on respondents' expectations about the biological changes which aging brings. At each educational level, the older respondents consistently placed lower value on their physical capacity than the younger groups. Disability, defined as a chronic health condition or impairment limiting the kind or amount of work for six or more months, was noted to increase consistently with each age increment, although hospitalization and active sickness was seen to vary only slightly with age. Regardless of the indications of the "functional limitations index" used by Habner, the older group always reported disabilities of a more severe nature. His study cited research by Welford in 1958 which, additionally, revealed that actual ability deterioration on occupational skills was nearly negligible before 60 years of age. As expressed in other studies, the aged are expected to be less capable physically, and generally, cannot point to an institutionalized work role to negate this charge. Lipman and associates (1969) have epitomized the aged's position of expected physical incapability with the "terminal sick role" construct.

Notably the aged, the mentally ill, and other socially defined categories have been ascribed this status of terminal dependency upon others. By virtue of who they are, the aged's health and capacity is not only expected to be low, but is expected never to be restored.

In considering physical dependencies or incapacities, research findings have concluded that the degree of dependency changes very little over age, with the possible exception of the five per cent of the institutionalized aged. The visibility quotient of the aged's dependency appears to be the factor of importance in the labeling process. Kalish (1969) cogently summarized this perspective in these words:

Dependent relationships are not "regressed" to, they persist throughout the life of most people in our society. They are more troublesome in old age primarily because they are less elaborately disguised, and are expressed in ways that are less acceptable socially than before.

In fact our culture seems to favor the development of adults who derive gratification from a parasitic relationship with a parent substitute, rather than in nondependent social interactions with their peers (p. 3).

Numerous researchers have cited the psychosomatic bases of actual physiological aging which appear to originate in internalized social expectations. The "aged" person by society's standards, may think himself into old age. Maxwell Maltz (1960) noted in his analyses of aged persons that by harboring the expectations of growing older with all that this entails and setting up what he referred to as

"negative goal images," the aging person may behave in ways that physiologically bring about old age. He has cited an example of this behavior in the following excerpt from Psychocybernetics:

. . . We begin to taper off on both physical and mental activity. Cutting out practically all vigorous physical activity, we tend to lose some of the flexibility of our joints. Lack of exercise causes our capillaries to constrict and virtually disappear, and the supply of life-giving blood through our tissues is drastically curtailed. . . Dr. Selye has cultivated animal cell cultures within a living animal's body by implanting a hollow tube. For some unknown reason biologically new and "young" cells form inside this tube. Untended, however, they die within a month. However, if the fluid in the tube is washed daily, and waste products removed, the cells live indefinitely. They remain eternally "young" and neither "age" nor "die" (1960, p. 238).

Maltz further noted that the lack of activity and exercise prevalent among those persons who imagine themselves older results in deterioration of the capillary system, the channels through which bodily wastes are removed. In essence, if the mind pictures its goal as degenerative aging, the body sets about immediately to insure attainment of this end state. But under the harsh tyranny of the work ethic as a measure of fitness and its conspicuous unavailability to the aged, society has provided no suitable alternatives for them.

According to contemporary research (Butler, 1973; Hazell, 1965; Tibbitts, 1960), physical capacity losses were noted for the aged population but were not viewed as indigenous to that age sector. General sensory loss affecting some 30 per cent of the persons 65 and

older was reported to begin in the forties and fifties. The six leading reported chronic health conditions of the aged are heart conditions, arthritis and rheumatism, visual impairments, hypertension without heart involvement, mental and nervous conditions, and impairment of the lower extremities (Riley, 1968). Cardiovascular difficulties, interestingly enough were seen as characterizing old age. Butler and his associates have further correlated the stress and shock of retirement with coronary heart disease. They have cited studies by the National Institute of Mental Health which indicated that although 80 per cent of the aged have fair to adequate vision until 90 years of age, the noted decreases in visual acuity were significantly correlated with depression and environmental deprivation (1973).

Performance studies of physical and mental capacities of the elderly population have noted both increases and decreases in some areas but have universally disproved allegations of senility as a generalization. Tibbitts (1960) cited a study done by Corsini and Fassett in 1952 on 172 younger and older prisoners which revealed that hearing and IQ tests tended to remain constant with age, while verbal measurements increased. Tests requiring speed, acute vision, or close attention tended to decrease with advancing years. Total performance of complex tasks was noted by Tibbitts not to vary with age, although the method of completion and the amount of energy involved did. Significant variations were noted within each age

group observed. Botwinick and his research team have described the nature of this variability and concluded that:

Not all functions necessarily decrease with advancing years. In general, verbal abilities and stored information show little, if any, deficits in most people. For people of superior initial ability, these functions tend to improve with age. On the other hand, psychomotor skills, especially those involving speed and perceptual integrative abilities, decline appreciably and seem to do so for all levels of initial ability. The vocabulary functions in particular have been singled out for study because, as usually measured, they are found to be relatively impervious to change with age . . . many seem to improve until quite late in life (1967, pp. 187-188).

The possible effects of sensory impairment and built-in age discrimination in IQ tests' results notwithstanding, Borwinick has noted additional "non-cognitive" factors of education and motivation as responsible for much of the observed variability. The well-educated subjects were seen to do better in tests requiring elaboration of concepts, and the aged were significantly less well-educated than their tested counterparts (1967). With regard to memory testing, motivation appears to be of critical importance. Younger subjects may be familiar with the current labeling of concepts and present meanings of more importance to them, but as Koller (1968) has indicated in his studies, the past and its meanings were of far greater value to the aged. They were able to remember the most minute details, names, and dates associated with these past events.

Additionally it appears from cumulative data that the elderly adhere to attitudes and values which are functional to them. What has become tried and true among their principles is used even if it may be inappropriate in some types of testing. In Istomina's study (1967-68) of the comparative memories of younger and older persons engaged in highly intellectual professions, he found support for the correlation between continued intellectual activity and memory powers. The research on 30 professors or doctors of science and 30 students at institutes of higher learning revealed that memory was primarily dependent upon what the individual is dealing with and was more active in instances of the material being related to the professional area and if it was interesting. As Istomina noted in the following, some forms of retention were not functional for the elderly population studied:

While immediate rote memory noticeably worsens with age, the level of logically mediated memory, accompanied by active cognitive activity, not only does not fall but even rises somewhat. . . The widespread point of view that all aspects and forms of human memory decline with aging does not find support (p. 28).

In Talland's work with comparative performances of the younger and older populations (1968), he indicated that short-term memory deficiencies in segments of the older group were correlated with the aged's exposure to new material, definitions, and residual definitions of the past. In his study of redundancy in discrimination between complex stimuli among younger and older subjects, Talland has posed

the possibility of the older respondents requiring more time to sort through available, sensible alternatives on hand. In investigations by Hulicka and Weiss in 1965 in which initial short-term memory deficiencies were noted, retention did not vary with age provided the older subjects were given enough time to form replacement associations. Talland lends further support to this idea in his 1966 study in which he noted that the shapes of retention were approximately the same for all age groups with repeated free recall trials (1968).

Cultural Expectations and Roles of the Aged

Most contemporary research available has indicated that societal expectations and resultant roles for the elderly are at best ill-defined and highly controversial. It appears that due to this inherent ambiguity and insecurity of the aged's status, few elderly accept the position with equanimity. The problem of giving up one's previous status as an employed, productive contributor to society seems to negate smooth transition from the middle-aged to elderly group. In his study of 26 men 70 years and older who received social security but were not classified as financially dependent, Payne (1960) noted that the elderly significantly selected mature or middle-aged persons for identification, helpfulness, and advice-giving. Of the four age groups identified by pictures in this study, the elderly rarely chose their own age mates. Payne expressed in the following

that the expectations and status of the elderly were not desirable nor comfortable to accept:

The ease with which the infant or small child plays the dependent role inheres in his relative helplessness or lack of alternatives. . . In contrast, certainly part of the difficulty with which the oldster accepts reversal of role inheres in the fact that to do so requires admission of "decreased" abilities and surrender of power and authority, as well as surrender of personal autonomy over achieved personality organization, as the admission that the specific other (the child) who was for so long his inferior-subordinate, has indeed become his superior. . . the oldster can see nothing ahead but further submergence of his own will to that of others (p. 362).

Whether or not the dependency role, lessened status and prestige, and loss of authority actually describe the majority of persons in the aged group does not alter the impact of myths and mystiques (McCall, 1966). Such conceptions as illustrated have been noted to have very real consequences in terms of the elderly going outside their own age category for information and value support.

Societal expectations of dependency appear in part to have origin in much of the recent federal legislation. In contemporary studies of public action for the aged (Taves, 1965; Isenstadt, 1966; Maggs, 1966), analyses of what has been done for the aged were offered. The very labels of the three major sources of coverage, social security, Old Age and Survivors Disability Insurance, and Old Age Assistance, imply necessary dependency. Amendments to the Hill-Burton Act in 1964 extended the construction of medical facilities

five years, with long-term care facilities having been allotted from \$40 to \$70 million construction expenses. Yet, these studies have noted that 30 per cent of the elderly presently live in substandard housing. As of 1965, the Veterans Administration was to construct facilities for not less than 4,000 nursing home beds. Hospital and medical assistance to the elderly was reported to be grossly deficient with each state determining the amount of assistance aged persons received. Little progress appears to have been made in insuring income and the opportunity for employment of aged persons. Thirty-three per cent of the aged population were noted to be living at federally designated poverty level, yet the Department of Labor was still working to promote the concept that ability is ageless. Under social services legislation, the Public Welfare Amendments of 1962 offered 75 per cent federal sharing of costs in five areas of concern. These areas were money management, homemakers' service, transfer from institutions, visiting services, and foster family care services. Various other programs including the Foster Grandparents Program, teaching aides, and voluntary services programs were yet young, state-regulated, and highly variable in provisions.

Evans and Brown have revealed in their study of the aged in Montana (1970) that numerous formal organizations have been created especially for the elderly group. Presently in Montana the aged have 65 organizations with a listed total membership of 10,250, although

the average attendance ratio was noted to be only 2,130. Fourteen Senior Citizens Centers exist in Montana with listed membership of 6,750. But of the large recorded membership, only 500 senior citizens participate daily in these Centers' activities. In addition to the Senior Citizens Centers, profession-related retirement groups such as the Retired Railroad Employees, American Association of Retired Persons, National Association of Retired Teachers, National Association of Retired Civil Employees, and the American Legion Auxiliary were noted to have been organized to replace the previous work role status. The limited number of aged belonging to both mixed age groups and organizations prior to retirement was emphasized in this research.

Although Butler (1973) noted that the elderly somehow are able to earn 29 per cent of their income through full-time, part-time, or "bootleg" employment, retirement appears to be a problematic role loss for many of the aged. The difficulty in adjusting to the ever-increasing compulsory retirement plans has become the . . . "product of the net loss or gain of social roles and positions of respect," according to Evans (1970, p. 27). Loss of respect appears to be of crucial importance in net gains and losses of retirement as was noted in Morse and Weiss' study in 1955 (Evans, 1970). In questioning 401 workmen as to what would be the most important loss with the advent of retirement, they reported that respondents indicated the loss of feeling useful, worthwhile, and concomitant lowered self-respect to be the most detrimental.

Research has indicated that the net loss and or gain inherent in retirement is dependent upon the factor of work identification. Bice and associates (1968) constructed a work-identification index based on the Guttman scale in the longitudinal study of 413 active farmers in five central Indiana counties. Respondents were categorized into high, medium, and low work identification categories. Following 30 of the farmers' retirement in 1960, this group was questioned about the retirement decision, experience, and their general satisfaction. The majority of the high work orientation group and none of the low orientation group reported forced retirement. Following formal retirement, 61 per cent of the high, 71 per cent of the middle, and 17 per cent of the low group still continued to work. Compared with the low group, Bice noted that the high and middle groups of aged retired were significantly more bored, dissatisfied, and frustrated by their acquired non-working status. Once again, the meaninglessness and uselessness of the status was mentioned by both the high and middle work orientation groups as the most difficult aspect of retirement.

In a study by Youmans (1961) of retirement satisfaction of rural and urban persons, the factors of place of residence, sex, and health were reported to be significant in retirement adjustment. The probability sample of 1,236 men and women aged 60 to 97 years incorporated Leo Srole's "anomia scale" of five statements measuring

pessimism among respondents. Rural respondents were noted to be primarily more pessimistic than their urban counterparts, and 48 per cent of the rural compared with 33 per cent of the urban agreed with the statement that life was getting worse. The factors of age, socio-economic status, and retirement were reported by Youmans to be noticeably correlated with retirement pessimism.

Research studies have indicated that the transition from full employment to retirement of the aged was more satisfactorily facilitated by financial and counseling preparation of the elderly for this role loss. Reid (1966) has cited a study completed by Edwin Schutz of the New York State School of Industrial and Labor Relations at Cornell University in which 299 industrial retirees of companies with pension plans and counseling and those with pension plans only were interviewed about retirement. Favorable responses regarding expectations of the future, satisfaction with retirement activities, finances, and health were noted with the retirees from companies offering both financial and counseling preparation for retirement. The pension plan was observed to affect only favorable feelings toward financial security and independence. Thompson and associates have studied the effect of retirement on personal adjustment among the aged and have noted similar findings with regard to financial preparation (1960). Using the Guttman Scale of scoring life

satisfaction, this investigation analyzed the constructs of satisfaction, dejection, and hopelessness on a longitudinal basis of an all-male sample of respondents. Measured maladjustment was seen primarily in the case of respondents who felt economically deprived, were in poorer health, and generally had difficulty keeping occupied. With this group, the indices of lack of satisfaction and dejection were reported to decline significantly, while hopelessness remained relatively constant for all respondents.

That society expects and consequently offers dependency affiliations for the aged has been documented by various research assumptions. Kalish (1969) has identified four major categories of "normal" dependencies of the aged population. Economic, physical, mental, and social natural dependencies arising from such losses acquired in aging were reported. Youth's attitude of tolerance as opposed to acceptance of the aged in a study of 400 high school and college students conducted by Lane (1964) was noted to indicate desired emancipation from a role perceived by the youth as being dependent.

Although social dependency has been cited as being "normal" or expected of the aged, research indicates that informal social roles of the over 65 population are less dependent in nature than those of the middle and younger age groups. In Kalish's report on social space and dependencies of three generations from the same

families, undergraduates, parents, and grandparents, he has noted that oldsters were significantly less dependent on important others and did not place heavier dependency loads on their relationships than the younger or middle groups. In the chart of "affectional exchange." the aged were seen to give more than they received, a reversal of the middle and younger respondents' behavior. Accuracy in all cases between self-perceptions and perceptions of others of the respondents was considered to be satisfactorily high (1969).

With the social organizational possibilities previously noted and the relative economic and age discriminatory bases, and aged persons in our society appear to have the necessary foundations for an influential political role in society. The elderly's actual political participation was noted by Lipman (1969) to be high enough for a possible voting bloc. That the threat of this role exists based on unrest and frustration with the system was exclaimed by Landis as early as 1942 when he related:

Never before in American political life have we had an organized social-political group based on age as such and representing the interests of a biologically differentiated group within the white population. . . may be as threatening to the foundations of democratic procedures as other class interests based on racial, social, and economic distinctions have been (1942, p. 467).

Research has indicated that the religious role or the promise of life after death is available to the aged as a substitute or augmentation of the roles presently afforded them. According to

Block's studies (1972), the elderly were more likely to perceive the possibility and belong to religious groups than any other formal role of this nature. Religiosity may further be considered under the category of compensatory behavior, one of the several personal adaptive techniques cited by Butler (1973). His investigations have revealed denial, projection, fixation, regression, displacement activities, idealization, selective memory and sensory reception, the exploitative use of old age, and busyness as further personal adaptations adopted in the face of threat and crises.

Loss of the spouse role has been noted in research to be particularly problematic to certain sectors of the aged population. In his random sample study of 2,544 aged non-institutionalized persons in Pinellas county, Florida, Block (1972) has reported that widowers were significantly higher in suicide rates than widows or their married counterparts. The widower was noted to be in a far more precarious position in terms of role replacement due to his lack of developed alternative relationships. To somewhat compensate for the absence of spouse, the widow was seen to have close kin networks, residual formal organizational participation, and the domestic role not lost via retirement. Shanas revealed from her study of the aged in Denmark, Britain, and the United States (1968) that sudden recent losses or deprivation of the spouse role was an important factor in

the adjustment of aged persons. In these instances, comparatively more severe loneliness and grief were reported by the respondents.

According to the Population Report of 1967 cited in Stinnet's study (1970), 80 per cent of the males and 65 per cent of the females 65 to 75 years of age and 58 per cent of the males and 20 per cent of the females 75 years and older were yet married. This existant role was noted to be significantly unsatisfactory for the females of the 227 husbands and wives interviewed. Stinnett employed the Marital Needs Satisfaction Scale composed of the items love, personality fulfillment, respect, communication, finding meanings in life, and integration of past experiences in evaluating the comparative satisfaction of men and women. This research concluded that men scored the highest on this scale due to the women's developed dependency and sensitivity to the inadequacies of their male spouses.

Parental and relative roles of the aged in our society are noted by research findings to be highly available to the majority of elderly. Shanas has indicated that two-fifths to one-half of the aged studied having only a son or a daughter lived a 30 minute drive away from them, but that of those elderly having more than one child, only one-fifth to one-fourth lived this far away. Sixteen per cent of the widowed as compared with two per cent of the married elderly in the United States were noted to be living in the household of a

married child. This study, additionally, revealed that helping patterns of the families and parents were of a two-way street nature for every social class, which seems to question the feared expectation of role-reversal between children and aged parents (1968). Research findings have not unanimously supported this conclusion, however, as indicated in Glasser's study (1962) of 120 elderly persons contacted through the Jewish Family and Children's Service at Detroit. This study, which may be generally considered non-representative due to the distinctive sample and high percentage of the elderly living with children, has noted some degree of role reversal and role conflict. These conclusions were based on the amount of financial aid received by the aged from their children.

Research has revealed that the grandparent role for the majority of the aged with living children is available to the elderly. Butler noted that in 1962, 70 per cent of the aged had living grandchildren, and 32 per cent of this group were great-grandparents (1973).

Social Behavior Studies of the Aged

Many of the social behavior studies of the aged have been based upon Cummings' construct (1960) of "disengagement," the freedom of old age from the variety and amount of previous social interaction. The disengagement hypothesis has been viewed as a two-way type of

severing of social participation with the major emphasis on the aged's voluntary decreasing of activity. Cummings' original study (1960) was based on a longitudinal stratified random sample survey of 107 men and women 50 and 90 years of age in the Kansas City metropolitan area. Her major hypothesis was that the variety of interaction would vary with age. This research incorporated both an interaction index based upon self-reports and a "social life space measure" which discriminated between high and low ranges of interaction with family and friends. These measures did not account for the duration of interaction. Cummings and associates reported low interaction scores of 28 to 85 per cent with correlating increments in age. On the social space measure, 14 per cent of the 50 to 54 years group and 82 per cent of the 70 to 74 years group were noted to be low on range of interaction. The second hypothesis of changes in amount and variety of interaction accompanied by changes in perception of life space was not significantly supported. Working respondents and those not measured to be restricted both perceived restriction. The study's final hypothesis that a change in the quality of interaction would accompany a decrease in social life space, from absorption with others, evaluatively, to carefree absorption with self. This was supported only in the cases of working respondents who dropped significantly in approval-seeking. Non-workers decreased with age in love-seeking but increased in the need for approval, esteem, and

response from others. As the study was based solely on measures of "intuitive" judgment, provided only general age categories, and had a high longitudinal loss of cases through deaths, removals, and refusals, it appears that the validity of the research is questionable.

In a later investigation by Bultena (1971), the effects of physical health status on disengagement of a random sample of 300 rural men and women 65 years and older was measured. Respondents' health status was categorized objectively with the use of a 22 item National Health Survey and subjectively by self-reports. Good health was indicated to mean having one or no chronic health problems. Disengagement was noted to be high or low according to the frequency of respondents' face-to-face interaction with relatives and friends. Low and high categories were used in measuring morale on a modified "Life Satisfaction Index." Bultena reported in this study that although no significant relationship existed between the volume of social interaction and subjective or objective health scores, both decreased interaction with friends and poorer morale were related to health loss. His study has further indicated that disengagement did not bring improved morale to even the healthy respondents but that high morale progressively declined with diminished interaction.

The question of rural or urban residence as a factor in the subjective and objective economic disengagement was analyzed in a study

by Youmans (1966). Two age groups of males in a rural area and two age groups of males in an urban area were interviewed with respect to economic and income criteria. Youmans reported that all older respondents had indicated less economic deprivation and had made adaptations and adjustments to economic disengagement. The rural elderly, in particular, were noted to be less dissatisfied than their counterparts in the number of existing opportunities for gainful employment.

Studies such as the one conducted by Crawford (1971) have noted the general effects of retirement on disengagement. In her exploratory, longitudinal research of 39 married couples of the age range 45 to 72 years, separate pre- and post-retirement interviews for husbands and wives were arranged. From the first interview session, Crawford reported that over half of the persons would miss the company of work personnel, that only 35 per cent belonged to organizations outside the home unconnected with work, and that 67 of the 99 respondents disagreed with the physical aspects of work but did not desire to disengage. This study indicated that the advantages of working in terms of the social work role far outweighed the disadvantages or unpleasantness. With reference to the social necessity of the work role, Crawford cited Orback (1971) "We have institutionalized a system of rights without accepting the values and normative

system that it implies (p. 262)." That disengagement is not entered into voluntarily to the degree indicated in the Kansas City study (Cumming, 1960) was supported, as one-half of the men and women interviewed identified retirement with forced disengagement. Few, comparatively, indicated retirement to be a release from pressures for engagement in pleasurable hobbies or for engagement in a set of different activities. However, non-manual workers were less likely to identify retirement with forced disengagement.

In terms of response differentials in interviewing, Mercer and associates investigated the proposition that disengaged persons would be less willing to cooperate with survey questions (1967). Of the 16 per cent refusal response for those 60 to 69 years and the two per cent refusal rate for persons 16 to 19 years of age, complete activity forms were filled out from the city directory, the U. S. Census, and the power companies. Mercer noted that, comparatively, disengagement was not a factor in refusal rates providing the initial old age bias of the study was taken into consideration. This research indicated that there was no significant difference among refusers and non-refusers on the calculated indices of social participation and voting behavior.

As Riley (1968) has noted in her research on aging, the construct of disengagement is difficult to deal with until more studies

are done on a longitudinal basis. Research prior to this point has indicated that deprivations in the form of poor health, loss of spouse and forced retirement, not the general loss of activity or busyness, were correlated with low satisfaction on the feelings of uselessness and unhappiness. It therefore appears that cultural expectations, roles and life patterns of each individual respondent have been erroneously ignored in the early disengagement research. Rosenfelt (1965) summarized her reflections on disengagement by saying:

Let him brace himself for isolation and rejection. Everyone knows disengagement is a two-way process and more the second way than the first, meaning that external forces are most cogent to the outcome than the individual's voluntary relinquishment of roles that bind him to ongoing society. Worse than isolation is the mental ill-health that follows it, this concept being a euphemism for loneliness, which sounds too sentimental for modern usage. The nadir of the process is, of course, institutionalization of the aged--not always a necessary or desirable outcome, but a practical method of storage until death. . . The views of Orland (1964), comparing mental asylums for the old with Nazi death camps, offer food for reflection (p. 39).

Numerous investigations of the elderly's social participation have been made and have indicated a variety of variables of importance. The rural residence factor was studied by Mayo (1951), incorporating the use of the Chapin Social Participation Scale of formal organizational involvement. For the age range of formal organizational participation was found in the 55 to 59 age group

and particularly among white females. Most of the positions of leadership and four-fifths of the total formal participation of the rural elderly was noted to be in religious activities. Furthermore, Mayo has indicated that about three-fifths of all rural formal interaction occurred within the neighborhood residence of this elderly group.

Strieb's longitudinal study of the effects of aging on social participation cited by Reid (1966) analyzed both the informal and formal types of social interaction of 800 employed and 500 retired males 64 to 71 years of age. This research concluded that although there was no initial significant difference between employed and retired in terms of social participation, some decline was evident over the seven-year study period. The factors underlying the retired persons' lessened activity were not noted. In accordance with Mayo's findings (1951) on religious activity, Streib reported no decline for either group in church attendance over the period of the study. Riley (1968) has noted from her work that church attendance falls off only in advanced old age.

The factor of socioeconomic class was reported by Rose (1966) to be of importance in the consideration of aged social participation. In his study of 210 non-institutionalized persons 65 to 85 years of age, Rose noted class differences in participation. Lower class respondents were significantly below those of middle class in the

social areas of church attendance, voting, general activity in politics, club and organizational participation, social informal involvement with friends, and contact with relatives. Only 1.6 per cent of the lower class respondents as compared with 19.6 per cent of the middle class elderly saw relatives daily, and, correspondingly, 47 per cent of the lower as opposed to 39 per cent of the middle saw relatives more often before 50 years of age. The mentioned difficulties of inadequate medical care, income, and not knowing what to do with free time were noted to be highly correlated with the lower class status of elderly respondents.

Numerous research data have indicated that political interest and activity among the elderly sector of society is comparatively high and a very viable form of social behavior. In Kapnick's investigation (1968) of political behavior of the aged 62 years and older and of the non-aged at two state constitutional conventions, he noted the activity of respondents on the basis of others' perceptions of communicators, who had contacted them, and who respondents would go to for leadership. This study reported that the aged were equally represented, if not over-represented, in this form of political activity, not significantly less active, and more consistent in their political behavior. On a liberalism-conservatism scale, they were most like the "serious but flexible" 21 to 42 year age group. Kapnick further

