LIFE SATISFACTION:

INFLUENCES OF FAMILY AND FRIENDS UPON THE ELDERLY

Thesis

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

Recent growth in the number of older Americans has focused

attention on the older individual and what constitutes his successful

aging. Much of the current research involves relating various aspects

of the individual's social environment to a measure of morale or

satisfaction with life to determine this successful aging. Neugarten,

Havighurst, and Tobin (1961) regard an individual to be high in life

satisfaction to the extent that he: takes pleasure from the round

of activities that constitutes his everyday life; regards his life as

meaningful and accepts resolutely that which life has been; feels he

has succeeded in achieving his major goals; holds a positive image of

self; and maintains happy and optimistic attitudes and moods. "With

few exceptions, research in the United States has consistently supported

the hypothesis that among the elderly, maintenance of contact with the

social environment is a condition of maintaining a sense of self

satisfaction (Maddox, 1968)." The chief components of the social

environment of the older person consists of his interaction with

family and friends.

Contrary to popular belief, the older individual is not isolated

from his family. Several researchers support the finding that the

geographical mobility of the modern nuclear family has not decreased

the opportunity for interaction, and what is existing today is a modified

extended family form (Litwak, 1960; Riley, 1968). Summaries of other

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people's research (Butler and Lewis, 1973; Puner, 1974) suggest that 80% of all older people have children and 75% of them either live in the same household or within 30 minutes away. In addition to residential propinquity, visiting and mutual aid between adult children and their parents was prevalent (Troll, 1971). Adams (1967, 1968) postulated that relations with family are dominated by intimacy and "positive concern" which leads to feelings of obligation or duty and which tend to persist over time, over spatial separation, and over occupational mobility. Relations with friends, on the other hand, are characterized by value consensus, and while they may be more desired at the moment, they do not persist over time and mobility.

Friends and neighbors play an important part in the lives of many older people, often providing services and role support. "Whatever may affect the extent of older people's friendships, one factor, homophily, clearly influences who their friends are. Thus, among older people, friendships tend to form and endure among similar persons, those alike in age or other characteristics that signal mutuality of experience, tastes, or activities (Riley, 1968)."

Present researchers agree that contact with family and friends are somehow related to an older individual's overall life satisfaction. Due to the lack of consensus, however, of the role family and friends play in a person's life satisfaction, this study was designed to fill this gap. Based on past research, writers have not agreed as to whether contact intensity with both family and friends is important for life satisfaction or whether contact intensity with one without the

other can have the same results.

Purpose

The purpose of the present study was to analyze the effect the elderly person's contact intensity with family and friends has on his life satisfaction. Does an older individual with a high amount of contact with his family or friends score higher on a Life Satisfaction scale than an older individual who has low contact frequency with one or both? In addition, which group, family or friends, is more important for an elderly person's life satisfaction? Also, what effect does the health of the elderly person have on this interaction with both groups, and, in turn, his life satisfaction? Other factors may account for differences in life satisfaction, so the effect of marital status and sex were also investigated. The present study was designed to fill the gaps and conflicting knowledge of past research.

An approach such as this which expands the knowledge of factors affecting interpersonal relationships is the first step in developing both self-help and professional intervention strategies. The goal is the improvement of those relationships that are found to be vital for an older person's life satisfaction.

Definition of Terms

The following definitions are relevant to the present study.

1. <u>older individual or the elderly</u> – noninstitutionalized men and women, 65 and over, living in a section of Philadelphia, Pennsylvania.

2. <u>life satisfaction</u> – is measured by scores on the Life Satisfaction Rating Scale developed by Neugarten, Havighurst, and Tobin (1961). Based on an extensive interview on several areas such as: demographic information, health, instrumental activities of daily living, personal self-maintenance activities, social activities, social relations, morale, environment, services received, and experiences; trained raters made inferences to the person's life satisfaction (See Appendix A). Five components were rated separately for each respondent: Zest versus Apathy, Resolution and Fortitude, Goodness of Fit, Positive Self-Concept, and Mood Tone (See Appendix A for explanation of each scale). Each of the five components was rated on a five-point scale (with 1 high), and the ratings were summed to obtain an overall rating with a possible range from 5 to 25.

3. <u>contact intensity</u> – is measured by the frequency of visiting, phoning, or writing letters between the older individual and his family and/or friends.

4. <u>family</u> – relatives the older individual "feels close to" and living outside of the respondent's household.

5. <u>friends</u> – anyone an older individual sees on a regular basis and considers a friend. This could include neighbors if the respondent includes them as friends.

6. <u>household composition</u> – person(s) living in the household where the person currently resides. The categories used are: single males, living alone; single females, living alone; married males, living with spouse only; and married females, living with spouse only.

7. <u>health status</u> – is the level of physical well-being, measured from two aspects. First, the 22 item health scale of chronic conditions from the National Health Survey is used to measure objective health. Second, subjective health status is ascertained by having the respondents rate their present health condition as either excellent, good, fair, or poor.

Theoretical Framework

    This study, dealing with an older individual's interaction with family and friends and the effect this had on life satisfaction, is grounded in the gerontological theory of Activity. Activity Theory states that "successful aging means the maintenance as far as possible of the activities and attitudes of middle age (Havighurst, 1963)." Havighurst and Albrecht (1953) made the first explicit statement concerning the importance of social role participation in positive adjustment to old age. Several years later, research has accumulated affirming the general validity of this statement in varied contexts (Kutner, 1956; Tobin and Neugarten, 1961; Maddox, 1968; Bultena, 1971; Graney, 1975; Adams, 1971; Palmore, 1977). Maddox (1963) observed that most of the previous research supporting the importance of social role participation for adjustment in old age has implied in its theoretical orientation the assumption that: the social self emerges and is sustained through interaction with others. This assumption and Activity Theory in general used the social-psychological framework of symbolic-interaction as its frame of reference. Based on this, a brief discussion of the premises and assumptions underlying this framework is in order for better understanding of the roots of Activity Theory.

    According to Blumer (1962), symbolic-interaction refers to the peculiar and distinctive character of interaction as it takes place between human beings. Its uniqueness lies in the extent to which covert activity is the crucial dimension in understanding behavior and society (Eshelman, 1974). Symbolic interaction rest on three

premises (Blumer, 1969):

1. Human beings act toward things on the basis of the
   meanings that the things have for them.

2. Meanings are derived from, or arise out of, social
   interaction that one has with one's fellows.

3. These meanings are handled in, and modified through,
   an interpretive process used by the person in dealing
   with the thing he encounters.

In addition, Stryker (1959) has categorized the ideas underlying

symbolic interaction into four basic assumptions:

1. Man must be studied on his own level. One cannot
   make inferences from the study of nonhuman forms.

2. The most fruitful approach to man's social behavior
   is through an analysis of society. Analyses begins
   with the social act, with its basic unit of observation
   being interaction. From interaction, both society
   and the individual derive.

3. The human being is asocial at birth. His social
   development is through interaction with others and
   is continual.

4. The human being is an actor as well as a reactor.
   This assumption demands that the investigator see the
   world from the point of view of the subject of investigation.

The concepts of symbolic interaction relevant to the topic

under discussion are given operational dimensions through Activity

Theory (Lemon, Bengston, and Peterson, 1972). The first concept

discussed was activity. "Activity is defined as any regularized

action or pursuit which is regarded beyond routine physical or

personal maintenance (1972, 513)." Lemon et al (1972) studied three

separate types of activity: (1) informal activity with relatives,

friends, and neighbors; (2) formal activity in voluntary organizations,

and (3) solitary activities. The first type of activity, the most intimate of the three, was the main focus of the present study. In addition, activity with family and friends were studied separately to find out which activity was more important for life satisfaction.

The second concept of Activity Theory described in measurable terms was role support. This is defined as "the expressed support accorded to an individual by his audience for his claims concerning his role-identity (McCall and Simmons, 1966). Role identity, the central concept of the interactionist framework, is a person's perceived view of himself as an occupant of a social position.

Self-concept, the third concept discussed by Lemon et al (1972), was the most important for this study because the primary tenet of the interactionist framework holds that the self is established, maintained, and altered in and through communication with others (Rose, 1966). "The self-concept is that organization of qualities that the individual attributes to himself (Kinch, 1967)." This self-concept is formed through interpreting the reactions of others toward him. Thus, the more one interacts with others or is exposed to the responses of others, the greater the opportunity for reaffirming specific role-identities and one's general self-concept (Lemon, 1972).

The fourth concept discussed by Lemon et al (1972) was role loss. "Role loss is defined as an alteration in the set of behavior patterns expected of an individual by virtue of the loss of some status position within a given social structure (1972, 513)." Typical role losses experienced by the aged are the worker role for the male and the

wife role for the female. The Activity Theory implies that these role losses must be substituted for by others when necessary (Atchley, 1977).

The final concept of Activity Theory discussed was life satisfaction which is defined "as the degree to which one is presently content or pleased with his general life situation (Lemon et al, 1972, 513)."

All of the above concepts are interrelated in Activity Theory. Lemon et al (1972) discussed these interrelationships and summarized by stating:

> "Activity provides various role-supports necessary for reaffirming one's self-concept. The more intimate and the more frequent the activity, the more reinforcing and the more specific will be the role supports. Role supports are necessary for the maintenance of a positive self-concept which in turn is associated with high life satisfaction (1972, 515)."

Past research has substantiated this relationship between self-concept and life satisfaction, finding that an unfavorable self-assessment tends to coincide with low levels of life satisfaction (Riley, 1968).

In summary, the Symbolic Interaction framework provided the broad conceptual base for describing interaction between older persons. Grounded in these basic concepts, Activity Theory established operational dimensions necessary for carrying out the investigation. Activity Theory stresses the maintenance of a large number of roles and being very active in them in order for an elderly person to age successfully. If this theory is an accurate description of successful aging, then elderly persons who maintain a high amount of contact with others should have a higher life satisfaction than

those who have disengaged from others. The testing of this relationship

was one of the main objectives of the present study. In addition,

the present research sought to discern which type of activity,

family or friends, was more important for the life satisfaction of

the elderly person.

Rationale and Hypotheses

Research examining the impact of contact intensity with family

and/or friends in circumscribing the life satisfaction of the elderly

has displayed conflicting findings. Several researchers have found

that the older person's greatest sense of life satisfaction arises

from interaction with his family (Rosow, 1967; Sauer, 1977; Morgan,

1976); while others support the hypothesis that greater life satisfaction

is found through interaction with friends (Arling, 1976; Lemon, 1972;

Edwards and Klemmack, 1973; Adams, 1971). However, based on Activity

Theory which stated that life satisfaction for the elderly person

should increase with more frequent activity, the following relationships

were hypothesized:

Hypothesis 1: There will be a positive relationship between
               family contact intensity and life satisfaction.

Hypothesis 2: There will be a positive relationship between
               friend contact intensity and life satisfaction.

Based on the overwhelming data supporting declining health to

be related to lower levels of life satisfaction (Bradburn, 1969;

Maddox, 1962, 1963, 1968; Streib, 1956; Adams, 1971; Toseland, 1977;

Morgan, 1976; Bull, 1975; Palmore, 1972, 1977; Bultena, 1971; Sauer,

1977, Edwards, 1973; Bild, 1976; Spreitzer, 1974; Thompson, 1973),

and the research which found perceived health to be an accurate predictor

for life satisfaction (Sauer, 1977), it was hypothesized that:

Hypothesis 3:   There will be a positive relationship between
                subjective health and life satisfaction.

Objective health, a second measure of health status, was

employed.   Based on the research cited above, it was also hypothesized

that:

Hypothesis 4:   There will be a positive relationship between
                objective health and life satisfaction.

The effects of widowhood on morale have been found in the past

to be related to less over-all satisfaction with their lives than

their married cohorts (Riley, 1968; Gurin, 1960; Neugartern, 1961;

Hutchinson, 1975; Morgan, 1976; Harvey, 1974).   However, Edwards and

Klemmack (1973), Sauer (1977), Lemon (1972), and Palmore (1972)

found marital status to be unrelated to life satisfaction as they

employed more controls and more sophisticated statistics such as

multiple regression on their data.   Therefore, the present study,

also using controls and multiple regression, hypothesized that:

Hypothesis 5: There will be no difference between single and
               married respondent's life satisfaction.

It follows then from the above hypothesis, that other variables

in conjunction with marital status may have lead to the decreasing

morale previously attributed to widowhood. One such variable is the

sex of the respondent. While some researchers have discounted sex as

an important variable in determining life satisfaction (Edwards, 1973;

Neugarten, 1961; Hutchinson, 1975; Palmore, 1972; Lemon, 1972); others

found it played an important part in determining life satisfaction

(Adams, 1971; Spreitzer, 1974; Medley, 1976; Sauer, 1977). Spreitzer's

(1974) and Sauer's (1977) research found males to be higher in morale

than females when marital status was controlled. However, due to

the lack of conclusive evidence on sex differences for life satisfaction,

it was logical to hypothesize that:

Hypothesis 6: There will be no difference between single and
               married male and single and married female
               elderly repondent's life satisfaction.

Resulting from the use of multiple regression in this research,

it was hypothesized that:

Hypothesis 7: The combination of the independent measures
               will explain a significant proportion of the
               variance in life satisfaction.

CHAPTER II

REVIEW OF LITERATURE

Social participation has long been considered an important

factor in the determination of life satisfaction throughout the

life cycle (Wilson, 1967). A frequent finding in gerontological

literature was that diminished social activity among the aged is

associated with lower morale (Graney, 1975; Maddox, 1968; Tobin and

Neugarten, 1961; Bultena, 1971; Adams, 1971; Palmore, 1977). Due

to the large amount of material found on each variable tested in this

study, the review will be divided up into sections concerning each

variable.

Family

Interaction with family specifically and its association with the

older person's life satisfaction has found little agreement among

researchers. Connectedness to the extended family of the elderly person

can be measured four ways: by residential propinquity, interactional

frequency, by exchange of help, and by feelings they have toward one

another (Troll, 1975). The present study measured family contact

through interactional frequency in order to test the Activity Theory.

Also, this measure was congruent with measures used in the past.

Availability of the family for interaction has decreased in

recent years due to demographic changes such as longer life span, larger

proportion of the elderly, and changes in the elderly population's

composition. These changes tax the family support system because
of the high ratio of the aged to younger family members (Treas, 1977).
However, almost everyone has family of some kind, with only three
per cent of noninstitutionalized people over 65 without any family
(Riley, 1968). In addition, older people's residence is commonly
governed not only by economic opportunity and certain group memberships,
but also by their children's location (Rosow, 1967). If an older
person has children, in almost 9 out of 10 cases, at least one child
is apt to live no farther than a short ride away, and in 6 out of 10
cases, at least one child is in walking distance of the aged parents
(Shanas, 1960). Several early researchers agreed that greater contact
with children was strongly related to higher morale or self-concept
(Kutner, 1956; Streib, 1956; Townsend, 1957).

Rosow (1967) reports data from the Cornell study on aging which
indicated that older persons find their greatest sense of life satis-
faction from being with family (80%) and from work (70%) rather than from
recreation (37%) or visiting with neighbors (35%). Other researchers
have supported this positive effect of family interaction on the
elderly person's life satisfaction. Medley's (1976) study of 301
persons 65 years and older found satisfaction with family life made
the greatest single impact on life satisfaction. Satisfaction with
family life was determined by the coded responses to the open-ended
question: "All things considered, how satisfied are you with your
family life--the time you spend and the things you do with your family?"
The coded answers ranged from one (completely dissatisfied) to seven

(completely satisfied). Life satisfaction was determined by the coded answers to two measures. The first was a semantic differential type scale with eight polar adjectives, and the second was the coded answers to the general question "how satisfied are you with your life as a whole these days?" This study did not investigate the effect of contact intensity with friends and its possible effect.

Sauer (1977) went one step further to examine the degree to which previous factors shown to be related to morale were isomorphic for aged blacks and whites. He studied 722 black elderly and 214 white elderly, all 65 and over, in the Philadelphia area. Regarding family interaction, there was only a positive direct relationship between frequency of interaction with family and morale for the white elderly population. An adapted form of the Philadelphia Geriatric Center Morale Scale, which was used in the present questionnaire, was utilized. The variables in the study had been examined simultaneously using multiple regression, and suggest that the relationships among these variables may be more complex than previous research had indicated. This sample was biased toward lower income elderly. The data failed to support a relationship between frequency of interaction with friends and morale for either group. How this frequency of interaction for either group was determined was not given.

Morgan's (1976) study of 232 widowed and 363 married women aged 45-74, found higher family interaction was positively associated with morale in both groups, but married women scored consistently higher on morale regardless of level of interaction. The morale scale was

adapted from the Philadelphia Geriatric Center Morale Scale. Family

interaction was operationalized by combining several indicators.

Once again, friend interaction of the elderly women were not investigated

and compared with family interaction.

Brown (1974), in his interviews with 263 persons over 55 years old,

found that respondents tended to disengage from contacts which were

not totally satisfying and to maintain those that were. However, they

tended not to disengage from members of their immediate family (descen-

dants) regardless of satisfaction. He found that when an unsatisfactory

relationship with a friend develops, contact was dropped, and an

alternative was made and adjusted to. Family relationships do not

seem to always be positively related with life satisfaction, but are

kept regardless.

Lemon, Bengston, and Peterson's (1972) research contradicted

previous research about the effect family contact has on the elderly

person's life satisfaction. A sample of 411 subjects (182 males and

229 females) were interviewed with a structured questionnaire prior

to moving into a retirement community. The investigators found no

significant relationship between contact with family and life satisfac-

tion. Only the relationship between informal activity with friends and

life satisfaction was statistically beyond the .05 level, and this was at

a substantively insignificant level. When analyzing the data for

males and females separately, the relationship between informal activity

with friends and life satisfaction among females was statistically

significant. The authors state that friendships are more voluntary

and intimate in nature than other relationships.

Edwards and Klemmack's (1973) research, based on data from 274 females and 233 males aged 45 and over, found that the best predictors of life satisfaction were socioeconomic status, perceived health status, and informal participation with nonkinsmen. Contrary to previous studies cited, interaction with family did not contribute significantly to explaining reported satisfaction. Two indicators of family contact were employed: (1) the frequency of contact with extended family, and (2) frequency of contact with offspring who no longer resided in the respondent's household. These measures and the friend contact intensity measures were similar to those of the present investigation. Controls were used in Edwards' study to eliminate variables that really do not correlate with life satisfaction alone. While this study did address itself to family and friend contact intensity versus life satisfaction, it did not investigate the possible effect that health and household composition have on this interaction.

Arling (1976) also compared family involvement with friendship and neighboring to determine which has a greater impact on the personal morale of 409 elderly widows surveyed. He found that contact with family members, especially children, does little to elevate morale, while friendship and neighboring are clearly related to less loneliness and worry, and a feeling of "usefulness" and individual respect within the community. He states that friendship and neighboring are more satis-fying to the elderly widow because these relationships are based upon common interests and lifestyles, while the elderly widow's family ties may be marked by dissimilar concerns and interests. Moreover, friend-

ships normally develop voluntarily and are characterized by an equal ability to exchange assistance. The family bond in old age may result in a sense of formal obligation, role reversal between the elderly parent and adult children, and dependency. Family involvement was operationalized with yes/no responses, and the friend involvement was general, but similar to the present study. Arling's conclusions seemed to stem from the interactionist and Activity Theory frame of reference. The morale scale used was not the same as used in the present study.

In summary, some researchers have found that an older person's greatest sense of life satisfaction arises from interaction with their family (Rosow, 1967; Sauer, 1977; Morgan, 1976), while others have found family involvement unrelated to high life satisfaction in the aged (Lemon, 1972; Edwards and Klemmack, 1973; Arling, 1976). Due to the lack of consensus from the above review of literature regarding family contact intensity and its role in the life satisfaction of the elderly person, it has been shown the necessity for further studies, correcting methodological shortcomings of previous research.

Friends

In addition to the literature reviewed above which cited the possible effects of friendship ties to the elderly person's overall morale, Adams (1971), in his review of research of the types of social relations and activities of the aged, found friendship associations to be the most highly and consistently related to life satisfaction. He suggested that

relations with family represent less dynamic forms than friendships
in terms of membership "turnover" and changing role expectations,
that levels of activity, whether high or low, represent a compromise
of mutual expectation worked out over past years of association.
"In other words, the individual may come, after a time, to take his
level of family and formal association for granted, and in so doing, it
exerts less effect on his satisfaction level (Adams, 1971)." On the
other hand, Hess (1972) states that friendships may serve both as
sources of emotional support and stability of self-image, and as
anchorages for integration of the individual with larger society.
Lowenthal and Haven (1968) lend support to this with their research that
found older persons who are able to maintain at least one intimate
relationship can survive drastic losses accompanying aging.

Friends, usually made up of peers, can serve several needed functions
for the aging individual: they can offer support in times of illness
or trouble; they may cushion transition from the loss of worker or
wife roles because they are experiencing the same crisis; they can
crystallize norms and expectations to begin structuring a more definite,
clear role; they can insulate the elderly somewhat from inviduous
judgements and conflicting standards from the outside; they may act
as role models for successful aging; and last and most important,
they help the older individual develop new self-images for his position
in life (Rosow, 1974). Riley (1968) lists several tendencies suggested
by her review of research on the elderly and their friends: (1)
Friendships and neighborly relations tends to be maintained well into

later life; (2) the higher the socioeconomic status of the older

persons, the more likely they are to have friends; (3) the longer the

older person has lived in the same neighborhood, the more extensive

his ties to neighborhood friends become; and (4) older people tend,

though by no means exclusively, to have friends who are similar to

themselves in status characteristics (notably age) that reflect

common experiences or values.

Interaction with friends has been found to correlate more

positively with life satisfaction than interaction with family as

previously discussed (Lemon, 1972; Arling, 1976; Edwards and Klemmack,

1973). These researchers attribute this positive interaction with

friends to the similarity of friends in life stage with the respondents,

the similarity of problems involved with aging, and the voluntary

aspect for formation of those relationships.

Brown (1974) in his study of satisfying relationships and the

patterns of disengagement of the elderly, states that contact with

friends while apparently not as vital as contact with members of their

families, continue to be important to the elderly. He found personal

friendships are maintained by almost all of the 263 persons interviewed,

and most find much satisfaction from such contacts. Brown did not

assess the respondents' life satisfaction in relation to these concepts.

Powers (1976) in a sample of 234 individuals, 70 and older,

assessed the nature and prominence of intimate friendships in the social

world of aged men and women. Contrary to stereotypes, men had more

frequent social contacts than women, but a smaller proportion of their

interaction was with intimate friends. Life satisfaction of the respondents was not investigated in relation to contact intensity, but it was suggested that the motivation for formation and maintenance of intimate ties may differ for aged men and women.

Summaries of research on interaction with friends has found these relationships to be more highly correlated with life satisfaction than interaction with family (Arling, 1976; Lemon, 1972; Edwards and Klemmack, 1973; Adams, 1971). On the other hand, other research contradicts this with data showing the opposite effect or no relation to life satisfaction (Brown, 1974; Sauer, 1977). Most past research does agree, however, that friends of the elderly are usually in similar life stages. Once again the ambiguousness of the relationship of friends to the elderly persons' sense of well-being stressed the need for further research in this area.

Health

Health is an important variable in a study of activity of the elderly person because physical constraints, such as declining health, constricts the field of movement and activity, which in turn decreases the amount of interaction a person has with their family and friends. Also, if declining health of the aged results in a negative conception of self, the individual may become neurotic in a sense that he is unable to engage in affective action leading to his rehabilitation (Litman, 1962).

Health was one variable which consistently emerged as being

related to life satisfaction, hence its importance and inclusion

in this study. Good health has been found to be related to high

levels of life satisfaction (Bradburn,1969; Maddox, 1962, 1963, 1968;

Streib, 1956; Adams, 1971; Toseland, 1977; Morgan, 1976; Bull, 1975;

Palmore, 1972, 1977; Bultena, 1971; Sauer, 1977; Edwards, 1973; Bild,

1976; Spreitzer, 1974; Thompson, 1973).

> "Finally, Edwards and Klemmack (1973), Palmore and Luikart
> (1972), and Spreitzer and Snyder, (1974) presented data
> which presented the absolute and relative importance to
> morale. Using multiple regression analysis which allowed
> for additional controls to be place on the data, these
> studies consistently indicated that perceived health displayed
> the largest standardized regression coefficients (for
> Spreitzer and Snyder health was second to income) and
> explained the greatest amount of variance in relation to
> other variables in the regression equation (Sauer, 1977)."

Bultena and Oyler (1971) interviewed 300 persons, 65 and over

living in a rural county in Wisconsin to study the relationship

between the volume of social interaction and scores on either objective

or subjective health measures (similar to the ones used in this study).

Equal proportions of respondents in good and poor physical health

evidenced high levels of social contact. However, further analysis

revealed that interaction with friends tended to decline with diminished

health status, but contact with children increased. The authors also

found that good health was related to higher morale. When controlling

for health, five times as many of those with high interaction, as

opposed to those with low interaction were found to have a high level

of morale. This study paralleled closely with the present study

except the life satisfaction scale was self-rated instead of interviewer-

rated. Also, the sex and marital status of the respondents were not

taken into account as the present investigation did.

Smith and Lipman (1972) also studied the effects of health on interaction with friends and life satisfaction. They studied 259 elderly residents living in two housing projects and found aged respondents who were unconstrained (in good health and have adequate income combined) related positively with high life satisfaction as expected. Also, among the unconstrained respondents, there were no relationships between frequency of peer interaction and life satisfaction. However, among the constrained (poor health, low incomes) aged respondents, those who have higher peer interaction were more likely to be satisfied than those who exhibited a lower frequency of interaction with peers. In conclusion, the data suggested that as long as the elderly maintain good health, contact intensity with peers does not change their life satisfaction; but as health declines, peer interaction becomes more important to an elderly person's sense of well-being.

In conclusion, good health was one variable which has been found consistently related to high levels of life satisfaction (Bradburn, 1969; Maddox, 1962, 1963, 1968; Streib, 1956; Adams, 1971; Toseland, 1977; Morgan, 1976; Bull, 1975; Palmore, 1972, 1977; Bultena, 1971; Sauer, 1977; Edwards, 1973; Bild, 1976; Spreitzer, 1974; Thompson, 1973). Also, it was found that perceived health was an accurate indicator for life satisfaction (Sauer, 1977). The part that health played in interaction patterns for the elderly person was less conclusive. When health was controlled, those elderly persons experiencing high interaction with others had higher morale than those with low interaction

with others (Bultena and Oyler, 1971). On the other hand, it was
found that interaction with peers was important only for those elderly
persons in poor health (Smith and Lipman, 1972). The present
study sought to discern the relative importance of health for interaction
patterns of the elderly persons and their life satisfaction to
clarify this inconsistentcy.

Household Composition

Household composition and its relation to interaction patterns
with family and friends and to life satisfaction has also received much
attention in gerontological research. Marital status and sex of the
respondents have been found to be anywhere from an important determinant
to being a variable with minimal effect, depending on the methodology
of the research.

The effects of widowhood on morale have been found in the past
to be related to less over-all satisfaction with their lives than their
married cohorts (Riley, 1968; Gurin, 1960; Neugarten, 1961; Hutchinson,
1975; Morgan, 1976; Harvey, 1974). However, as more controls were
introduced and more sophisticated statistics such as multiple regression
were employed, this variable does not correlate as highly as before
or if at all as previous research would indicate (Edwards, 1973; Sauer,
1977; Lemon, 1972; Palmore, 1972). Morgan (1976) suggested that
lower morale scores among the widowed may be partly attributable to
other factors commonly associated with the status and not due to the
role of widowhood per se. The present research focused on males as well

as females facing widowhood because the single male population has
been neglected in past research in this area due to decreasing numbers
of male respondents with age.

Sex differences in later life satisfaction have also been
researched with conflicting conclusions. Of the research reviewed,
some researchers discount sex as a variable or use it finding no
significant results (Edwards, 1973; Neugarten, 1961; Hutchinson, 1975;
Palmore, 1972; Lemon, 1972; Tallmer, 1970); while others found that it
played an important part in determining life satisfaction (Adams, 1971;
Spreitzer, 1974; Medley, 1976, Sauer, 1977).

Spreitzer's (1974) study, meant to replicate and extend earlier
studies of the correlates of life satisfaction among older persons,
found that up to age 65, women tended to report higher rates of life
satisfaction than men; however, after 65, men were more likely than
women to report a high degree of life satisfaction. Controlling for
marital status did not wash out this relationship between sex and life
satisfaction.

Sauer (1977) studied a black and white aged population and found
that only for the white sample was the sex of the respondent important
for morale. He, like Spreitzer (1974), found that aged males were
more likely to manifest high morale than aged females.

Adams (1971) and Medley (1976) emphasized the need to study
differences within age groups because very few generalizations have
been forthcoming which applied equally to males and females. Generaliza-
tions drawn from simple group comparisons are at best highly tenuous and

overlook tremendous possible variations. The present study sought
to make the groups even more homogenous by dividing the males and
females into single and married groups, making four groups for comparison.

In conclusion, as more controls and sophisticated statistics
were employed, it was found that marital status had little or no effect
on the life satisfaction of the elderly person (Edwards, 1973; Sauer,
1977; Lemon, 1972; Palmore, 1972). These researchers have found that
other variables in conjunction with marital status may have led to the
decreasing morale previously attributed to widowhood. Elderly males
were found to have a higher level of life satisfaction than their
female cohorts (Spreitzer, 1974; Sauer, 1977) when sex was included
as a possible intervening variable. Marital status and sex of the re-
spondents were not major correlates of life satisfaction reviewed on this
subject, but several researchers have stressed the need for more
homogenous groupings of the elderly, hence its inclusion in the present
study.

This extensive review of literature illustrates the confusion
which currently exists in the area of family and friend interaction
and the elderly person's life satisfaction; and also the effect
that health status and household composition have on this interaction.
This study was designed to expand upon some of the previous research
in this area and to provide some much needed clarity in these areas.

CHAPTER III

PROCEDURE

Included in this chapter is a description of all procedures
utilized in the collection and analysis of the data, as well as the
rationale for application of these procedures (where appropriate).

Selection of Subjects

Subjects for this study were obtained from a larger sample
previously surveyed by M. Powell Lawton, of the Philadelphia Geriatric
Center, during the Summer, 1977, in which the present researcher
participated in the data collection. Lawton's study sampled from
several types of housing situations, but the present study only
investigated the subjects from one type, i.e. rowhouses in an urban
community. The purpose was to control for possible differences due
to housing environments. The aged 65 and older subjects were from
the Logan area of the city of Philadelphia, and were randomly selected
by using the table of random numbers on a list of names from a previous
larger sample studied three years ago. Names were continually selected
until there were 50 subjects interviewed in each of the following
four groups: single males, living alone; single females, living
alone; married males, living with spouse only; and married females,
living with spouse only. These groups were identified by their
assigned ID numbers. An attempt was made to sample all persons
on the lists, regardless of health (by using an informant to help

answer the questions if necessary) and reluctance to be interviewed

(by having follow-ups on refusals). This procedure yielded a final

sample size of 200.

Procedures

1. Names were obtained randomly from a previous list of respondents in the Logan area.

2. A letter was sent to each perspective subject, discussing the study and informing them that they would receive $15 for helping with the study. It also stated that an interviewer would be calling upon them in the next few weeks.

3. After a 3-day wait to allow the post office to send back respondent's names who have died or moved away, the interviewers called upon the subjects.

4. Each respondent was asked to sign a letter of consent before the start of the interview.

5. Upon consent, the trained interviewer then asked the subject structured questions from an interview packet (See Appendix A). This took from 45 minutes to 2 hours to complete, depending upon the subject.

6. After completing the interview, the interviewer (while alone) then rated the respondent on the five Life Satisfaction Rating Scales (See Appendix A).

7. The complete interview of each subject was then coded for ease of keypunching.

8. After the interview packet was completed, the respondent was sent $15 for his/her services.

Instruments

The main instrument in this study consisted of a comprehensive

questionnaire administered by a trained interviewer. The interviewer

recorded the actual responses to alleviate any possible physical

problems that may have hindered the respondents from filling it

out themselves. Questions dealing with demographic information,

health, instrumental activities of daily living, personal self-maintenance

activities, social relations, morale (a self-rated, short form of the

Philadelphia Geriatric Center Morale Scale used in several studies),

environment, services received, contact with family and friends, and

experiences were included.

The second instrument employed in this study consisted of the

Life Satisfaction Rating Scale (LSR) developed by Neugarten, Havighurst,

and Tobin (1961). This scale was developed to be relatively independent

of level of activity or social participation. In the original

Kansas City Study of Adult Life, the subject's questionnaire was

read by one investigator, and then rated on the five subscales of the

LSR. After this, the subjects were seen by a clinical psychologist

and rated again. The correlation between these two ratings was .64.

This was interpreted by the investigators as a satisfactory degree of

validation given some factors which played against it: (1) the lapse

of time between the two ratings (18 to 22 months); (2) the fact that

a number of persons low on the Life Satisfaction Rating during the

first round of interviews had dropped out of the study before the

second round; (3) the fact that one rating was based on a recorded

interview, and the other on face-to-face interaction; and (4) the

greater depth of the clinical psychologist's interviews. The

present study attempted to alleviate these potential problems affecting

validity. Validity was determined two ways. First, a trained interviewer

would rate the subject based on the extensive interview and face-to-face

contact, then a second rater would independently rate the subject

based on reading the subject's answers to the questions, notes made

in the margin by the interviewer, and a written summary of the subject.

Second, an interviewer would interview a subject while a second inter -

viewer observed only, then independently, both rated the subject's life

satisfaction. The correlations for the determination of this validity

were not available at this time. This study is part of a larger study

by Lawton whose analysis of data is incomplete at present.

In support of this methodology, Neugarten et al (1961) found that

the correlation of two of their self-rated life satisfaction scales

(LSIA and LSIB) with the LSR was .61. In addition, Wood, Wylie, and

Sheafer (1969) tested the relationship between two of Neugarten's

measures: the LSIA, a direct self-report instrument, and the LSR,

in which a trained interviewer rated the subjects. They too found a

correlation at a "respectable level" (was not given in the research

report).

While it is true that the methodology employed in determining

life satisfaction in this study may have foreseeable biases, Riley

and her associates (1968), through an extensive review of gerontological

literature on self-esteem, found that self-ratings have biases also.

Compared to younger individuals, the elderly were less likely to

admit to their shortcomings.

Data Analysis

Life Satisfaction, the dependent variable in this research, was obtained by totaling the scores for each of the LSR subscales, giving a possible range of 5 (high life satisfaction) to 25 (low life satisfaction). Several independent variables were correlated with this life satisfaction rating to determine if a significant relationship exists. Due to the involved procedure in the operationalism of each, they will be discussed in detail.

Family contact intensity was obtained by the combined scores on the following three measures: (1) how often the respondent talked on the phone with close relatives; (2) how often the respondent visited this relative in his home; and (3) how often this relative visited the respondent's home. Each respondent could list up to six relatives in this manner. The frequency scores given were:

1	Never
2	3X year or less
3	4-10X year
4	1X month
5	2-3X month
6	1X week
7	2-4X week
8	5X week or more

A score of zero was given in the case of no relative mentioned. For example, if a respondent only named three relatives, the three "relative" spaces left would be given zeroes. Therefore, scores could range from 0 (no close relatives mentioned) to 144 (six relatives mentioned in the three measures, "5X week or more").

Friend contact intensity was obtained by the combined scores on four questions concerning frequency of contact with friends. The

number of friends was not specified. The coding system was the same as utilized in the family contact frequency. The scores could range from 4 (never visiting with friends) to 32 (interacting with friends in each of the four activities "5X week or more").

Subjective health was obtained by the combined scores on four questions concerning the respondent's perceived health. Each of the four questions were rated on a three-point scale (with 1 excellent health), giving the possible range of 4 (excellent health) to 12 (poor health).

Objective health, using the 22 item health scale of chronic conditions from the National Health Survey, was obtained by adding the number of conditions the respondent had in the past year. The range could be from 0 (no chronic conditions) to 22 (having all the conditions, which was unlikely).

The other independent variables, sex, marital status, income, education, and age, had no special way of operationalization, and were treated congruently with past research.

The Pearson-Product Moment correlations were used first as a measure of the level of association between the dependent variable, life satisfaction, and the independent variables. Second, based on Edwards and Klemmack's (1973) suggestion, a final procedure of using multiple regression was computed with life satisfaction as the dependent variable. This procedure reflected the amount of change expected in the dependent variable for one standardized unit change in the independent variable when remaining variables were held constant. It thus provided a measure of the relative contribution of

each predictor in accounting for life satisfaction. Multiple regression

allowed for a more accurate testing of the hypotheses.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter deals specifically with the results in terms of

their implications.

Subjects

The final sample consisted of 167 elderly persons (46 single

females, 39 single males, 41 married females, and 41 married males).

All subjects were between the ages of 65 and 94, with the median

age being 74. Half of the respondents had lived at their present

residence for over 25 years. Ninty-eight percent of the sample was

white. The mean education for the group was 10 years. Demographic

characteristics are summarized in Table 1.

The subjects as a group were fairly independent. Over half of them

would not stay with relatives if they were sick for a while (50.3%), and

98% of them paid all household costs out of their own income. Several

factors contributed to this independence, such as good health, high

morale, and environmental supports.

Good health was evident through observation and the fact that

half of the subjects listed having less than two chronic conditions.

High morale was also evident because the positive answers to the self-

rated morale questions (a short form of the Philadelphia Geriatric

Center Scale) out numbered the negative ones. Environmental supports

were found in the neighborhood, the Logan section of Philadelphia, that

they lived in. Certain necessities needed for optimum independence,
such as grocery stores, drugstores, banks, post offices, and churches,
were either a short walk or a short bus ride away. These two modes
of transportation were used quite often by this elderly population.
Riding the bus was free to them during the non-peak hours of the day,
with a minimal charge during rush hours.

Most of the respondents remarked that the neighborhood had changed
a lot since they first moved in, but they did not wish to move. They
felt that their homes were very comfortable. The single men interviewed
had a harder time with housekeeping than the single women as expected
from the traditional roles upheld in our society.

Watching television news programs and reading newspapers seemed to
be the main activities of the elderly respondents who spent a lot of
time at home. During the day was when most of the elderly persons'
outside activities were carried out. At night, with the rising fear of
crime, they confined most of their activities to their homes.

In sum, it was obvious from interviewing this sample that independence
was very important to them and it can be maintained provided that the
right conditions prevail(good health and high morale) and the community
in which they reside serves their special needs (environmental supports).

Data Analysis

Pearson correlations were made on the independent variables
with the dependent variables as a gross index of their relationship.
Then, a step-wise multiple regression was utilized. This procedure

TABLE 1

SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS

OF SUBJECTS

Variable	No.	Percent	Total
Sex			
Males	80	47.9	
Females	87	52.1	167
Race			
Black	4	2.4	
White	163	97.6	167
Marital Status			
Never Married	7	4.2	
Married	80	47.9	
Widowed	72	43.1	
Separated	5	3.0	
Divorced	3	1.8	167
Born in the U.S.?			
Yes	117	70.1	
No	50	29.9	167
Religion			
Protestant	66	39.5	
Catholic	57	34.1	
Jewish	39	23.4	
Other Religion	1	.6	
No Religion	4	2.4	167
Have living children?			
Yes	119	71.3	
No	48	28.7	167

TABLE 1--Continued

SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS

OF SUBJECTS

Variable	No.	Percent	Total
How long at current residence?			
0-11 years	40	24.0	
12-22 years	37	22.2	
23-34 years	38	22.8	
35-45 years	32	19.2	
46-56	17	10.3	
57-66	3	1.5	167
Have living brothers and sisters?			
Yes	123	73.7	
No	44	26.3	167
Education			
None	2	1.2	
1st to 4th	3	1.8	
5th to 8th	44	38.3	
9th to 11th	39	23.4	
High School	29	17.3	
College +	30	18.0	167
Income			
No Answer	20	12.0	
Less than 2,000	3	1.8	
2,000-2,999	38	22.8	
3,000-3,999	36	21.6	
4,000-4,999	22	13.2	
5,000-5,999	15	9.0	
6,000-6,999	11	6.6	
7,000-7,999	7	4.2	
8,000-8,999	2	1.2	
9,000-9,999	5	3.0	
10,000 +	8	4.8	167

allowed a series of regression models to be tried, each model including

a different set of variables (Ahlgren and Walber, 1975). The computer

made the decision of which variable to add or drop on each step on the

basis of which variable made the most significant change in the prediction

of life satisfaction.

Multiple regression is usually performed with continuous variables.

The variables "sex" and "marital status", used in this research, were

not. However, these dichotomous variables were entered as independent

variables using dummy variables (Kerlinger and Pedhazur, 1973; Ferguson,

1976; Marriott, 1974). This was done by assigning 1's and 0's to subjects

depending on whether they possess or do not possess the characteristic

in question (Kerlinger and Pedhazur, 1973).

Tests of Hypotheses

Pearson Product-Moment correlations (r), a gross index of the

hypothesized relationship, are stated at the given level of significance.

However, while these correlations were examined and mention was made of

their significance, the results of the step-wise multiple regression

were employed in making decisions with regards to the tests of hypotheses

in this research. Based on the large sample size and past research

(Sauer, 1977), $\pm.15$ was set as the minimum magnitude necessary to retain

a regression coefficient (β). This criterion was employed in making

the final decisions with regard to the tests of hypotheses. The means

and standard deviations of the selected variables used in the step-wise

multiple regression are given in Table 2.

TABLE 2

MEANS AND STANDARD DEVIATIONS

OF VARIABLES USED IN THE STUDY

Variable	Mean	Standard Deviation	Cases
Education	9.89	3.35	167
Family Contact Intensity	37.97	23.29	167
Friend Contact Intensity	15.28	6.35	167
Subjective Health	7.67	2.16	167
Objective Health	2.91	2.25	167
Income	3.62	2.55	167
Marital Status	.51	.50	167
Sex	.52	.50	167
Age	74.93	5.35	167
Life Satisfaction Score	10.42	3.43	167

Hypothesis 1 was concerned with the effect family contact intensity

had on life satisfaction for the elderly person. With 74% of the subjects

having living brothers and sisters and 71% having living children,

the opportunity for interaction was high. Also, half of the subjects

listed three or more relatives that they felt close to and had the

opportunity to interact with. Sixty-eight percent of the possible

six relatives mentioned were in the same generation of the respondent

or older; 67% were adult children; 27% were relatives in the same generation

of the adult child (daughter-in-law, niece, etc.); and only 9% of the

close relatives mentioned were in the generation of the grandchild or

great-grandchild. Hypothesis 1 stated that:

> There will be a positive relationship between family contact
> intensity and life satisfaction.

The Pearson coefficient supported this relationship (r=.25, p<.001),

while all other factors were free to vary. However, the examination

of regression analysis indicated that when appropriate controls were

initiated, family contact intensity proved to be a rather inefficient

predictor of life satisfaction (See Table 3). The step-wise multiple

regression procedure, which added the variables on the basis of which

ones made the most significant change in the prediction, did not

put family contact into the equation until Step 7 of the 9 steps.

Family contact intensity accounted for less than one percent of the

variance and did not approach the criterion of $\pm.15$ (β =.03). Therefore,

these data necessitate rejection of the hypothesized relationship

between family contact intensity and life satisfaction for the elderly

respondents.

TABLE 3

SUMMARY TABLE OF

PEARSON CORRELATION COEFFICIENTS (r), MULTIPLE REGRESSION COEFFICIENTS (β),

EXPLAINED VARIANCE, AND CHANGE IN VARIANCE FOR THE INDEPENDENT VARIABLES

AND LIFE SATISFACTION

Variables	r	β	Explained Variance	Change in Variance
Subjective Health	.605	.385 *	.36575	.36575
Friend Contact Intensity	.324	.207 *	.41417	.04842
Objective Health	.530	.265 *	.45034	.03618
Marital Status	.110	.085	.45801	.00767
Education	.125	.043	.45929	.00129
Sex	.042	.036	.46021	.00091
Family Contact Intensity	.255	.029	.46099	.00078
Age	.091	.010	.46107	.00008
Income	.153	.009	.46115	.00008

*Values which are greater than .15 criterion

It has been shown that frequent activity with family does not
necessarily increase an elderly person's life satisfaction. This
finding does not lend support for the Activity Theory being tested.
However, it may indicate that this type of activity, contact with family,
is not an important source of role support for subjects in this sample
which is a necessary element of the Activity Theory.

This finding does agree with previous research. Lemon et al
(1972) found the same lack of relationship between family contact
and life satisfaction. In addition, Edwards and Klemmack's (1973)
and Arling's (1976) data supported the insignificant relationship.
This finding indicates the necessity for sophisticated statistics to be
used in testing relationship to life satisfaction because without
which, this hypothesis would have been supported. The research that
contradicted the rejecting of this hypothesis could be attributed
to the different methodologies and statistics employed in the research.

Hypothesis 2 explored the existance of a relationship between
friend contact intensity and life satisfaction. Half of the elderly
respondents dropped in or visited friends once a month or more,
had friends visit them at least once a month, and wrote or telephoned
friends once a week or more. Very few respondents met friends away
from either of their homes. Hypothesis 2 stated:

> There will be a positive relationship between friend contact
> intensity and life satisfaction.

Once again, the Pearson correlation supported this relationship
$(r=.32, p<.001)$. In addition, the regression coefficient was both in

the hypothesized direction and exceeded the $\pm.15$ criterion ($\beta=.21$,

See Table 3). Therefore, the hypothesis was supported.

This finding does lend support to the Activity Theory because

it was found that the higher the activity with friends, the higher

the life satisfaction. Friends, unlike family, may lend the necessary

role support due to the similar experiences faced and similar life stage.

Once again, this result agreed with the past researchers who found

family involvement negligible for life satisfaction, but friend involve-

ment positively related to life satisfaction for the elderly person

(Lemon, 1972; Edwards and Klemmack, 1973; Arling, 1976; Adams, 1971).

The present research found the relationship to be more significant

than Edwards and Klemmack's research (r=.16, $\beta=.14$). This difference

could be attributed to the different methodology used in assessing

friend contact and life satisfaction. However, Edwards and Klemmack's

regression coefficient ($\beta=.14$) does not approach the $\pm.15$ criterion

used in this research to accept or reject a hypothesis.

Hypothesis 3 was concerned with the relationship between perceived

health and life satisfaction. Fifty-nine percent of the respondents

perceived their health as being from "Good" to "Excellent", while the

remaining respondents rated their health from "Poor" to "Good" (41%).

The frequencies for the four perceived health questions can be found

in Appendix B. Hypothesis 3 stated that:

> There will be a positive relationship between subjective
> health and life satisfaction.

The Pearson coefficient for this relationship was the most

significant of all relationships encountered for explaining life

satisfaction (r=.60, p<.001). In addition, when the regression coefficient was examined, it was in the hypothesized direction and exceeded the ±.15 criterion (β=.39, See Table 3). This variable was the most salient predictor of life satisfaction. Consequently, the hypothesis was accepted.

This positive relationship between health and life satisfaction does not directly support the Activity Theory of Aging utilized in this research because this theory does not include health in its concepts. However, it was found that perceived health correlated with the amount of family contact (r=.28) and the amount of friend contact (r=.18) the elderly respondents experienced (See Table 4). Therefore, it is logical to assume that health played a part in how much activity an elderly person could maintain. Thus, indirectly, this positive relationship between health and life satisfaction lends support for the Activity Theory.

This finding supported the importance of health for life satisfaction as does past research. Palmore and Luikart (1972) and Sauer (1977) also found health to be the single most efficient predictor of life satisfaction. Spreitzer and Snyder's (1974) findings also supported this, but in addition, found income to be equally important. Edwards and Klemmack's (1973) research, which employed regression techniques, found health to be second to income for prediction of morale. Thus, while this finding supported the importance which past research has attributed to health, there were differences to the relative importance of health.

Since health was known to be positively related to life satisfaction,

TABLE 4

CORRELATION MATRIX OF ALL VARIABLES USED IN THIS STUDY

		1	2	3	4	5	6	7	8	9
1	Education	1.00								
2	Family Contact	-.001	1.00							
3	Friend Contact	.209	.195	1.00						
4	Subjective Health	.085	.279	.177	1.00					
5	Objective Health	.035	.226	.103	.637	1.00				
6	Income	.236	.203	.099	.204	.109	1.00			
7	Marital Status	.006	-.214	.035	.083	-.013	-.073	1.00		
8	Sex	-.069	-.032	.267	.143	.261	-.145	.041	1.00	
9	Age	-.248	-.032	-.063	-.126	-.051	-.113	-.144	-.040	1.00
10	Life Satisfaction	.125	.255	.324	.605	.530	.153	.110	.042	-.091

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a second measure of health was utilized in this study to see if

subjective health or objective health was a better predictor for

life satisfaction. Hypothesis 4 dealt with the relationship between

objective health and life satisfaction. Objective health was measured

by the 22 item health scale of chronic conditions from the National

Health Survey. The average number of conditions listed by the

sample were three, with nine chronic conditions being the highest

mentioned by any respondent. Arthritis or rheumatism (44%), high

blood pressure (38%), circulation problems (32%), and heart trouble

(28%) were the most frequently mentioned conditions (See Appendix B

for frequencies on all chronic conditions). Hypothesis 4 stated:

> There will be a positive relationship between objective
> health and life satisfaction.

The Pearson coefficient for objective health was also highly

significant (r=.53, p <.001). Like perceived health, the regression

coefficient approached the criterion of +.15 (β=.26). Thus, the

hypothesis pertaining to the relationship between objective health

and life satisfaction was supported by these findings.

The implication this finding has for Activity Theory are the

same as were given in the discussion of perceived health. Thus,

the more chronic conditions that an elderly person has could effect

the enjoyment of high levels of activity. The correlation of objective

health with family contact (r=.23) and friend contact (r=.10) were

not as high as were found with perceived health (See Table 4).

Once again, the importance of health for life satisfaction

was borne out by the data. This finding does contradict previous

research by Edwards and Klemmack (1973) which found that the number of

ailments experienced in the last year (objective health) unrelated

to life satisfaction. However, Bultena and Oyler (1971) used both

measures, perceived health and objective health, and found both to

be related in the expected direction to morale. The two measures

of health status used in the present study were both adequate predictors

for life satisfaction, but this may be partly attributable to the

high correlation between the two measures (r=.64, See Table 4).

Hypothesis 5 was concerned with the relationship between marital

status and life satisfaction. Forty-nine percent of the sample were

married, 51% single. Hypothesis 5 stated:

> There will be no difference between single and married
> respondent's life satisfaction.

The Pearson coefficient for the relationship of marital status

to life satisfaction was insignificant as was the regression coefficient

(See Table 3). On this basis, the posited hypothesis was supported.

This finding does have important theoretical implications.

Activity Theory states that a salient role loss, such as widowhood,

is inversely related to life satisfaction. However, the theory

also states that an individual with a high frequency of intimate

activity has a larger variety of mechanisms for reestablishing

an equilibrium in role supports when such a loss occurs. High

activity may decrease the frustration and anxiety likely to occur

under role loss conditions. Thus, as long as high activity is maintained,

the effect of role loss for life satisfaction may become secondary as

shown by these results.

This finding supported the past research which used multiple regression and/or controls also (Edwards, 1973; Sauer, 1977; Lemon, 1972; Palmore, 1977).

Hypothesis 6 explored the influence of sex of the respondent on life satisfaction.

Hypothesis 6: There will be no difference between single and married male and single and married female elderly respondent's life satisfaction.

The Pearson correlation for the relationship of sex to life satisfaction was insignificant (See Table 3). Also, the calculation of the regression coefficient indicated that sex was not an efficient predictor of life satisfaction (See Table 3). As the result of the insignificance of sex to life satisfaction, the stated hypothesis was supported.

The lack of relationship between sex of the respondent and life satisfaction also has theoretical implications. In the past, sex, like marital status, have been studied to see whether these factors increased or decreased activity. Since this study found sex unrelated to life satisfaction, then it is assumed sex does not decrease the amount of activity one has. Therefore, sex and marital status have no bearing on the acceptance or rejection of the Activity Theory. It does support the idea that Activity Theory can be used with most elderly samples, regardless of sex or marital status.

This result supports past researchers who have discounted sex as an important variable in determining life satisfaction (Edwards, 1973;

Neugarten, 1961; Hutchinson, 1975; Palmore, 1972; Lemon, 1972).

The final hypothesis, Hypothesis 7, was concerned with how much variance the combination of independent variables would explain in predicting life satisfaction.

Hypothesis 7: The combination of the independent measures will explain a significant proportion of the variance in life satisfaction.

The independent variables in this study explained 46% of the variance for life satisfaction (See Table 3). Perceived health, the most salient predictor of life satisfaction accounted for 36% of this variance. Friend contact added an additional 5%, and objective health added 4%. The remaining independent variables: marital status, education, sex, family contact, age, and income, together attributed the final 1% of the explained variance in the prediction of life satisfaction (See Table 3). Of these independent variables accounting for only 1% of the variance, the Pearson coefficient found that education was barely significant (r=.13, $p < .05$); income wa mildly significant (r=.15, $p < .05$); and family contact was highly significant (r=.25, $p < .001$). The remaining independent variables: marital status, sex, and age, were insignificant even with the Pearson correlation coefficient.

The independent variable of interest to this research which did not become a predictor for life satisfaction was family contact. Family contact, which was significant (r=.25, $p < .001$) and friend contact, which was significant (r=.32, $p < .001$) when added together for total contact, had a significant correlation of .31 ($p < .001$).

This indicated that family contact had a negative effect even at this gross index level because the total contact correlation was less than the friend contact alone.

With regard to explained variance, the present study, when employing all the variables, explained 46% of the variance in life satisfaction. This compared with 25%, 24%, 23%, and 24% explained by Sauer (1977), Edwards (1973), Palmore (1972), and Spreitzer (1974), respectively.

Discussion

While the findings of the present study supported the importance which past research has attributed to health, they were at variance with that research as to the contribution of other variables previously shown to have an effect on life satisfaction. The present study found perceived health, friend contact intensity, and objective health as the best predictors for life satisfaction.

The past research, which used regression analysis, will be discussed to indicate differences found. Sauer (1977) reported that solitary activities, then health to be the best predictors for morale in his total sample. However, with separate analysis by race, he found that family interaction and sex were predictors for morale only for the aged whites. His research did not find any relationship between interaction with friends and morale.

Edwards and Klemmack (1973) reported that income, occupational status, community size, voting, church activities, and visiting with

neighbors all produced significant regression coefficients. However, if their research is examined in terms of the $\pm.15$ criterion employed in this study, it appeared that only income ($\beta=.34$) and health ($\beta=.16$) exceeded this value. Income was not a predictor for life satisfaction in this research possibly because the sample was fairly homogenous on this variable.

Spreitzer and Snyder (1974) reported that for a national sample, self-assessed health ($\beta=.30$), financial satisfaction ($\beta=.16$), and occupation ($\beta=.16$), were the only predictors with coefficients greater than $\pm.15$. Spreitzer's research included family and friend contact also, in addition to several of the other variables used in the present study.

Palmore and Luikart (1972) found that self-rated health was the predominant variable, second was organized activity, and third belief in internal control. Only health met the $\pm.15$ criterion ($\beta=.44$), however.

In summary, it was apparent that these studies, when taken together, indicated that when multiple controls are instituted, relatively few of the prior posited hypothesis were viable. Differences in the findings when regression analysis was performed may be attributed to the composition of the samples, instruments used to measure concepts, data collection procedures, and the criterion used to accept or reject hypotheses.

Methodological Implications

A few methodological limitations of the present study should be noted. The limitation of the sample to whites, one city, and a strictly urban sample, limits the applicability of the conclusions which were drawn to this particular population.

A second limitation to the conclusions drawn is that the correlations between interviewers for the Life Satisfaction Ratings of the subjects are not known at the present time. However, based on past research, the validity of this methodology has been acceptable.

A third possible limitation to the applicability of these conclusions is that the findings of activity are based from self-report rather than observation. An elderly person may experience more or less activity than reported. Observation was impractical, however, in a nonexperimental study of this type.

A final limitation to this study is that it is based on the use of secondary data so the present author had no control over the questions to be included in the instrument, the instruments to be used, and the methods of data collection. In addition, secondary data greatly limits the theoretical framework utilized. However, one advantage of secondary data usage is that reanalysis from a different point of view, may yield significant insights (Forcese and Richer, 1973). A second advantage is that a larger sample is used and there were better trained interviewers than the present investigator could have provided.

In spite of the limitations discussed, there were several

positive methodological implications found in this study. The
extensive interview session with the elderly person allowed for a
more in-depth exploration of this person. While the interview
was structured, it provided more flexibility in obtaining information
than the self-administered questionnaire could have provided, and
the questions could be adapted to the level of understanding of the elderly
person. In addition, the interviewer had the opportunity for personal
growth through contacts with several elderly persons. The elderly
person benefited by being able to relax and not worry with having to
write all the answers down to this long questionnaire. The interviewer,
through such an in-depth exploration with each person, was better
qualified to rate the elderly persons on their life satisfaction.

The statistical analysis, multiple regression, utilized in this
study also had several advantages. Some of the more important ones
were: (1) it could handle many variables at one time, but specifying
the relative importance of each; (2) it used all the data without
truncating it into groups as analysis of variance would have done;
(3) it was suited to this nonexperimental research in which there
were several independent variables and one dependent variable, (4)
it used all variables by use of dummy variables when necessary; and
(5) it yielded various statistics to be used in the interpretation
of data (Kerlinger and Pedhazur, 1973).

The entire set of antecedent variables accounted for 46% of
the variation in life satisfaction. Thus, this present model was
shown to be quite effective in accounting for life satisfaction.

Theoretical Implications

Within specific limitations, the present study provided some support for the Activity Theory of Aging. There are several types of activities encompassed by this theory, but the present study focused on activity with family and friends for the elderly person. Based on the theory, which arose from symbolic interaction theory, it was posited that increase interaction with family and friends was directly associated with life satisfaction for the elderly. However, while this relationship was supported for contact with friends, it was negligible for contact with family.

The positive direction of the finding for friend contact, but not for family contact seems to suggest that it is not necessary to interact frequently with both groups postulated by the theory in order to experience high morale. Activity with family may not be an important source for role support for subjects in this sample, which is necessary for reaffirming one's self-concept and in turn, one's life satisfaction. Friends, on the other hand, have been found to be good sources for role support and stability of self-image (Adams, 1971; Hess, 1972; Arling, 1976).

In addition, the use of various specification variables (i.e. age, sex, marital status, education, and income) did not change the initial findings of the sample. These variables, which past research had found related to morale, were included to give equal importance to all those factors associated with life satisfaction, rather than just focusing on components of "activity" as much past research had done. Marital

status was one variable studied which had implications for the
Activity Theory. It was found that marital status does not relate
to life satisfaction. This lack of relationship may be attributed
to high activity and role support which enables an unmarried person
to overcome the anxiety of such a condition and maintain equilibrium.

Health status, both subjective and objective, were positively
associated with life satisfaction. This finding indicated that
health was an important variable in the study of activity of the
older person because declining health may constrict the field of
movement and activity that an elderly person experiences. This, in
turn, decreases the amount of interaction that an elderly person
can maintain with family and friends. The exact relationship of health
to interaction patterns was beyond the scope of the present study.

In summary, these findings support the Activity Theory for
friends, but not for family. Future studies of Activity Theory
should include questions dealing with the elderly person's perceived
to role supports and measures of intimacy of relationships to more
adequately test Activity Theory and its postulates. Measuring
this theory with just interactional patterns is too general and does
not test the theory's postulates specifically. In addition, health
status should be studied for its effect on interaction with family and
friends.

CHAPTER V

SUMMARY

The present investigation sought to discover the relative

importance of contact with family and friends for an elderly person's

life satisfaction.

A sample of 167 noninstitutionalized elderly persons (46 single

females, 39 single males, 41 married females, and 41 married males),

between the ages of 65 and 94 were used for this study. All respondents

were residences of the Logan section of the city of Philadelphia, most

having lived at their current residences for at least 25 years. The

subjects for this study were obtained from a larger sample surveyed

by M. Powell Lawton, of the Philadelphia Geriatric Center, during the

Summer of 1977. The elderly persons as a group were fairly independent,

of good health, and high morale.

Names of the respondents were randomly selected from a previous

list of residents of the area. Each respondent completed a structured

interview, which lasted from 45 minutes to two hours. Life Satisfaction

Ratings (the LSR developed by Neugarten et al, 1961) were then made

on each respondent by trained interviewers. After the interview

packet was completed, each respondent was sent $15 for his services.

Tests of the hypotheses were first described with Pearson Product-

Moment correlations and were stated at the given level of significance.

However, while these correlations were examined and mention was made of

their significance, the final procedure of step-wise multiple regression

was utilized in making decisions with regards to the acceptance or rejection of the hypotheses in this research. The criterion of $\pm.15$ was set as the minimum magnitude necessary to retain a regression coefficient.

The results did not confirm, Hypothesis 1, that increased family contact was important for life satisfaction. While family contact was significant at the first level for testing of the hypothesis, it became an inefficient predictor for life satisfaction when more sophisticated statistics, multiple regression, was employed. This finding may indicate that family bonds over the years are taken for granted, and thus, exert less effect on the elderly person's self-concept and resultant life satisfaction level.

The results did confirm, Hypothesis 2, the relationship between increased contact with friends and life satisfaction. Friend contact was the second most salient predictor for life satisfaction encountered in this study. The elderly person's relationships with friends, based upon common interests and life styles, were found to be good sources of role support and stability of self-image.

The results also confirmed Hypotheses 3 and 4 testing the relationship of health to life satisfaction. Good health, whether measured subjectively or objectively, was found to be related to higher levels of life satisfaction. Subjective health and objective health were the first and third most important predictors for life satisfaction, respectively. These results confirmed past research on the importance of health for an elderly person's life satisfaction.

The results also confirmed, Hypotheses 5 and 6, that sex and

marital status are inefficient predictors for morale. With even

minimal controls, these variables were negligible predictors.

A final prediction, Hypothesis 7, was that the combination of

the independent measures would explain a significant proportion of the

variance in life satisfaction. The present study accounted for 46% of

the variance in life satisfaction with the utilization of its independent

variables. This amount of variance accounted for exceeded the variance

found in past research. Thus, the predictors of life satisfaction found

are assumed to be adequate.

The extensive in-depth interview session with the elderly person

proved to be advantageous in several ways. This model provided more

flexibility in obtaining information, allowed adaptation of questions

to the level of understanding of the elderly person, allowed personal

growth for the interviewer, and provided a relaxed atmosphere for

the elderly respondent to answer questions. In addition, such an

interview better qualified the interviewer to rate the elderly person

on the five life satisfaction subscales of the LSR. The use of

multiple regression in the final testing of the hypotheses was found to

be effective in reducing the risk of spuriousness found in past

research.

Generally, the data in part lend further support to the Activity

Theory of Aging, postulating that activity in general is important

to the older individual's sense of well-being. This support is

confined for the most part to informal types of activity involving

friend contact. The relationship between activity with family and life satisfaction was not supported by this data. This lack of relatiohship may be attributed to the fact that family contacts may not offer the role supports necessary for a well defined self-image and sense of well-being that friend contacts may provide.

No support was found for role loss, as manifested in widowhood, as being critical to the level of life satisfaction the elderly person experienced. However, it was suggested that role losses may not be critical providing high intimate activity was maintained, allowing for a cushion for shock absorption until an equilibrium can be reestablished. In addition, life satisfaction was largely unaffected by the background characteristics that are usually hypothesized as specifying, either by increasing or decreasing, the general relationship between activity and life satisfaction.

Health status, both subjective and objective, were found to be positively related with life satisfaction. The direct effect this had on activity patterns with family and friends was beyond the scope of this study. However, it was suggested that declining health constricts the amount of activity an elderly person can maintain. Additional research is advocated in order to explore the effects that health, the most important correlate for life satisfaction found, has on interaction patterns with family and friends.

In all, this suggest that theory-building efforts should be directed to considering the most salient predictors for life satisfaction, health status and friend contacts, as major components of future models

designed to account for life satisfaction. In addition, these factors

should be the focus of concern for planners and practitioners attempting

to meet the needs of older persons in the community.

Each research strategy is, admittedly, limited by both the data

and theoretical framework. Thus, the findings presented here are

recognized to be at best tentative contributions toward clarification

of the general Activity Theory of Aging. No presumption of proving

a theory was intended.

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APPENDIX A

QUESTIONNAIRE AND LIFE SATISFACTION RATING SCALES

ASSESSMENT INTERVIEW   SUBJECT ID # | | | | |

A. BACKGROUND

TIME BEGAN _____ AM
                      PM

(AFTER CONSENT FORM IS SIGNED, RECORD TYPE OF HOUSING
SEX, AND RACE BELOW:)

1. TYPE OF HOUSING:

1000000	HOUSING ESPECIALLY FOR THE ELDERLY
0100000	SINGLE-FAMILY DETACHED HOUSE
0010000	MULTIPLE DWELLING HOUSE: ROW, DUPLEX, SEMI-DETACHED
0001000	APARTMENT IN HOUSE WITH ONE OR MORE APARTMENTS (APARTMENT HAS KITCHEN)
0000100	BOARDING HOUSE, RENTED ROOM(S) IN HOUSE (ROOM HAS NO PRIVATE KITCHEN)
0000010	APARTMENT BUILDING (APPROXIMATE NUMBER OF UNITS - BY INSPECTION) # ___
0000001	OTHER _____

(SPECIFY)

* 2. SEX: | 1 | MALE | 2 | FEMALE

* 3. RACE: | 100 | WHITE | 010 | BLACK | 001 | OTHER _____

4. Let me jot down. What is today's date:

	CORRECT			ASKED	
	YES	NO	NA	YES	NO
Month _____	2	1		2	1
Date _____	2	1			
Year _____	2	1			

(PROBE): What (month/date/year) is it now?

* 5. How long have you lived at this address? _____ Years | | |
(IF MORE THAN 2 YEARS, SKIP TO Q 7)

6. About how far away was the home you lived in before this. Was it:

1	in this neighborhood (within 8 blocks or a half mile),
2	in this city (town) but in a different neighborhood, or
3	in another city, (town)?

* Questions used in this study.

* 7. Do you live alone? | 2 | Yes   (SKIP TO Q 11)
                             | 1 | No

---

*8. Who lives here with you?

*9. How is (the person) related to you?

10. How old is (the person)?

Q8 NAME	Q9 RELATIONSHIP	Q10 AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF OTHER PERSONS NOW LIVING IN HOUSEHOLD: | | |

---

11. Some questions about you.

    How old are you? _____ | | | |

12. When were you born?

    Month   _____

    Date   _____

    Year   _____

    (PROBE): What (month/date/year) were you born?

	CORRECT				ASKED	
	YES	NO.DK	NA		YES	NO
	2	1			2	1
	2	1				
	2	1				
	2	1				

---

*13. Were you born in the United States or in another country?

| 2 | US | 1 | Other country

---

*14. Have you ever been married? | 00000 | NO (SKIP TO Q16)

                                      _____   YES

---

* 15 Are you presently:

11000	Married
10100	Widowed
10010	Separated
10001	Divorced

*16. What religion are you?

| 10000 | Protestant | 00100 | Jewish | 00001 | None |
| 01000 | Catholic | 00010 | Other | | |

---

17. What kind of work did you do most of your working life?

_____   _____ Never employed
(OCCUPATIONAL TITLE OR DUTIES)   (SKIP TO Q21)

    18. What kind of business or company was that?

        _____
        (INDUSTRY OR TYPE OF BUSINESS)

    19. Do you work now? | 2 | YES | 1 | NO   (SKIP TO Q21)

    20. Do you work:

        | 3 | Full time, | 1 | Just once in a while

        | 2 | Part time or

---

21. (IF S IS MALE, OR IF S IS FEMALE NEVER MARRIED, SKIP TO Q 23)
    What kind of work did your husband do most of his working life?

_____
(OCCUPATIONAL TITLE OR DUTIES)

22. What kind of business or company was that?

_____
(INDUSTRY OR TYPE OF BUSINESS)

---

* 23. What was the highest grade of school you completed?   _____ years

_____

* 24. Did you ever attend any business school or trade school?

                  2 Yes   1 No (SKIP TO Q 26)

    25. How many years did you attend (business school/trade school)?

                _____ Years

		CORRECT			ASKED:	
		YES	NO ,DK	NA	YES	NO
26.	What is your exact address	2	1		2	1
27.	Where is it located? (city, section)	2	1			

ASKED:

	YES	NO
	2	1

B. PHYSICAL HEALTH

* 28. How would you rate your overall health at the present time - excellent, good, fair, or poor?

Excellent	Good	Fair	Poor	NA,DK
1	2	3	4	

* 29. Is your health now better, about the same, or not as good as it was three years ago?

Better	Same	Not as good	NA,DK
1	2	3	

* 30. Do your health problems stand in the way of your doing the things you want to do - not at all, a little, or a great deal?

Not at all	Little	Great deal	NA,DK
1	2	3	

* 31. Would you say that your health is better, about the same, or not as good as most people your age?

Better	Same	Not as good	NA,DK
I	2	3	

32. How good is your eyesight (with glasses if used). Is it good (adequate) or poor, or are you blind?

Good or adequate	Poor or partially blind	Totally blind	NA,DK
1	2	3	

33. How good is your hearing (with hearing aid if used). Is it good (adequate) or poor, or are you deaf?

Good or adequate	Poor or partially deaf	Totally deaf	NA,DK
1	2	3	

34. About how many times did you see any type of doctor during the past twelve months?

(Do not include doctors seen while a patient in a hospital)

_____ Number of times

35. About how many days have you spent in a hospital during the past twelve months?

_____ Number of days

36. About how many days during the past twelve months have you been sick in bed at home all or most of the day?

_____ Number of days

* 37. In the past year, have you had:

		Yes	No	DK
a.	diabetes or sugar sickness?	2	1	
b.	high blood pressure or hypertension?	2	1	
c.	heart trouble?	2	1	
d.	circulation problems, hardening of the arteries?	2	1	
e.	been paralyzed in any way?	2	1	
f.	any other effects of stroke?	2	1	
g.	arthritis, rheumatism?	2	1	
h.	a stomach ulcer?	2	1	
i.	emphysema or asthma?	2	1	
j.	glaucoma, pressure behind the eye?	2	1	
k.	cataracts?	2	1	
l.	a tumor or growth, cancer?	2	1	
m.	liver trouble or jaundice?	2	1	
n.	gall gladder trouble?	2	1	
o.	kidney trouble?	2	1	
p.	bladder trouble?	2	1	
q.	a broken hip?	2	1	
r.	other broken bones?	2	1	
s.	anemia?	2	1	
t.	Parkinson's disease?	2	1	
u.	trouble sleeping, insomnia?	2	1	
v.	nervousness, tenseness?	2	1	
Anything else?				
w.	other (specify)	2	1	
x.	other (specify)	2	1	
y.	other (specify)	2	1	

38. Do you ever _have_ trouble getting to the bathroom on time?

2	Yes
1	No (SKIP TO Q40)

39. About how often do you wet or soil yourself during the day or night?

1	Never
2	Less than once a week
3	Once or twice a week
4	Three times a week or more

40. Do you use any of the following aids:

		Yes	No	
a.	cane?	2	1	
b.	walker?	2	1	
c.	wheelchair?	2	1	
d.	leg brace?	2	1	
e.	back brace?	2	1	
f.	hearing aid?	2	1	
g.	pacemaker?	2	1	
h.	colostomy equipment?	2	1	
i.	catheter?	2	1	
j.	geriatric chair?	2	1	
k.	glasses?	2	1	
l.	artificial limb?	2	1	
m.	other device (SPECIFY)	2	1	

41. (CHECK BY OBSERVATION)

Number of arms missing.....

0	1	2

Number of legs missing.....

0	1	2

42. About how often do you go out of this (house/building) in good weather?

   (PROBE): On the average?

1	Never		6	Once a week
3	Less than once a month		7	2 - 4 days a week
4	Once a month		8	5 days a week or more
5	2 or 3 days a month			

-43. About how often do you leave the neighborhood?

   (IN COMPLETELY RURAL AREAS, ASK): About how often do you go into town?

1	Never		6	Once a week
3	Less than once a month		7	2 - 4 days a week
4	Once a month		8	5 days a week or more
5	2 or 3 days a month			

C. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

44. Do you use the telephone:

(SKIP TO Q47)

3	without help (including looking up numbers and dialing
2	with some help (answer phone, dial operator in an emergency, but have a special phone or help in getting a number or dialing), or
1	don't you use the telephone at all?

45. Why is it that you (have some help/don't use the telephone)?

46. Can you use the telephone:

| 3 | without help | | 2 | with some help, or | | 1 | are you completely unable to use the telephone? | |

---

47. Do you get to places out of walking distance:

(SKIP TO Q50)

3	without help (travel alone on buses, taxis, or drive your own car),
2	with some help (have someone to help or accompany)
1	don't you go at all (unless arrangements are made for a specialized vehicle like an ambulance)?

48. Why is it that you (have some help/don't go at all)?

49. Can you get to places out of walking distance:

| 3 | without help | | 2 | with some help, or | | 1 | are you completely unable to travel unless special arrangements are made? | |

---

50. Do you need (more) help with transportation to places out of walking distance?

| 3 | YES | | 1 | NO | | 2 | DK | | |

---

51. Do you (or your husband/wife) own and drive a car now?

| 2 | YES | | 1 | NO | | |

---

52. Do you go shopping for groceries:

(SKIP TO Q55) [3] without help (take care of all shopping needs yourself),

[2] with some help (have someone to go with you on all shopping trips), or

[1] don't you shop for groceries at all?

53. Why is it that you (have some help/don't shop at all)?

54. Can you go shopping for groceries:

[3] without help   [2] with some help, or   [1] are you completely unable to do any shopping   [ ]

55. Do you need (more) help with shopping?

[3] YES   [1] NO   [2] DK   [ ]

---

56. Do you prepare your own meals:

(SKIP TO Q59) [3] without help (plan and cook full meals)

[2] with some help (prepare some things but don't cook full meals yourself), or

[1] don't you fix any meals at all?

57. Why is it that you (have some help/don't fix any meals at all)?

58. Can you prepare your own meals:

[3] without help   [2] with some help, or   [1] are you completely unable to prepare any meals?   [ ]

59. Do you need (more) help with meal preparation?

[3] YES   [1] NO   [2] DK   [ ]
PSMA

---

60. Do you do your own housework:

(SKIP TO Q63)

3	without help (do heavy housework, scrub floors, etc.)
2	with some help (do light housework but have help with heavy work), or
1	don't you do housework at all?

61. Why is it that you (have some help/don't do housework at all)?

62. Can you do your housework:

| 3 | without help | 2 | with some help, or | 1 | are you completely unable to do any housework? |

63. Do you need (more) help with housework:

| 3 | YES | 1 | NO | 2 | DK |
PSMA

---

64. Do you do your own handyman work:

(SKIP TO Q67)

3	without help,
2	with some help (do some things, not others), or
1	don't you do handyman work at all?

65. Why is it that you (have some help/don't do handyman work at all)?

66. Can you do your own handyman work:

| 3 | without help | 2 | with some help, or | 1 | are you completely unable to do any handyman work? |

67. Do you need (more) handyman help?

| 3 | YES | 1 | NO | 2 | DK |

---

68. Do you do your own laundry:

(SKIP TO Q71)

- **3** without help (take care of all laundry or all except sheets and towels),
- **2** with some help (does small items only), or
- **1** don't you do any laundry at all?

69. Why is it that you (have some help/don't do laundry at all)?

70. Can you do your own laundry:

3 without help, **2** with some help, or **1** are you completely unable to do any laundry at all?

71. Do you need (more) help with laundry?

3 YES **1** NO **2** DK

---

72. Do you take any medicines or use any medications?

(ASK Q73) **2** YES

(ASK Q74) **1** NO

73. Do you take your own medicine: (CHECK BELOW)

74. If you had to take medicine, could you do it: (CHECK BELOW)

(SKIP TO Q76)

- **3** without help (in the right doses at the right time),
- **2** with some help (take medicine if someone prepares it for you and/or reminds you to take it), or
- **1** (are you/would you be) completely unable to take your own medicines?

75. Why is it that you (have some help/ need medicine given)?

76. Do you need (more) help with taking your medication?

3 YES **1** NO **2** DK

PSMA

---

77. Do you manage your own money:

(SKIP TO Q80) | 3 | without help (writes checks, pays bills, etc.),

| 2 | with some help (manages day-to-day buying but has help with managing your checkbook and paying your bills), or

| 1 | don't you handle money at all (no day-to-day buying)?

78. Why is it that you (have some help/don't handle money)?

79. Could you handle your own money:

| 3 | without help, | 2 | with some help, or | 1 | are you completely unable to handle money?

80. Do you need (more) help with handling your money?

| 3 | YES | 1 | NO | 2 | DK | |

D. PERSONAL SELF-MAINTENANCE ACTIVITIES (PSMA)

	ASKED	
	YES	NO
	2	1

(SKIP THIS SECTION IF ALL IADL EXCEPT HANDYMAN WERE ANSWERED "DOES" OR "CAN DO WITHOUT HELP" AND S DOES NOT WANT HELP WITH MEALS, HOUSEWORK, OR MEDICINE).

81. Do you eat:

> | 3 | without any help |
> | 2 | with some help (cutting food, identifying for blind, etc.) |
> | 1 | or does someone feed you? |

82. Do you need (more) help with eating?

| 3 | YES | 1 | NO | 2 | DK | |

83. Do you dress and undress yourself:

> | 3 | without any help (pick out clothes, dress and undress self) |
> | 2 | with some help (dressing or undressing) |
> | 1 | or does someone dress and undress you? |

84. Do you need (more) help with dressing and undressing?

| 3 | YES | 1 | NO | 2 | DK | |

85. Do you take care of your own appearance, things like combing your hair and (for men) shaving:

> | 3 | without help |
> | 2 | with some help |
> | 1 | or does someone do all this type of thing for you? |

86. Do you need (more) help with care of your appearance?

| 3 | YES | 1 | NO | 2 | DK | |

87. Do you get around your (house/apartment/room):

> | 3 | without help of any kind (except for a cane) |
> | 2 | with some help (from a person or using walker, crutches, chair) |
> | 1 | or don't you get around your home at all unless someone moves you? |

88. Do you need (more) help with getting around your (house/apartment/room)?

| 3 | YES | 1 | NO | 2 | DK | |

89. Do you get in and out of bed:

> | 3 | without any help or aid,
> | 2 | only with some help (from a person or device)
> | 1 | or don't you get in and out of bed unless someone lifts you?

90. Do you need (more) help with getting in and out of bed?

> | 3 | YES | 1 | NO | 2 | DK | |

91. Do you bathe -- that is, take a bath, shower, or sponge bath:

> | 3 | without help
> | 2 | with some help (from a person or device)
> | 1 | or only when someone bathes you (lifted in and out or bathed)?

92. Do you need (more) help with bathing?

> | 3 | YES | 1 | NO | 2 | DK | |

F. ACTIVITY

93. Of all the things you do, either as a pastime or as part of your daily routine or work, what one thing do you like to do the most?

(FOR EACH ITEM, ASK):

94. In the past year, how often have you:

1	Never	5	2-3x month
2	3x yr or less	6	1x week
3	4-10x yr	7	2-4x week
4	1x month	8	5x week/more

FREQUENCY

a. Gone to a senior center, or attended a senior citizen's group?

b. Attended a church or synagogue service

c. Gone to meetings of a church group or other groups or clubs?

d. Gone to the movies, theater, concert or lecture?

e. Gone to a sporting event?

f. Participated in a sport like swimming, fishing, hunting, bicycling, golf?

g. Played cards, bingo, pool or some other game?

h. Taken care of house plants or done any outdoor gardening?

i. Worked on a hobby or handwork like sewing, knitting or woodworking?

j. Painted pictures or played a musical instrument?

k. Eaten out at a restaurant for a special occasion with friends or relatives?

l. Baby-sat for grandchildren or other children?

m. Visited a friend or relative out-of-town for overnight or longer?

n. Gone out-of-town for (a/another) vacation?

o. Had a visit from a friend or relative who lives more than 100 miles away?

p. Done volunteer work?

ASKED

YES	NO
2	1

95. Do you usually vote in elections for the president? [2] Yes [1] No

Correct

96. Who is the President of the United States? [2] Yes [1] No,DK [ ]

97. Who was the President before him? [2] Yes [1] No,DK [ ]

F. SOCIAL RELATIONS

ASKED:

	Yes	No
	2	1

* 98. Is there anyone in particular in whom you confide or talk to about your problems?

| 000000 | No (SKIP TO Q 100) |

_____ Yes

99. Who is that? (CHECK ONLY ONE)

110000	Spouse	100010	Friend or neighbor
101000	Child	100001	Other (SPECIFY):
100100	Other relative		

_____

Now about your family.

		Yes	No	
* 100.	Do you have any living children?	2	1	
* 101.	Do you have any living brothers or sisters?	2	1	
* 102.	Are there any other relatives to whom you feel very close?	2	1	

(IF NO RELATIVES, SKIP TO NEXT PAGE, Q110)

---

* 103. Now please think of your relatives (besides those who live here in this house/apt/room) that you feel close to: your (children/brothers or sisters/other relatives).

What are their first names?

(ASK Q104 THROUGH Q108 FOR EACH RELATIVE)

* 104. How is (name) related to you?

* 105. Where does (name relative) live? (SPECIFY BELOW)

* 106. About how often do you talk with (name) on the phone?

* 107. About how often do you visit (name) in (his/her) home?

* 108. About how often does (name) visit you in your home?

FREQUENCY (Q106-108)
1 Never
2 3x yr. or less
3 4 - 10x yr.
4 1x month
5 2 - 3x month
6 1x week
7 2 - 4x week
8 5x week or more

Q 103	Q104	Q105	Q106	Q107	Q108
		WHERE LIVES (SPECIFY) Phila: neighborhood, intersection, or address			
FIRST NAME	RELATION SHIP	Other: town and state	PHONE	S VISIT OTHERS	OTHERS VISIT S

*109. Would you stay with any of your (children/brothers or sisters/close
relatives) if you were sick for a while?

| 3 | Yes | 1 | No | 2 | DK | |

*110. In the last year, how often have you: (ASK ITEMS a THROUGH d BELOW)

FREQUENCY CODE:
1   Never
2   3x year or less
3   4 - 10x year
4   1x month
5   2 - 3x month
6   1x week
7   2 - 4x week
8   5x week or more

	FREQUENCY
a. Dropped in or visited friends who live in (this building) this neighborhood or elsewhere in the (city/area) ?	
b. Had friends who live in (this building) this neighborhood or elsewhere in the (city/area) drop in or visit you?	
c. Talked on the phone to friends, or written letters to them?	
d. Arranged to meet with a friend away from your home or his?	

*111. Do you have any friends or neighbors who would help you if you were sick
for a short time?

| 3 | Yes | 1 | No | 2 | DK | |

ASKED: YES NO
         2   1

G. MORALE

(NO INFORMANTS. IF RESPONDENT CANNOT ANSWER, SKIP TO NEXT PAGE)

We would like to know how you feel about a number of things.
You can just answer "yes" or "no".

*112. Do things keep getting worse as you get older?

       [1] Yes   [2] No   [   ] NA, DK

*113. Do you have as much pep as you did last year?

       [2] Yes   [1] No   [   ] NA, DK

*114. How much do you feel lonely?   (READ RESPONSES TO SUBJECT)
       not
       [2] much   [1] a lot   [   ] NA, DK

*115. Do little things bother you more this year?

       [1] Yes   [2] No   [   ] NA, DK

*116. Do you see enough of your friends and relatives?

       [2] Yes   [1] No   [   ] NA,DK

*117. Do you feel that as you get older you are less useful?

       [1] Yes   [2] No   [   ] NA,DK

*118. Do you have a lot to be sad about?

       [1] Yes   [2] No   [   ] NA, DK

*119. Do you take things hard?

       [1] Yes   [2] No   [   ] NA, DK

*120. Do you get upset easily?

       [1] Yes   [2] No   [   ] NA,DK

H. ENVIRONMENT

121. How satisfied are you with this (house/apt) as a place to live? Are you:

   [1] Not very satisfied   [2] Fairly satisfied   [3] Very satisfied?   [   ]

122. Would you like to move to another place?

   [3] Yes   [2] Not certain, DK   [1] No   [   ]

123. Do you feel that this (house/apartment) is:

   [3] Very well built   [2] Fairly well built, or   [1] Not very well built?   [   ]

124. Overall, how attractive do you consider the inside of your (house/apt.)? Is it:

   [3] Very attractive   [2] Fairly attractive, or   [1] Not very attractive?   [   ]

125. How satisfied are you with the state of repairs or maintenance of your (house/apt)? Are you:

   [3] Very satisfied   [2] Fairly satisfied, or   [1] Not very satisfied?   [   ]

126. How comfortable is the temperature in your (house/apt) during the winter? Is it:

   [3] Always comfortable   [2] Fairly comfortable, or   [1] Often too cold?   [   ]

127. How about during the summer? Is it:

   [3] Always comfortable   [2] Fairly comfortable, or   [1] Often too hot?   [   ]

128. How much does any noise from the outside bother you in your (house/apt)? Does it bother you:

   [3] A lot   [2] A little, or   [1] Not much?   [   ]

129. Would you say you have all the space you need in this (house/apt), that it is a little small, or that it is much too small?

   [3] All you need   [2] A little small, or   [1] Much too small?   [   ]

130. How satisfied are you with the amount of privacy you have here: that is, being able to do what you wish without other people seeing you or hearing you? Would you say that you are:

   [3] Very satisfied   [2] Fairly satisfied, or   [1] Not very satisfied?   [   ]

(CHECK BY OBSERVATION)   Yes   No

131. CONDITION OF BUILDING AND DWELLING UNIT IS GENERALLY
      SOUND (NOT DILAPIDATED)   2   1

132. FURNISHINGS ARE GENERALLY SOUND (NOT DILAPIDATED)   2   1

(CHECK BY OBSERVATION OR ASK IF NOT KNOWN):

133. Dwelling unit has:

      a.   flush toilet, tub or shower,
           piped hot water, central heat (all four)   2   1

      b.   telephone   2   1

      c.   refrigerator and stove (not hot plate)   2   1

      d.   Television   2   1

      e.   Radio   2   1

134. Number of steps: No steps   1-3 steps   4 or more

      a.   from street to dwelling unit   1   2   3

      b.   From first floor of unit to bedroom   1   2   3
           or bathroom

135. Would you say that you like this neighborhood:

      | 4 | Very much | 3 | Somewhat | 2 | Not much, or | 1 | Not at all?

136. How satisfied are you with the peace and quietness of the neighborhood? Are you:

      | 1 | Not very satisfied | 2 | Fairly satisfied, or | 3 | Very satisfied?

137. How convenient is this neighborhood for shopping and getting the things
      you need? Is it:

      | 3 | Very convenient | 2 | Fairly convenient, or | 1 | Not very convenient?

138. Is this (house/apt) within 4 blocks (or a ten minute slow walk) of a
      grocery store or supermarket?

                | 2 | Yes | 1 | No

139. How convenient is this place for visiting with friends? Is it:

    [3] Very convenient   [2] Fairly convenient, or [1] Not very convenient?

140. How convenient is this place for getting medical care? Is it:

    [3] Very convenient   [2] Fairly convenient, or [1] Not very convenient?

141. How satisfied do you feel with (Philadelphia/other town) as a place to live?
    Would you say that you are:

    [3] Very satisfied   [2] Fairly satisfied, or [1] Not very satisfied?

142. How satisfied are you with the public transportation around here? Are you:

    [3] Very satisfied   [2] Fairly satisfied, or [1] Not very satisfied?

143. Is this (house/apt) within four blocks (or a ten minute slow walk)
    of public transportation?

    [2] Yes   [1] No

144. What about the conditions of the houses in this neighborhood? Would you
    say that they are:

    [3] Very well kept up   [2] Fairly well kept up, or [1] Not very well kept up?

145. What about the people who live around here? As neighbors, would you say
    that they are:

    [3] Very good neighbors   [2] Fairly good   [1] Not very good
                                     neighbors, or   neighbors?

		Yes	No	
146.	Do you feel safe in your (house/apt) at night?	[2]	[1]	[ ]
147.	Do you feel safe in your neighborhood during the day?	[2]	[1]	[ ]
148.	Do you feel safe in your neighborhood at night?	[2]	[1]	[ ]
149.	Have you been robbed or attacked or the victim of any other crime?	[2]	[1]	[ ]

    (IF YES): When? (Year) _____

            Please describe what happened:

I.   SERVICES

150. Are you now: (READ a - h)

       151. (IF "YES"): From whom?

152. Do you feel that you need (more) help with: (READ UNDERLINED WORDS ONLY IN a - h)

		Q 150 ARE YOU NOW?		Q 151 FROM WHOM	Q 152 NEED	
		Yes	No		Yes	No
a.	receiving help with <u>finding another place to live</u>?	2	1		2	1
b.	receiving help with <u>getting into a nursing home</u>?	2	1		2	1
c.	receiving help with <u>finding more or better medical or nursing care</u>?	2	1		2	1
d.	<u>having repairs made on your</u> (home/apartment/room)?	2	1		2	1
e.	seeing someone about <u>personal or family problems</u>?	2	1		2	1
f.	getting <u>legal services</u>?	2	1		2	1
g.	receiving help with <u>finding employment</u>?	2	1		2	1
h.	receiving help with <u>anything else</u>: (SPECIFY)	2	1		2	1

		NEED	
	153. Do you feel that you need help finding: (READ a - c)	Yes	No
a.	a group that has interesting things to do?	2	1
b.	a group that gives you a chance to be with people regularly?	2	1
c.	someone to check on you regularly (at least five times a week) by phone or in person to make sure you are all right?	2	1

J. EXPERIENCES

In the past year, have you: (ASK Qs. 154 THROUGH 159).

		Yes	No	DK NA
154.	been severely depressed?	2	1	
155.	had major fears or anxieties, i.e., you worried a very great deal about something?	2	1	
156.	heard voices when nobody was there?	2	1	
157.	had suicidal thoughts or wishes?	2	1	
158.	felt that you couldn't stand having anybody around you?	2	1	
159.	had a problem with alcohol?	2	1	

In the past year, have you had any of the following problems:
(ASK Qs. 160 THROUGH 163)

		Yes	No	
160.	major problems with your memory?	2	1	
161.	you sometimes don't know the time of day, day of week, or season?	2	1	
162.	you sometimes don't know where you are?	2	1	
163.	you sometimes become confused in conversation?	2	1	
164.	have you ever had a nervous breakdown?	2	1	

165. (IF "YES" ASK:)
        About how many years ago? _____

		Yes	No	
166.	Have you felt like you were going to have a nervous breakdown within the past year?	2	1	

K. INCOME

* 167. Thinking about your money situation, would you say you:

1	can't make ends meet
2	have just enough to get along on, or
3	are you comfortable?

*168. Do you (and your husband/wife) pay all the costs, some of the costs,
or none of the costs of the (rent/mortgage) and expenses of this household?

3	all the costs
2	some of the costs
1	none of the costs

*169. Please tell me or point to the letter on this card that describes your
total income last year that you (and your wife/husband) received from all
sources. Be sure to include social security, pensions, support from
children or family, bank interests, reparations, annuities, and so forth.
(SHOW CARD A IF SINGLE, CARD B IF MARRIED)

A: SINGLE PERSON - PER YEAR (divorced, widowed, separated, never married)			B. MARRIED PERSON - PER YEAR (even if spouse lives else-where, i.e.,nursing home)		
Under $2,000	01	A	Under $3,200	01	A
$2000 - $2999	02	B	$3200 - $4699	02	B
$3000 - $3999	03	C	$4700 - $6299	03	C
$4000 - $4999	04	D	$6300 - $7899	04	D
$5000 - $5999	05	E	$7900 - $9499	05	E
$6000 - $6999	06	F	$9500 - $10,999	06	F
$7000 - $7999	07	G	$11,000 - $12,599	07	G
$8000 - $8999	08	H	$12,600 - $14,199	08	H
$9000 - $9999	09	I	$14,200 - $15,799	09	I
$10,000 or more	10	J	$15,800 or more	10	J
DK/NA/Refused			DK/NA/Refused		

TIME ENDED _____ AM PM

SUBJECT ID #

LIFE SATISFACTION RATING SCALES

ZEST VERSUS APATHY

To be rated here are enthusiasm of response, and degree
of ego-involvement - in any of various activities, persons,
or ideas, whether or not these be activities which involve
him with other people, are "good" or "socially approved"
or "status-giving" or "self-improving." Thus the person
who "just loves to sit home and knit" rates as high as the
person who "loves to get out and meet people."

Physical energy is not to be involved in this rating.

A low rating is given for listlessness and apathy; for being
"bored with most things"; for "I have to force myself to do
things"; also for meaningless (and unenjoyed) hyperactivity.

	Assess only	Assess & Yesterday
(high):Speaks of several activities with enthusiasm. Feels that "now" is the best time of life. Loves to do things, even sitting at home. Takes up new activities; makes new friends readily, seeks self-improvement. Shows zest in several areas of life.	1	1
Shows zest, but in a limited fashion - limited to one or two special interests, or limited to certain periods of time. May show disappointment or anger when things go wrong, if they keep him from active enjoyment of life. Plans ahead, even though in small time units.	2	2
Has a bland approach to life. Does things, but does not seem to get much pleasure out of them. Seeks relaxation in the passive sense. Has a limited degree of involvement in things. May be quite detached (aloof) from many activities.	3	3
Thinks life is monotonous for most part. May complain of fatigue. Feels bored with many things. If active, finds little meaning or enjoyment in the activity.	4	4
Lives on the basis of routine. Doesn't think anything worth doing.	5	5

LIFE SATISFACTION RATING SCALES

RESOLUTION AND FORTITUDE

Here we are concerned with the extent to which the respondent accepts personal responsibility for his life, the opposite of feeling resigned, or of merely condoning or passively accepting that which life has brought him. The extent to which the respondent accepts his life as meaningful and inevitable, and is relatively unafraid of death. This is Erikson's "integrity."

This is not to be confused with autonomy or the extent to which the respondent's life has been self-propelled or characterized by initiative. The respondent may not have been a person of high initiative, but yet he may accept resolutely and relatively positively that which life has been for him. He may feel it was a series of hard knocks, but that he has stood up under them (this would be a high rating).

There are two types of low ratings, the highly intropunitive, where the respondent blames himself overly much; and the extrapunitive, where the respondent blames others or the world in general for whatever failures or disappointments he has experienced.

	Assess only	Assess & Yesterday
(high): Try and try again attitude. Bloody but unbowed. Fights back; withstanding, not giving up. Active personal responsibility - takes the bad and good and makes the most of it. Wouldn't change the past.	1	1
Can take life as it comes. "I have no complaint on the way life has treated me." Assumes responsibility readily. "If you look for the good side of life, you'll find it." Your activities, your outlook on life determine your age." Does not mind talking about difficulties in life, but does not dwell on them either. "You have to give up some things."	2	2
Says, "I've had my ups and downs; sometimes on top, sometimes on the bottom." Shows a trace of extrapunitiveness or intropunitiveness concerning his difficulties in life.	3	3
Feels he hasn't done better because he hasn't gotten the breaks. Feels great difference in life now than at age forty-five; the change has been for the worse. "I've worked hard but never got anywhere."	4	4
Talks of hard knocks which he has not mastered (extrapunitive). Feels helpless. Blames self a great deal (intropunitive). Overwhelmed by life.	5	5

LIFE SATISFACTION RATING SCALES

GOODNESS OF FIT

Here we are con erned with the extent t which the respondent feels he has achieved his goals in life, whatever those goals might be; feels he has succeeded in accomplishing what he regards as important.

High ratings would go, for instance, to the man who says, "I've managed to keep out of jail" just as to the man who says, "I managed to send all my kids through college."

Low ratings would go to the respondent who feels he's missed most of his opportunities or who says, "I've never been suited to my work" or "I always wanted to be a doctor, but never could get there." Also to the respondent who wants most to be "loved," but instead feels merely "approved." Expressions of regret for lack of education are not counted in this connection.

	Assess only	Assess & Yesterday
(high): Feels he has accomplished what he wanted to do. He has achieved or is achieving his own personal goals.	1	1
Regrets "somewhat" the chances missed during life. "Maybe I could have made more of certain opportunities." Nevertheless, feels that he has been fairly successful in accomplishing what he wanted to do in life.	2	2
Has a fifty-fifty record of opportunities taken and opportunities missed. Would have done some little things differently, if he had life to live over. Might have gotten more education.	3	3
Has regrets about major opportunities missed but feels good about accomplishment in one area (may be avocation).	4	4
Feels he has missed most opportunities in life.	5	5

LIFE SATISFACTION RATING SCALES

MOOD TONE

High ratings for the respondent who expresses happy, optimistic attitudes and mood; who uses spontaneous positively toned affective terms for people and things; who takes pleasure from life and expresses it.

Low ratings for depression, "feel blue and lonely"; for feelings of bitterness; for frequent irritability and anger.

(Here we consider not only the respondent's verbal attitudes in the interview; but make inferences from all we know of his inter personal relationships, how others react to him, and so on.)

	Assess only	Assess & Yesterday
(high): "This is the best time of my life." Is nearly always cheerful, optimistic. Cheerfulness may seem unrealistic to an observer, but the respondent shows no sign of "putting up a bold front."	1	1
Gets pleasure out of life, knows it and shows it. There is enough restraint to seem appropriate to a younger person. Practically always has a positive affect. Optimistic.	2	2
Seems to move along on an even temperamental keel. Any depressions are neutralized by positive mood swings. Generally neutral-to-positive affect. May show irritability.	3	3
Wants things quiet and peaceful. General neutral-to-negative affect. Some depression.	4	4
Pessimistic, complaining, bitter. Complains of being lonely. Feels "blue" a good deal of the time. May get angry when in contact with people.	5	5

LIFE SATISFACTION RATING SCALES

POSITIVE SELF-CONCEPT

Here we are concerned with the respondent's concept of self-physical and psychological attributes.

High ratings would go to the respondent who is concerned with grooming and appearance; who thinks of himself as wise, mellow (and thus is comfortable in giving advice to others); who feels proud of his accomplishments; who feels he deserves whatever good breaks he has had; who feels he is important to someone else.

Low ratings to the respondent who feels "old,"weak, sick, incompetent; who feels himself a burden to others; who speaks disparagingly of himself or old people.

	Assess only	Assess & Yesterday
(high): Feels at his best. "I do better work now than ever before." "There was never any better time." Thinks of self as wise, mellow; physically able or attractive; feels important to others. Feels he has the right to indulge himself.	1	1
Feels more fortunate than the average. Is sure that he can meet the exigencies of life. "When I retire, I'll just substitute other activities." Compensates well for any difficulty of health. Feels worthy of being indulged. "Things I want to do, I can do, but I'll not overexert myself." Feels in control of self in relation to the situation.	2	2
Sees self as competent in at least one area, for example, work; but has doubts about self in other areas. Acknowledges loss of youthful vigor, but accepts it in a realistic way. Feels relatively unimportant, but doesn't mind. Feels he takes, but also gives. Senses a general, but not extreme, loss of status as he grows older. Reports health better than average.	3	3
Feels that other people look down on him. Tends to speak disparagingly of older people. Is defensive about what the years are doing to him.	4	4
Feels old. Feels worthless; in the way. Makes self-disparaging remarks. "I'm endured by others."	5	5

APPENDIX B

FREQUENCIES ON SELECTED QUESTIONS

PERCEIVED PHYSICAL HEALTH

Questions	Answers					
	Excellent		Good		Poor	
	No.	%	No.	%	No.	%
1. How would you rate your overall health at the present time?	24	(14.4)	75	(74.9)	68	(40.7)
	Better		Same		Not as Good	
2. How is your health now compared with three years ago?	23	(13.8)	94	(56.3)	50	(29.9)
	Not at all		Little		Great Deal	
3. Do your health problems stand in the way of your doing things you want to do?	88	(52.7)	48	(28.7)	31	(18.6)
	Better		Same		Not as Good	
4. How does your health compare with most people your age?	91	(54.5)	54	(32.2)	22	(13.2)

FREQUENCY OF CHRONIC CONDITIONS

Condition	No.	%
Diabetes	14	8.4
High Blood Pressure/Hypertension	63	37.7
Heart Trouble	47	28.1
Circulation Problems	54	32.3
Paralyzed	5	3.0
Other effects of stroke	4	2.4
Arthritis/Rheumatism	73	43.7
Stomach Ulcer	6	3.6
Emphysema/Asthma	13	7.8
Glaucoma	6	3.6
Cataracts	24	14.4
Tumors/Cancer	2	1.2
Jaundice/Liver Problems	0	.0
Gall Bladder Problems	8	4.8
Kidney Trouble	4	2.4
Bladder Trouble	16	9.6
Broken Hip	1	.6
Other Broken Bones	7	4.2
Anemia	4	2.4
Parkinson Disease	1	.6
Insomnia	34	20.4

FREQUENCY OF CHRONIC CONDITIONS

(continued)

Condition	No.	%
Nervousness/Tenseness	52	31.1
Other Health Problems	48	29.4

LIFE SATISFACTION:
INFLUENCES OF FAMILY AND FRIENDS UPON THE ELDERLY

by

Cynthia A. Barr

(Abstract)

The relative importance of contact with family and friends for

an elderly person's life satisfaction was investigated. A random

sample of 167 noninstitutionalized elderly residents (65 and over)

of Philadelphia completed an extensive in-depth interview packet.

Each subject was then rated by a trained interviewer on their life

satisfaction. The results indicated that increased activity with

friends was directly related to the elderly person's life satisfaction,

while increased family contact had a negligible effect. With the

use of regression analysis, perceived health status was found to be

the most salient predictor for life satisfaction, followed by friend

contact intensity and objective health. In addition, the use of

various specification variables, previously posited to relate with

life satisfaction, did not change the initial findings of the sample.

The implications of these findings for the Activity Theory of Aging

were discussed.